New York State Journal of Medicine

Published by the
MEDICAL SOCIETY
of the STATE *of* NEW YORK



Volume 46

Part 1

JANUARY 1–JUNE 15, 1946

(Pages 1-1406)

For alphabetical index of authors and subjects see pages 1369-1372

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	WILLIAM HALE, M D , Utica
Past-President	EDWARD R. CUNNIFFE, M D , Bronx
President-Elect	LOUIS H BAUER, M D , Hempstead
Second Vice-President	CHARLES D POST, M D , Syracuse
Secretary	W P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR., M D , Forest Hills
Treasurer	JAMES R REULING, M D , Bayside
Assistant Treasurer	FENWICK BEEKMAN, M D , New York
Speaker	F LESLIE SULLIVAN, M D , Scotia
Vice-Speaker	ALBERT F R. ANDRESEN, M D , Brooklyn

COUNCIL

THE ABOVE OFFICERS
AND

Term Expires 1947	*Term Expires 1948*	*Term Expires 1949*
S WINSLOW, M D ochester	OLIVER W H MITHCELL, M D Syracuse	CARLTON E WERTZ, M D Buffalo
STANLEY KENNEY, M D New York	MAURICE J DATTELBAUM, M.D Brooklyn	CHRISTOPHER WOOD, M D White Plains
HARRY ARANOW, M D Bronx	DAN MELLEN, M D Rome	CHARLES M ALLABEN, M D Binghamton

TRUSTEES

JANES F ROONEY, M D , *Chairman* Albany

ALBERT A. GARTNER, M D	Buffalo	WILLIAM H ROSS, M D Brentwood
KIRBY DWIGHT, M D	New York	JOHN J MASTERSON, M D Brooklyn

NEW YORK STATE JOURNAL OF MEDICINE

Publication Committee

GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
W P ANDERTON, M D

DWIGHT ANDERSON
LAURANCE D REDWAY, M D
JAMES R. REULING, M D

BELBARB



AN *Excellent* SEDATIVE *and* HYPNOTIC

The potentiation of the central action of phenobarbital by the belladonna alkaloids (Friedberg, Arch f exp P & P CLX, 276) renders possible attainment of desired effects with relatively small doses, thus avoiding "hang over" and other unpleasant side-actions In contrast to galenical preparations of belladonna, such as the tincture, Belbarb *has always the same proportion of the alkaloids*

Indications: Neuroses, migraine, functional digestive and circulatory disturbances, vomiting of pregnancy, menopausal disturbances, hypertension, etc

Formula: Each tablet contains ¼ grain phenobarbital and the three chief alkaloids, equivalent approximately to 6 minims of tincture of belladonna

Belbarb No 2 has the same alkaloidal content but ½ grain phenobarbital per tablet

CAMEL CIGARETTES

Medical Relations Division

ONE PERSHING SQUARE
NEW YORK 17, N.Y.

Dear Doctor:

You may recall having been asked the question: "What cigarette do you yourself smoke, Doctor?"

In the past few months every physician in private practice in the United States has been asked that same question...asked solely and clearly on the basis of personal preference as a smoker.

Three nationally known independent research groups did the asking in what we believe is one of the most impartial and most comprehensive surveys of physician preference ever conducted.

You may or may not be a cigarette smoker, but we believe you will be interested not only in the results of these surveys, but in the methods by which these results were obtained.

Yours very truly,

A. G. Clarke.

A. G. Clarke
Director
Medical Relations Division

CALEDONIA 5-1910

A physician asked us the question first—

A smoker himself, he asked "What cigarette do most doctors smoke?"

We know that many physicians smoke, that many of them prefer Camels, but we couldn't answer the doctor's query

We turned the question over to three nationally known independent survey groups For months these three groups worked separately each one employing the latest scientific fact-finding methods

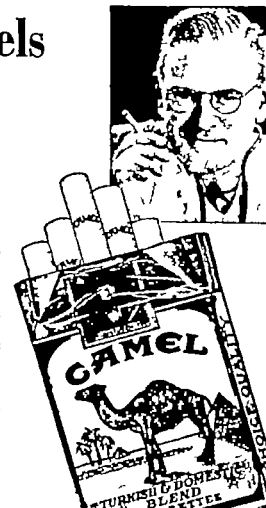
This was no mere "feeling the pulse" poll No mere study of "trends" This was a nationwide survey to discover the actual fact and from the statements of physicians themselves

> *To the best of our knowledge and belief, every physician in private practice in the United States was asked "What cigarette do you smoke?"*

The findings, based on the statements of thousands and thousands of physicians, were checked and re-checked

ACCORDING TO THIS RECENT NATIONWIDE SURVEY:

More doctors smoke Camels than any other cigarette



And by a very convincing margin!

Naturally, as the makers of Camels, we are gratified to learn of this preference We know that no one is more deserving of a few moments to himself than the busy physician of a few moments of relaxation with a cigarette if he likes And we are glad to know that so many more physicians find in Camels the same added smoking pleasure that has made Camels such an outstanding favorite among *all* smokers

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 JANUARY 1, 1946 NUMBER 1

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK. *Publication Office* 20TH AND NORTHAMPTON STS., EASTON, PA. *Editorial and Circulation Office* 292 MADISON AVE., NEW YORK 17, N. Y. *Change of Address* NOTICE SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS. Twenty-five cents per copy—$2.00 per year. *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa., under the Act of August 24, 1912.*

CONTENTS

MINUTES OF THE HOUSE OF DELEGATES—1945 73

(Continued from the December 15 issue)

SCIENTIFIC ARTICLES

Treatment of Blood Dyscrasias, *Stuart L. Vaughan, M.D.* 55

Occurrence of Bacillus Welchii Gas Gangrene at Site of Penicillin Intramuscular Clyses, *Wendell Mitchell, M.D., Leon Pordy, M.D., and Morton B. Wallach, M.D.* 61

[*Continued on page 6*]

℞ **Pediforme**
FOOTWEAR



In Postural Cases

Impressing the layman with the importance of proper clothing in promoting good posture cannot be over-emphasized. Doctors know that proper shoes have a definite effect on posture in both adults and children, but the mere suggestion of an "orthopedic" shoe is enough to make the patient cringe.

"PEDIFORMES", however, because they have a natural appearance, will not make your patient feel "let down" by your prescription for a helpful shoe. Nor will you feel "let down" with the service, courtesy and experience of our shoe-fitters.

Convenient sources

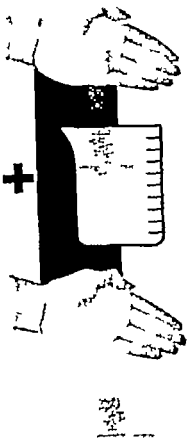
MANHATTAN, 34 W. 36th St. **NEW ROCHELLE,** 545 North Ave.
BROOKLYN, 288 Livingston St. **EAST ORANGE,** 29 Washington Pl.
FLATBUSH, 843 Flatbush Ave.
HEMPSTEAD, L. I., 241 Fulton Ave. **HACKENSACK,** 299 Main St.

INTRODUCING

Combisul - TD

(equal parts of sulfa*thiazole* and sulfa*diazine*)

In one tablet



TO REDUCE RENAL TOXICITY INCIDENT TO SULFONAMIDE THERAPY

Recent experimental and clinical studies[1,2] prove that administration of sulfathiazole and sulfadiazine in combination in equal parts reduces renal complications such as crystalluria, hematuria and urinary tract blockage, and is much safer than either drug used alone in whole dosage. Simultaneously, antibacterial activity and therapeutic efficacy are maintained.

COMBISUL TD presents 0.25 gram sulfathiazole and 0.25 gram sulfadiazine — a total of 0.5 gram per tablet. No signs of renal toxicity have been encountered by use of this mixture and even crystalluria is infrequent. The indications for and dosage of COMBISUL TD are the same as for either drug administered alone. Meningitis is an exception, for which COMBISUL-DM, a combination of 0.25 gram sulfadiazine and 0.25 gram sulfamerazine is available.

COMBISUL-TD available in 0.5 gram tablets. Bottles of 100 and 1000
COMBISUL-DM available in 0.5 gram tablets. Bottles of 100 and 1000

1. Lehr, D.: Proc. Soc. Exper. Biol. & Med. 58:11, 1945
2. Lehr, D.: In press.

Trade-Marks COMBISUL-TD and COMBISUL-DM—Reg. U. S. Pat. Off.

Schering CORPORATION • BLOOMFIELD, N. J.
IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, MURRAY HILL 3-9841

CONTENTS—*Continued from page 4*

Conferences on Therapy (*Cornell University Medical College*)
The Use of the Mercurial Diuretics 62

EDITORIAL

President Truman's Message 49
A Word to Veteran Medical Officers 50
Medicine In A Socialist Government 52
Part-time Versus Full-time Service 53
The Rh Factor in Pregnancy 54

GENERAL FEATURES

Medicolegal 92
Postgraduate Medical Education 96
Honor Roll 98
Hospital News 100
Necrology 104
Correspondence 108

MISCELLANEOUS

State Society Officers 8, 10, 12
County Society Officers 110





an *exposé* of a basic defect in average milk diets

The *degree* and *extent* in which the milk diets of early infancy are *deficient* in certain vitamin B factors is not always fully appreciated.

" the average breast fed baby does not receive his requirement of thiamine [1]

"Both human and cow's milk are poor sources of nicotinic acid "[2]

"The daily intake (of riboflavin) of the young infant fed only human milk is considerably lower than this estimate of requirement (0.5 mg), even when the riboflavin content of milk is at its maximum."[1]

White's MULTI-BETA LIQUID

is formulated specifically to compensate for these inadequacies, supplying thiamine, riboflavin and nicotinic acid in amounts directly proportionate to their inadequacies, and, in addition pyridoxine hydrochloride and calcium pantothenate

FORMULA:

Each cc. (approximately 20 drops) contains

THIAMINE HYDROCHLORIDE, U.S.P	2.5 mg.
RIBOFLAVIN	500 micrograms
PYRIDOXINE HYDROCHLORIDE	150 micrograms
CALCIUM PANTOTHENATE	200 micrograms
NICOTINAMIDE	10 mg.

Non-alcoholic. Imparts no odor or taste. May be added to feeding formula or orange juice. Supplied in bottles (with droppers) of 10 cc., 25 cc. and 50 cc., and in 8-oz. dispensing bottles.

IN RESTRICTED ADULT DIETS—such as the Sippy treatment, Karell regime and others based upon milk, White's Multi Beta Liquid is a sound economical supplement. Also of value in tube feeding and when difficulty in swallowing tablets or capsules is encountered.

1 Marriott, W McK. Infant Nutrition, revised by Jeans Mosby St. Louis, 3rd Edition 1941

2. Jeans, P C. The Feeding of Healthy Infants and Children, J A M A., *120*:913, 1942.

Ethically promoted not advertised to the laity

WHITE LABORATORIES, INC
Pharmaceutical Manufacturers, Newark 7, N. J.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	EDWARD R. CUNNIFFE, M D, Bronx
Past-President	HERBERT H BAUCKUS, M D, Buffalo
President-Elect	WILLIAM HALE, M D, Utica
Second Vice-President	STEPHEN R. MONTEITH, M D, Nyack
Secretary	WALTER P ANDERTON, M D, New York
Assistant Secretary	W GUERNSEY FREY, JR., M D, Forest Hills
Treasurer	KIRBY DWIGHT, M D, New York
Assistant Treasurer	JAMES R. REULING, JR., M D, Bayside
Speaker	LOUIS H. BAUER, M.D, Hempstead
Vice-Speaker	F LESLIE SULLIVAN, M D, Scotia

TRUSTEES

GEORGE W KOSMAK, M D, *Chairman* New York 28

JAMES F ROONEY, M D	Albany	WILLIAM H ROSS, M D	Brentwood
ALBERT A. GARTNER, M.D	Buffalo	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

EDWARD R. CUNNIFFE, M.D	Bronx	WALTER P ANDERTON, M D	New York
WILLIAM HALE, M D	Utica	KIRBY DWIGHT, M D	New York
HERBERT H BAUCKUS, M D	Buffalo	LOUIS H. BAUER, M D	Hempstead

GEORGE W KOSMAK, M.D New York

Term Expires 1946	*Term Expires 1947*	*Term Expires 1948*
CARLTON E WERTZ, M D, Buffalo	FLOYD S WINSLOW, M D, Rochester	OLIVER W H MITCHELL, M.D, Syracuse
RALPH T TODD, M.D, Tarrytown	J STANLEY KENNEY, M D, New York	MAURICE J DATTELBAUM, M.D, Brooklyn
CHARLES M ALLABEN, M.D, Binghamton	HARRY ARANOW, M.D, Bronx	DAN MELLEN, M D, Rome

[*See pages 10 and 12 for additional Society Officers*]

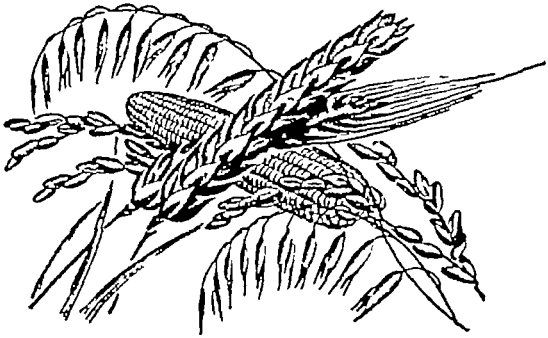


Two Bidupan tablets t.i.d. provide Extr. Ox Bile 12 grs.; Cono. Pancreatin 12 grs.; Duodenal Subst. 3 grs.; Charcoal 6 grs.

Pure Bile Salts, concentrated Pancreatin, Duodenal Substance, Charcoal in Bidupan . . . improve biliary drainage, digestion of albumin, carbohydrates, fats; stimulate pancreatic secretion; remove fermentive factors . . . to speed relief in biliousness, intestinal indigestion, and recurrent flatulence Bottles of 50 and 100 tablets.

Send for Literature, address Dept. N.

CAVENDISH PHARMACEUTICAL CORP., 25 West Broadway • New York 7



Few Other Foods Can Better This Nutritional Composition

During the recent past much has been learned about nutritional needs The importance of an adequate morning meal has gained wide recognition. That breakfast should be adequate not only calorically, but also in its content of essential nutrients, is advocated by medical as well as nutritional authorities

In the breakfasts recommended, cereals, ready to eat or to be cooked, occupy an important place. For there are few foods that can better the nutritional composition of the dish composed of cereal, milk, and sugar

Besides quickly available food energy, this dish provides notable amounts of biologically adequate protein, the essential B vitamins thiamine, riboflavin, and niacin, and important minerals

The nutritional contribution made by 1 oz of cereal (whole-grain, enriched, or restored to whole-grain values of thiamine, niacin, and iron), 4 oz of milk, and 1 teaspoonful of sugar, is shown in this table of composite averages

Calories	202
Protein	7 1 Gm
Fat	5.0 Gm
Carbohydrate	33 Gm.
Calcium	156 mg
Phosphorus	206 mg
Iron	1.6 mg
Thiamine	0 17 mg
Riboflavin	0.24 mg
Niacin	1 4 mg

The presence of this seal indicates that all nutritional statements in this advertisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.

CEREAL INSTITUTE, INC
135 SOUTH LA SALLE STREET CHICAGO 3

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D , Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L EDWARDS, M D , Hudson
Fourth District
FRANK F FINNEY, M D , Malone
Fifth District
DAN MELLEN, M D , Rome
Sixth District
CLIFFORD F LEET, M D , Horseheads
Seventh District
HOMER J KNICKERBOCKER, M D , Geneva
Eighth District
PETER J DI NATALE, M D , Batavia

NEW YORK STATE JOURNAL OF MEDICINE

Publication Committee

GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON, M.D

[*Address all communications to above address*]

LEGAL DEPARTMENT

Counsel — WILLIAM F MARTIN, ESQ, 30 Broad Street, New York 4, Attorney, Telephone HAnover 2-0670 — THOMAS H CLEARWATER, ESQ

AUTHORIZED INDEMNITY REPRESENTATIVE

HARRY F WANVIG, 70 Pine St , New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER

ROBERT R. HANNON, M D , 100 State St., Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION

DAVID J KALISKI, M D , 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

DIRECTOR, PUBLIC RELATIONS BUREAU

DWIGHT ANDERSON, 292 Madison Ave., New York 17 Telephone MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

GEORGE P FARRELL, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

Columbia University
In the City of New York
Post Graduate Courses
at The Mount Sinai Hospital
New York 29, New York

PART-TIME COURSES

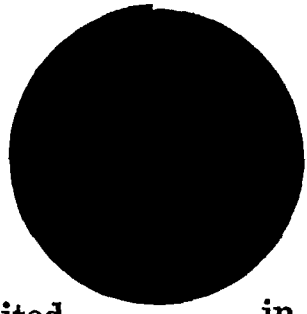
Beginning the week of February 4, 1946 for varying lengths of time, in the following subjects:
Advanced Course in Clinical Hematology;
Advanced Course in Ophthalmoscopy (specialists only);
Bedside Clinics in Diseases of Liver and Gall Bladder;
Geriatrics;
Normal and Pathological Physiology of Water and Electrolyte Balance; Surgical Pathology; Venereal Diseases

Full time, five-day courses, Monday through Friday:
February 4–9, 1946: Recent Advances in Diabetes Mellitus;
February 25–March 1, 1946: Recent Advances in Radiology (Specialists only);
March 4–8, 1946: Recent Advances in Neurology and Psychiatry;
March 11–15, 1946: Recent ADVANCES IN Allergy

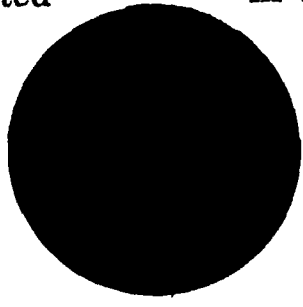
PART-TIME COURSES

April 1–June 19, 1946: Comprehensive Course in the Elements of Cardiovascular Diseases;
April 1–June 19, 1946: Comprehensive Course in Gastroenterology

Applications should be submitted two weeks prior to opening dates of courses For further information, address the Secretary for Medical Instruction The Mount Sinai Hospital Fifth Avenue at 100th Street, New York 29, New York



united in strength



Concentrated for potency from approximately 7 Gm. fresh liver 7 Gm. rice polishings and brewers' yeast equivalent to 13 Gm. fresh yeast *per teaspoonful*, Elixir OMNI BETA • contains all the known as well as the unidentified factors of the vitamin B-complex. A single teaspoonful daily supplies thiamine 1.5 mg., riboflavin 2.0 mg., niacinamide 10.0 mg., pantothentic acid 1.40 mg and pyridoxine hydrochloride 0.40 mg., plus generous amounts of choline, biotin, para-aminobenzoic acid, inositol and folic acid. Achievement of this well-balanced formula is made possible by utilizing all three of the richest natural sources of the complex to which pure crystalline factors are added. Uniting these primary sources permits ideally simple administration with full scale protection in a single teaspoonful daily

For additional pharmaceutical details consult your pharmacist—for more extensive medical data write Medical Division of William R. Warner & Co.

William R. WARNER and Co. Inc. 113 WEST 18TH STREET NEW YORK 11, N Y

elixir

'omni-beta'

vitamin B complex

Available in light proof cartoned amber bottles containing 4 and 8 fluidounces. Each carton includes a plastic, standardized U S P teaspoon measure.

Trademark Reg U S. Pat. Off

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

SECTION OFFICERS

1944–1945

ANESTHESIOLOGY

Milton C Peterson, *Chairman*	New York
Robert B Hammond, *Vice-Chairman*	White Plains
Rose M Lenahan, *Secretary*	Buffalo

DERMATOLOGY AND SYPHILOLOGY

Clarence H Peachey, *Chairman*	Rochester
E. William Abramowitz, *Secretary*	New York

GASTROENTEROLOGY AND PROCTOLOGY

Stockton Kimball, *Chairman*	Buffalo
Descum C McKenney, *Vice-Chairman*	Buffalo
Harry E Reynolds, *Secretary*	Schenectady

INDUSTRIAL MEDICINE AND SURGERY

Russell C Kimball, *Chairman*	Brooklyn
Philip L. Forster, *Secretary*	Albany

MEDICINE

Frederick W Williams, *Chairman*	Bronx
Harold F R. Brown, *Vice-Chairman*	Buffalo
George E Anderson, *Secretary*	Brooklyn

NEUROLOGY AND PSYCHIATRY

Albert B Siewers, *Chairman*	Syracuse
E. Jefferson Browder, *Secretary*	Brooklyn

OBSTETRICS AND GYNECOLOGY

Charles J Marshall, *Chairman*	Binghamton
Charles A. Gordon, *Secretary*	Brooklyn

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Harold H Joy, *Chairman*	Syracuse
Maxwell D Ryan, *Secretary*	New York

ORTHOPEDIC SURGERY

Robert M Cleary, *Chairman*	Buffalo
Joseph Buchman, *Secretary*	New York

PATHOLOGY AND CLINICAL PATHOLOGY

Fred W Stewart, *Chairman*	New York
Ellis Kellert, *Vice-Chairman*	Schenectady
M J Fein, *Secretary*	New York

PEDIATRICS

Carl H Laws, *Chairman*	Brooklyn
Albert G Davis, *Vice-Chairman*	Utica
George R. Murphy, *Secretary*	Elmira

PUBLIC HEALTH, HYGIENE, AND SANITATION

Joseph P Garen, *Chairman*	Saranac Lake
Henry B Doust, *Vice-Chairman*	Syracuse
Frank E. Coughlin, *Secretary*	Albany

RADIOLOGY

Alfred L. L Bell, *Chairman*	Brooklyn
Lee A. Hadley, *Vice-Chairman*	Syracuse
Raymond W. Lewis, *Secretary*	New York

SURGERY

Beverly C Smith, *Chairman*	New York
Stanley E Alderson, *Secretary*	Albany

UROLOGY

George E Slotkin, *Chairman*	Buffalo
John K. deVries, *Vice-Chairman*	New York
Archie L Dean, Jr , *Secretary*	New York

SESSION OFFICERS

1944–1945

HISTORY OF MEDICINE

T Wood Clarke, *Chairman*	Utica
Judson B Gilbert, *Vice-Chairman*	Schenectady
Claude E Heaton, *Secretary*	New York

PHYSICAL MEDICINE

Walter S McClellan, *Chairman*	Saratoga Springs
Albert Richard Hatfield, Jr , *Secretary*	Utica

CHEST DISEASES

Nelson W Strohm, *Chairman*	Buffalo
Grant Thorburn, *Secretary*	New York

In Congestive Heart Failure

Phyllicin

theophylline-calcium salicylate

A well tolerated, quickly acting diuretic and myocardial stimulant

DOSE 1 tablet (4 grains) two to four times a day



BILHUBER-KNOLL CORP. ORANGE NEW JERSEY.

"Smoothage" IN THE CONSTIPATION OF PREGNANCY



The constipation frequently encountered during pregnancy due to pressure of the fetus on the pelvic bowel, lack of exercise, and restricted diet, is alleviated by Metamucil

The Smoothage of Metamucil encourages easy gentle evacuation It does not interfere with the absorption of vitamins or other food factors

METAMUCIL *Is the registered trademark of G D Searle & Co., Chicago 80 Illinois*

Smoothage describes the gentle nonirritating action of Metamucil—the highly refined mucilloid of a seed of the psyllium group, Plantago ovata (50%) combined with dextrose (50%)

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

vasoconstriction in minutes

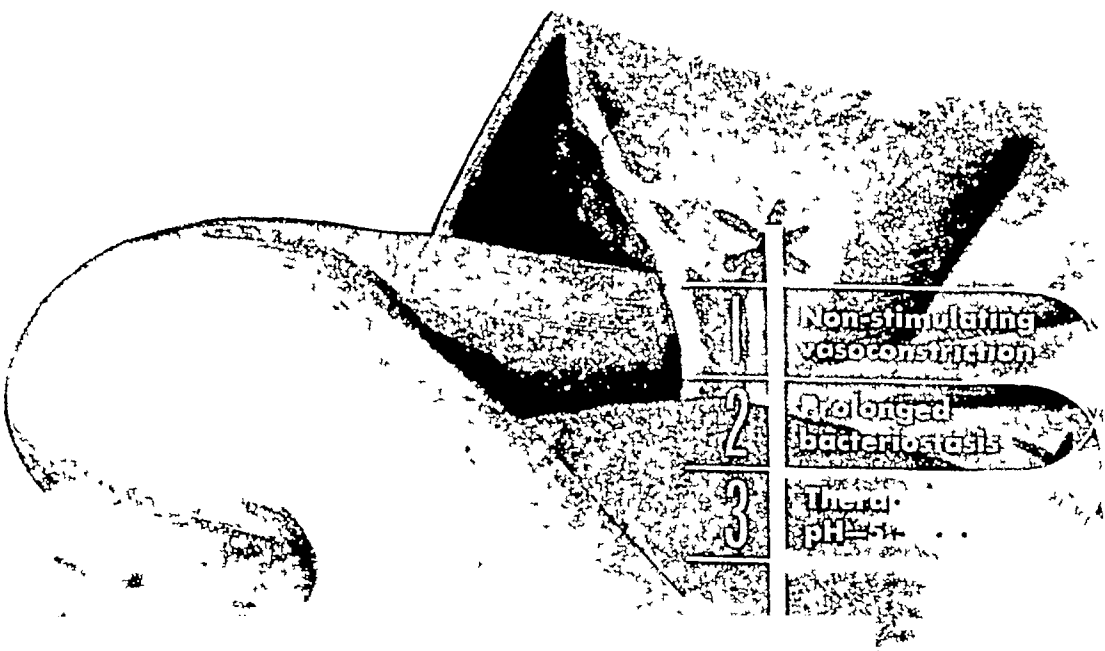
In the treatment of nasal and sinus infections, Paredrine-Sulfathiazole Suspension . . .

1 Affords more rapid, complete and prolonged shrinkage than that produced by ephedrine in equal concentration Ventilation and drainage are promptly promoted and infected areas are quickly rendered accessible to the sulfathiazole.

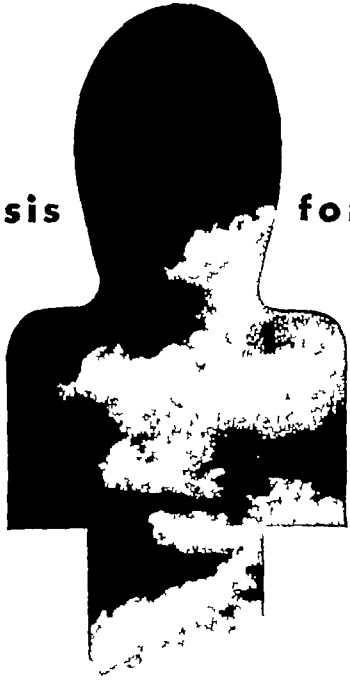
2 Provides prolonged bacteriostasis Paredrine-Sulfathiazole Suspension covers the nasal mucosa with a fine, even frosting of free sulfathiazole, which does not quickly wash away, *but keeps producing bacteriostatic action hour after hour* (An objection to solutions of sodium sulfathiazole is the improbability of their remaining in contact with the mucosa long enough to be effective)

Smith, Kline & French Laboratories—Philadelphia, Pa

PAREDRINE—SULFATHIAZOLE



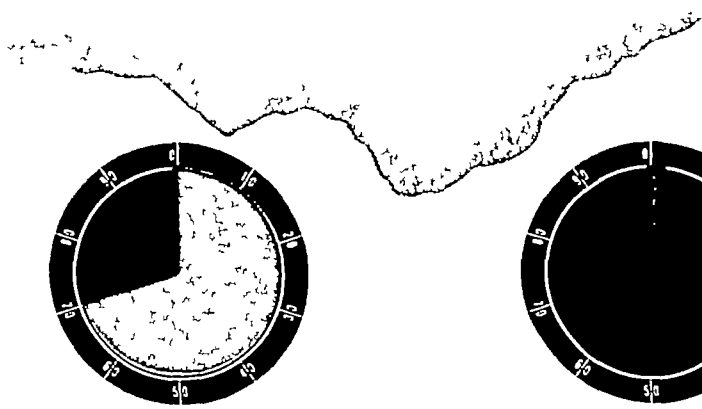
bacteriostasis for hours



SUSPENSION

If in the process of chewing and swallowing, they (the sulfa drugs) come into intimate contact with the gums, pharynx and oesophagus, the possibilities for more effective treatment of gingivitis, stomatitis, pharyngitis and oesophagitis by this means may be opened"

— ARNETT, J H ,
Am J of the Medical Sciences
205 6-8, Jan. 1943



HIGH LOCAL CONCENTRATION One pleasantly flavored Sulfathiazole Gum tablet chewed for *one-half to one hour* promptly provides a high concentration of locally active sulfathiazole (average 70 mg per cent) *that is maintained throughout the chewing period*

LOW (NEGLIGIBLE) SYSTEMIC ABSORPTION Blood levels of the drug, even when maximal dosage is employed, are almost negligible —rarely reaching 0 5 to 1 mg per cent.

product of WHITE LABORATORIES

SULFATHIAZOLE GUM*

In Oral and Pharyngeal Infections...

One tablet of White's Sulfathiazole Gum chewed for one-half to one hour—

1 promptly provides a high salivary concentration of *locally active* (dissolved) sulfathiazole

2 that is *sustained throughout the chewing period* in immediate contact with infected oropharyngeal mucosal surfaces,

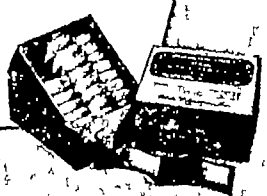
3 yet even with maximal dosage, resulting *blood levels* remain so low as to be virtually negligible.

Indications Local treatment of sulfonamide-susceptible infections of oropharyngeal areas, acute tonsillitis and pharyngitis, septic sore throat; infectious gingivitis and stomatitis, acute Vincent's disease.

Dosage One tablet chewed for *one-half to one hour* at intervals of one to four hours depending upon the severity of the condition If preferred, several tablets — rather than a single tablet — may be chewed *successively* during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed

Available in packages of 24 tablets, sanitaped, in slip-sleeve prescription boxes

IMPORTANT Please note that your patient requires your prescription to obtain this product from the pharmacist.



Pharmaceutical Manufacturers, NEWARK 7, N. J.

Dietary Protein after Surgery and Other Trauma

apparently must be maintained at a level above normal in order to assure proper wound healing* and at least average resistance to infection ** The feeding of meat, therefore, in adequate amounts, as soon as it can be instituted, appears doubly advantageous The protein content of meat is high and of highest biologic value, the human digestive tract appears well adapted for handling meat protein **

*" in a variety of medical and surgical conditions there may occur a considerable depletion of body protein owing to a combination of factors, of which the two most important are a generally diminished protein intake and an enhanced protein catabolism This situation inhibits wound healing, renders the liver more liable to toxic damage, impedes the regeneration of hemoglobin, prevents the resumption of normal gastrointestinal activity and delays the full return of muscular strength It is obvious that to meet the situation an adequate supply of proteins and calories must be made available to the body This implies at least 150 Gm. of protein and 3,500 calories, with as much as 500 Gm of protein daily when trauma has been severe, as in serious burns" (Hoff, H E Physiology, New England J of Med 231 492 [Oct. 5] 1944)

**"Cannon cites the evidence which indicates that diminished protein intake lowers resistance to infectious disease, and corroborates it by his own experiments it seems probable that the small intestine is better adapted for handling protein (especially meat protein) than for other types of food It is especially well supplied with enzymes which attack protein, and the digestion of meat has been shown to be more complete than that of foods of vegetable origins" (Crandall, L A, Jr The Clinical Significance of the Plasma Proteins, Memphis Med J XIX 147 [Oct] 1944)

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association

AMERICAN MEAT INSTITUTE

MAIN OFFICE CHICAGO MEMBERS THROUGHOUT THE UNITED STATES

These Heroes Fought to SAVE Lives - not Destroy Them!



The Story of Army Doctors and Nurses in the Foxholes and Hospitals of War

as portrayed in text and by

The Abbott Collection of War Paintings

in 118 Full-Color Plates

PACKED with the dramatic tenseness and excitement of modern warfare, this book tells in words and pictures the story of the services of our doctors, nurses, and enlisted men on the battlefields of Europe and Asia

DeWitt Mackenzie of the Associated Press, whose graphic story will hold the reader's attention from first to last, covered the African, European, Burma, China and Pacific fronts, where he saw the Army Medical Corps in action

A dozen American artists braved the perils of war to make the notable series of 118 paintings that are reproduced in full color There are also numerous sketches $5 00 at your booksellers

The Artists

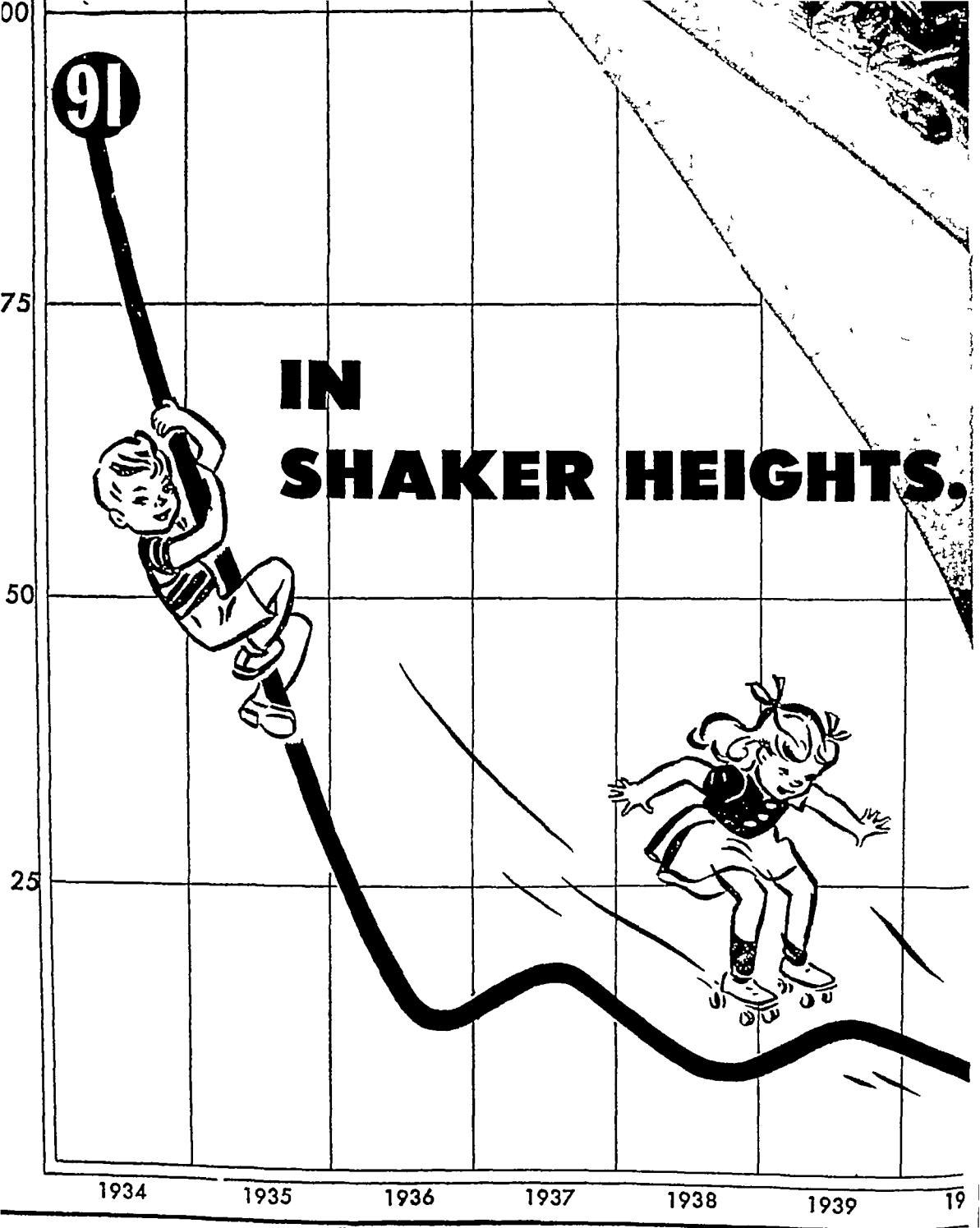
Howard Baer
Robert Benney
Peter Blume
Franklin Boggs
Francis Criss
John Steuart Curry
Ernest Fiene
Marion Greenwood
Joseph Hirsch
Fred Shane
Lawrence Beall Smith
Manuel Tolegian

MEN WITHOUT GUNS

By DeWitt Mackenzie

With an Introduction by Major General Norman T Kirk, Surgeon General of the United States Army

THE BLAKISTON COMPANY, Philadelphia 5, Pa.



PARKE, DAVIS
& COMPANY
DETROIT 32, MICHIGAN

Sole producers of

A NEW AND DEFINITE ADVANCE IN TREATING IRON DEFICIENCY ANEMIA

MOL IRON (13 7)

FeSO₄ (20 3)

(A) Completely effective therapeutic response (return to normal blood values) was obtained in an average of 13.7 days of Mol-Iron therapy

(B) Ferrous sulfate therapy *failed* to produce normal hemoglobin values after an average of 20.3 days.

MOL IRON (0.36 Gm.%)

group treated with Mol-Iron averaged a
lobin increase of 2.48 per cent (0.36

ed with ferrous sulfate showed an
of hemoglobin of 0.83 per cent
—a response about one-third

MOL IRON (3 5)

FeSO₄ (7 87)

(A) The Mol-Iron treated group received an average total of 3.528 Gms. of bivalent iron to produce the sought for result (return to normal blood values)

(B) While an average ingestion of 7 871 Gms. of bivalent iron failed to achieve an optimal response in the ferrous sulfate treated group.

The charts summarize the results of a controlled study of comparative therapeutic response in post-hemorrhagic and nutritional hypochromic anemias.

The series includes 49 cases treated with Mol-Iron and 21 with exsiccated ferrous sulfate; the results are typical of those observed in treatment of iron-deficiency anemics with White's Mol-Iron.

co precipitated com-
oxide (3 mg.) and

MOL-IRON TABLETS

indicates that,
therapeutic
tive synergistic
ith equivalent
lone—has un-

N VALUES
PA Y,
ATE OF
BEING
IN

2. IRON UTILIZATION IS SIMILARI MORE COMPLETE.
3. GASTRO INTESTINAL TOLERANC IS NOTABLY SATISFACTORY—ev among patients who have previous shown marked gastro-intestinal reactio following oral administration of other ir preparations

INDICATED IN:

Hypochromic (iron-deficiency) anemi caused by inadequate dietary intake impaired intestinal absorption of iro excessive utilization of iron, as in pre nancy and lactation, chronic hemo rhage.

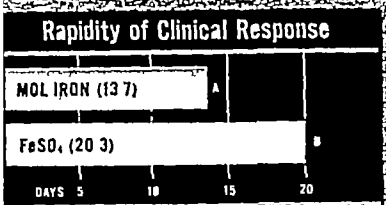
DOSAGE: One or two tablets three tim daily after meals.

Available in bottles of 100 and 10 tablets.

Ethically promoted—not advertised the laity

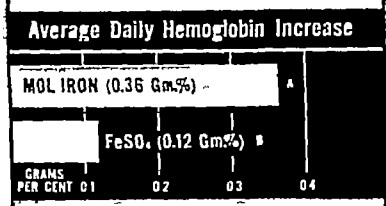
WHITE LABORATORIES, IN
Pharmaceutical Manufacturers
NEWARK 7, NEW JERSEY

A NEW AND DEFINITE ADVANCE IN TREATING IRON-DEFICIENCY ANEMIAS



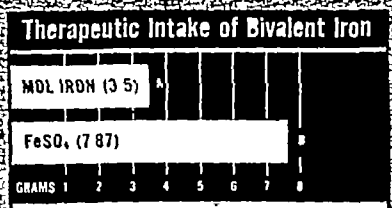
(A) Completely effective therapeutic response (return to normal blood values) was obtained in an average of 13.7 days of Mol-Iron therapy

(B) Ferrous sulfate therapy *failed* to produce normal hemoglobin values after an average of 20.3 days.



(A) The group treated with Mol Iron averaged a daily hemoglobin increase of 2.48 per cent (0.36 Gm. per cent)

(B) The group treated with ferrous sulfate showed an average daily gain of hemoglobin of 0.83 per cent (0.12 Gm. per cent)—a response about one-third as effective.



(A) The Mol-Iron treated group received an average total of 3.528 Gms. of bivalent iron to produce the sought for result (return to normal blood values).

(B) While an average ingestion of 7 871 Gms. of bivalent iron failed to achieve an optimal response in the ferrous sulfate treated group.

The charts summarize the results of a controlled study of comparative therapeutic response in post-hemorrhagic and nutritional hypochromic anemias.

The series includes 49 cases treated with Mol Iron and 21 with exsiccated ferrous sulfate; the results are typical of those observed in treatment of iron-deficiency anemias with White's Mol-Iron.

A specially processed, co-precipitated complex of molybdenum oxide (3 mg) and ferrous sulfate (195 mg.)

White's MOL-IRON TABLETS

Available clinical evidence indicates that, in hypochromic anemia, the therapeutic response to this highly effective synergistic combination—as compared with equivalent dosage of ferrous sulfate alone—has unusual advantages

1. NORMAL HEMOGLOBIN VALUES ARE RESTORED MORE RAPIDLY, INCREASES IN THE RATE OF HEMOGLOBIN FORMATION BEING AS GREAT AS 100% OR MORE IN PATIENTS STUDIED
2. IRON UTILIZATION IS SIMILARLY MORE COMPLETE.
3. GASTRO-INTESTINAL TOLERANCE IS NOTABLY SATISFACTORY—even among patients who have previously shown marked gastro-intestinal reactions following oral administration of other iron preparations.

INDICATED IN:

Hypochromic (iron-deficiency) anemias caused by inadequate dietary intake or impaired intestinal absorption of iron, excessive utilization of iron, as in pregnancy and lactation, chronic hemorrhage.

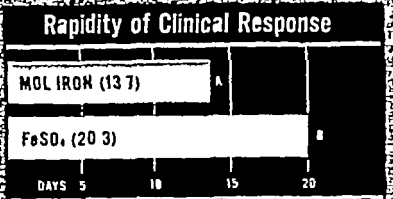
DOSAGE: One or two tablets three times daily after meals.

Available in bottles of 100 and 1000 tablets.

Ethically promoted—not advertised to the laity

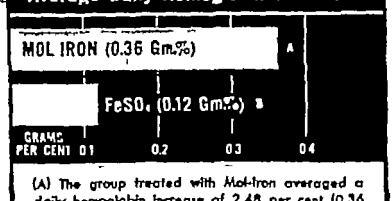
WHITE LABORATORIES, INC
Pharmaceutical Manufacturers
NEWARK 7, NEW JERSEY

A NEW AND DEFINITE ADVANCE IN TREATING IRON DEFICIENCY ANEMIAS



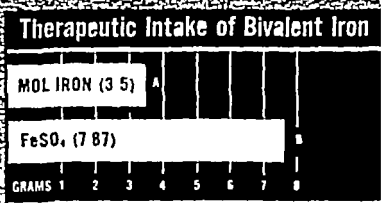
(A) Completely effective therapeutic response (return to normal blood values) was obtained in an average of 13.7 days of Mol-Iron therapy

(B) Ferrous sulfate therapy *failed* to produce normal hemoglobin values after an average of 20.3 days.



(A) The group treated with Mol-Iron averaged a daily hemoglobin increase of 2.48 per cent (0.36 Gm. per cent).

(B) The group treated with ferrous sulfate showed an average daily gain of hemoglobin of 0.83 per cent (0.12 Gm. per cent)—a response about one-third as effective.



(A) The Mol-Iron treated group received an average total of 3.528 Gms of bivalent iron to produce the sought for result (return to normal blood values)

(B) While an average ingestion of 7.871 Gms. of bivalent iron failed to achieve an optimal response in the ferrous sulfate treated group.

The charts summarize the results of a controlled study of comparative therapeutic response in post-hemorrhagic and nutritional hypochromic anemias.

The series includes 49 cases treated with Mol-Iron and 21 with exsiccated ferrous sulfate; the results are typical of those observed in treatment of iron-deficiency anemias with White's Mol-Iron.

A specially processed, co precipitated complex of molybdenum oxide (3 mg) and ferrous sulfate (195 mg.)

White's MOL-IRON TABLETS

Available clinical evidence indicates that, in hypochromic anemia, the therapeutic response to this highly effective synergistic combination—as compared with equivalent dosage of ferrous sulfate alone—has unusual advantages

1. NORMAL HEMOGLOBIN VALUES ARE RESTORED MORE RAPIDLY, INCREASES IN THE RATE OF HEMOGLOBIN FORMATION BEING AS GREAT AS 100% OR MORE IN PATIENTS STUDIED
2. IRON UTILIZATION IS SIMILARLY MORE COMPLETE.
3. GASTRO INTESTINAL TOLERANCE IS NOTABLY SATISFACTORY—even among patients who have previously shown marked gastro intestinal reaction following oral administration of other iron preparations.

INDICATED IN:

Hypochromic (iron-deficiency) anemia caused by inadequate dietary intake or impaired intestinal absorption of iron excessive utilization of iron, as in pregnancy and lactation, chronic hemorrhage.

DOSAGE: One or two tablets three times daily after meals.

Available in bottles of 100 and 1000 tablets

Ethically promoted—not advertised to the laity

WHITE LABORATORIES, INC.
Pharmaceutical Manufacturers
NEWARK 7, NEW JERSEY

New!—a nontoxic, biogenic healing agent—with decongestive action—for Sinusitis—Rhinitis—Coryza

CHLOROPHYLL THERAPY

as provided in **Chloresium** REG. U.S. PAT. OFF **Nasal Solution**

For the first time in the treatment of inflammatory conditions of the upper respiratory tract, it is possible to provide the proven effectiveness of a natural, nontoxic *healing* agent *and* to obtain prompt decongestive relief without actual vasoconstrictor action!

This unique advance in E.N.T therapy is made possible by the use of Chloresium, the chlorophyll nasal preparation which:

1 *Accelerates healing by stimulating cell metabolism*

2 *Affords symptomatic relief* without *vasoconstrictor action*

3 *Promotes normal ciliary function, proper nasal physiology*

4 *Deodorizes by inhibiting the activity of anaerobic, proteolytic bacteria*

Induces Ciliary Activity

Independent investigators have demonstrated that Chloresium Nasal Solution has no detrimental effect on ciliary activity—indeed, it produces partial restoration of the normal ciliary function and aids in establishing proper nasal physiology

Decongestion without Vasoconstriction

Chloresium Nasal Solution has a rather striking decongestive activity which has been reported as an ephedrine like quality *without* any actual vasoconstrictor action Pharmacologic experiments show no evidence of any vasoconstrictor properties. The solution may be used freely, making it particularly useful in the field of pediatrics.

Eliminates Fetid Odors

Chloresium Nasal Solution is extraordinarily effective in eliminating fetid odors—often within 24 to 48 hours—as in Ozena and Atrophic Rhinitis.



Is ethically promoted available at all leading druggists.

NASAL SOLUTION
Iropper bottles and 2-oz. and 8-oz. bottles

M SOLUTION (PLAIN)*
2-oz. and 8-oz. bottles

OINTMENT
1-oz. tubes and 4-oz. jars

ual Solution contains the purified, therapeutic water-soluble derivatives of chlorophyll "a" in an isotonic saline solution suitable for instillation.

Solution (Plain) and Chloresium Ointment contain chlorophyll derivatives. They are used in healing and deodorize wounds, burns, lesions, especially the chronic, recalcitrant

RYSTAN COMPANY
50 CHURCH ST., NEW YORK 7, N.Y.

Sole licensee—Lakeland Foundation

SEND FOR LITERATURE AND CLINICAL SAMPLE



Rystan Company Department NJ-5
50 Church Street, New York 7 N Y

Please send me without obligation, a copy of "Chloresium Nasal Solution" and clinical sample.

Name_____ M.D

Street_____

City_____ State_____

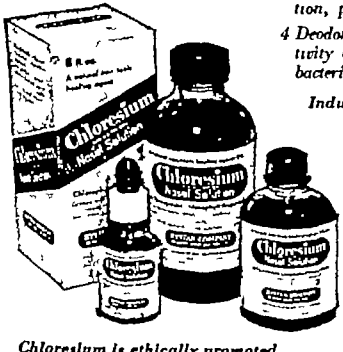
New!—a nontoxic, biogenic healing agent—with decongestive action—for Sinusitis—Rhinitis—Coryza

CHLOROPHYLL THERAPY

as provided in

Chloresium
REG. U.S. PAT. OFF.
Nasal Solution

For the first time in the treatment of inflammatory conditions of the upper respiratory tract, it is possible to provide the proven effectiveness of a natural, nontoxic *healing* agent *and* to obtain prompt decongestive relief without actual vasoconstrictor action!



This unique advance in E.N.T. therapy is made possible by the use of Chloresium the chlorophyll nasal preparation which

1 *Accelerates healing by stimulating cell metabolism*

2 *Affords symptomatic relief* without *vasoconstrictor action*

3 *Promotes normal ciliary function, proper nasal physiology*

4 *Deodorizes by inhibiting the activity of anaerobic, proteolytic bacteria*

Induces Ciliary Activity

Independent investigators have demonstrated that Chloresium Nasal Solution has no detrimental effect on ciliary activity—indeed, it produces partial restoration of the normal ciliary function and aids in establishing proper nasal physiology

Decongestion without Vasoconstriction

Chloresium Nasal Solution has a rather striking decongestive activity which has been reported as an ephedrine like quality *without* any actual vasoconstrictor action Pharmacologic experiments show no evidence of any vasoconstrictor properties. The solution may be used freely, making it particularly useful in the field of pediatrics.

Eliminates Fetid Odors

Chloresium Nasal Solution is extraordinarily effective in eliminating fetid odors—often within 24 to 48 hours—as in Ozena and Atrophic Rhinitis

RYSTAN COMPANY
50 CHURCH ST., NEW YORK 7, N.Y.

Sole licensee—Lakeland Foundation

Chloresium is ethically promoted. Available at all leading druggists.

CHLORESIUM NASAL SOLUTION
½-oz. dropper bottles and 2-oz. and 8-oz. bottles

CHLORESIUM SOLUTION (PLAIN)*
2-oz. and 8-oz. bottles

CHLORESIUM OINTMENT
1-oz. tubes and 4-oz. jars

Chloresium Nasal Solution contains the purified, therapeutically active, water-soluble derivatives of chlorophyll " " ($C_{55}H_{72}O_5N_4Mg$) in an isotonic saline solution suitably buffered for nasal instillation.

*Both Chloresium Solution (Plain) and Chloresium Ointment contain these same chlorophyll derivatives They are used topically to accelerate healing and deodorize wounds, burns ulcers and similar lesions, especially the chronic, recalcitrant malodorous type.

SEND FOR LITERATURE AND CLINICAL SAMPLE



Rystan Company Department NJ-5
50 Church Street, New York 7 N Y

Please send me, without obligation, a copy of "Chloresium Nasal Solution" and clinical sample.

Name_____ M D

Street_____

City_____ State_____



The combination of atropine-like spasmolytic action with morphine-like analgesic power makes Demerol particularly well suited for the relief of pain due to smooth muscle spasm.

•

Average Adult Dose 100 mg. administered by intramuscular injection—or when the attack is less severe, orally, beginning with 50 mg. and increasing to 150 mg if necessary.

•

Demerol is available for oral use in tablets of 50 mg, bottles of 25, 100 and 1000; for intramuscular injection ampuls of 2 cc. (100 mg.), boxes of 6 and 25, and vials of 30 cc. (50 mg in 1 cc.)

Literature sent to physicians on request

SUBJECT TO REGULATIONS OF THE FEDERAL BUREAU OF NARCOTICS

Analgesic • *Spasmolytic* • *Sedative*

WINTHROP

Demerol
Trademark Reg. U. S. Pat. Off. & Canada
HYDROCHLORIDE
Brand of Meperidine Hydrochloride
(Isonipecaine)

WINTHROP CHEMICAL COMPANY, INC.
Pharmaceuticals of merit for the physician • NEW YORK 13, N. Y. – WINDSOR, ONT.

New!—a nontoxic, biogenic healing agent—with decongestive action—for Sinusitis—Rhinitis—Coryza

CHLOROPHYLL THERAPY

as provided in **Chloresium** REG. U.S. PAT. OFF. Nasal Solution

For the first time in the treatment of inflammatory conditions of the upper respiratory tract, it is possible to provide the proven effectiveness of a natural nontoxic *healing* agent *and* to obtain prompt decongestive relief without actual vasoconstrictor action!



This unique advance in E N T therapy is made possible by the use of Chloresium, the chlorophyll nasal preparation which

1 *Accelerates healing by stimulating cell metabolism*

2 *Affords symptomatic relief without vasoconstrictor action*

3 *Promotes normal ciliary function, proper nasal physiology*

4 *Deodorizes by inhibiting the activity of anaerobic, proteolytic bacteria*

Induces Ciliary Activity

Independent investigators have demonstrated that Chloresium Nasal Solution has no detrimental effect on ciliary activity—indeed, it produces partial restoration of the normal ciliary function and aids in establishing proper nasal physiology

Decongestion without Vasoconstriction

Chloresium Nasal Solution has a rather striking decongestive activity which has been reported as an ephedrine like quality *with out* any actual vasoconstrictor *action* Pharmacologic experiments show no evidence of any vasoconstrictor properties. The solution may be used freely, making it particularly useful in the field of pediatrics

Eliminates Fetid Odors

Chloresium Nasal Solution is extraordinarily effective in eliminating fetid odors—often within 24 to 48 hours—as in Ozena and Atrophic Rhinitis

RYSTAN COMPANY
50 CHURCH ST., NEW YORK 7, N.Y.

Sole licensee—Lakeland Foundation

Chloresium is ethically promoted. Available at all leading druggists

CHLORESIUM NASAL SOLUTION
½-oz. dropper bottles and 2-oz. and 8-oz. bottles

CHLORESIUM SOLUTION (PLAIN)*
2-oz. and 8-oz. bottles

CHLORESIUM OINTMENT*
1-oz. tubes and 4-oz. jars

Chloresium Nasal Solution contains the purified, therapeutically active, water-soluble derivatives of chlorophyll "a" ($C_{55}H_{72}O_5N_4Mg$) in an isotonic saline solution suitably buffered for nasal instillation.

*Both Chloresium Solution (Plain) and Chloresium Ointment contain these same chlorophyll derivatives. They are used topically to accelerate healing and deodorize wounds, burns, ulcers and similar lesions, especially the chronic, recalcitrant, malodorous type.

SEND FOR LITERATURE AND CLINICAL SAMPLE



Rystan Company Department *NJ-5*
50 Church Street, New York 7 N Y

Please send me, without obligation, a copy of "Chloresium Nasal Solution" and clinical sample.

*Name*_____ M.D

*Street*_____

*City*_____ *State*_____

ERTRON

is different



• *Therapeutically and chemically*, Ertron differs from any other drug used today in the treatment of chronic arthritis.

• *10 years* of intensive clinical research has established the efficacy of Ertron in the management of arthritis

• *5 years* of laboratory research has produced definite evidence that Ertron is chemically different.

Simply stated, Ertron is electrically activated vaporized ergosterol prepared by the Whittier Process

Ertron contains a number of hitherto unrecognized factors which are members of the steroid group The isolation and identification of these substances in pure chemical form further establishes the chemical as well as the therapeutically unique nature of Ertron in antiarthritic management.

Each capsule of Ertron contains 5 mg. of activation-products having a potency of not less than 50,000 U S.P Units of vitamin D

To Ertronize the arthritic patient, employ Ertron in adequate daily dosage over a sufficiently long period to produce beneficial results

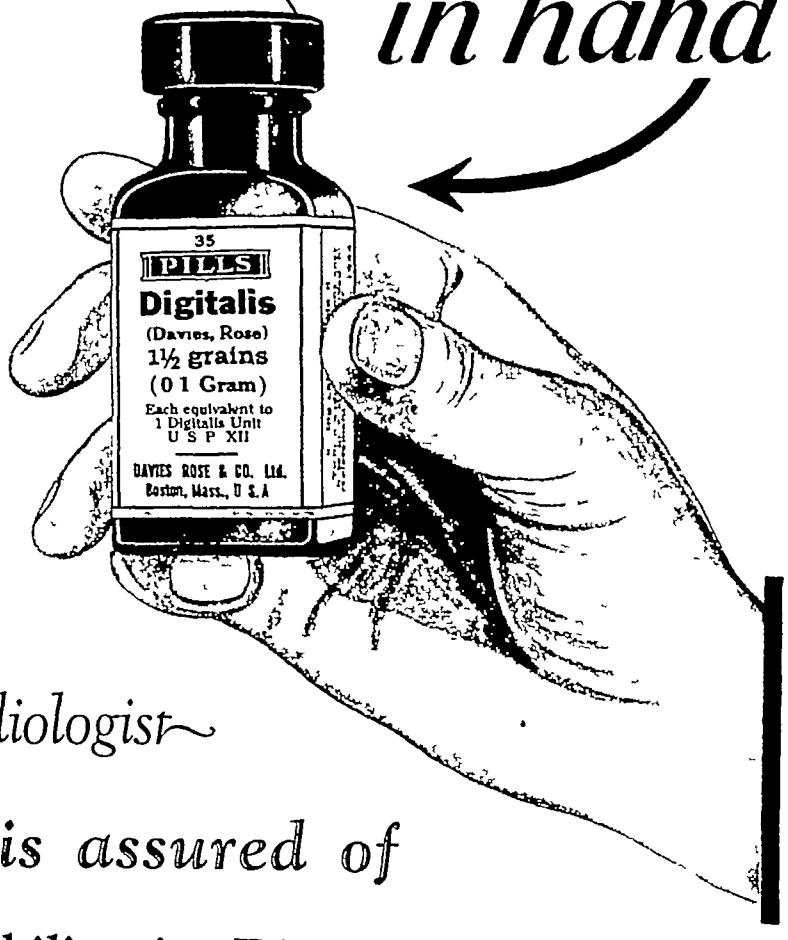
The usual procedure is to start with 2 or 3 capsules daily, increasing the dosage by 1 capsule a day every three days until 6 capsules a day are given Maintain medication until maximum improvement occurs A glass of milk, three times daily following medication, is advised.

Supplied in bottles of 50, 100 and 500 capsules
Parenteral for supplementary intramuscular injection

Ertron is the registered trade-mark of Nutrition Research Laboratories

NUTRITION RESEARCH LABORATORIES • CHICAGO

With this in hand



The Cardiologist~

is assured of

Dependability in Digitalis Administration

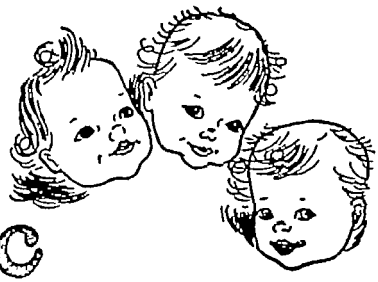
❦ ❦ ❦

Being the powdered leaves made into
physiologically tested pills,
all that Digitalis can do, these pills will do.

Trial package and literature sent to physicians on request

DAVIES, ROSE & COMPANY, Limited
Manufacturing Chemists, Boston 18, Massachusetts

D14



Formulac

for adequate infant nutrition

FORMULAC, newly introduced on the market, is the trade name for a fortified infant food which makes supplementary vitamin administration unnecessary

FORMULAC (a reduced milk in liquid form) was developed by E V McCollum. It is sufficiently supplemented with vitamins and minerals to render it an adequate food for babies. Incorporation of the vitamins *into the milk itself* eliminates the risk of maternal error or carelessness.

FORMULAC presents a flexible basis for formula preparation Supplemented by carbohydrates at your discretion, it may readily be adjusted to fit each individual child's needs.

FORMULAC has been tested clinically, and found satisfactory in promoting infant growth and development

FORMULAC is inexpensive—within price range of even low income groups It is on sale at most grocery and drug stores



FORMULAC IS PROMOTED ETHICALLY

For professional samples and further information about this new infant food, mail a card to National Dairy Products Company, Inc., 230 Park Avenue, New York 17, N Y

NATIONAL DAIRY PRODUCTS COMPANY, INC.
NEW YORK, N.Y



All in favor raise right hands . . . *with wall*

Naturally we want our boys home The sooner the better

But how much are we willing to do about it?

Are we willing to pay for bringing them back? If we are, we'll buy *extra* Bonds in the Victory Loan

And after these fellows get home—these men who have fought and won the toughest war America has ever known—what then?

We want to take care of the injured ones, of course We want to see that the young fellows who went off to fight get a chance to finish their education We want to see that there are jobs—plenty of decent jobs—for the men who've been doing the world's meanest job at army pay

How much are we willing to do about that?

If we're really serious about wanting to see that our men get what they have so richly earned, we'l Bonds in the Victory Loa

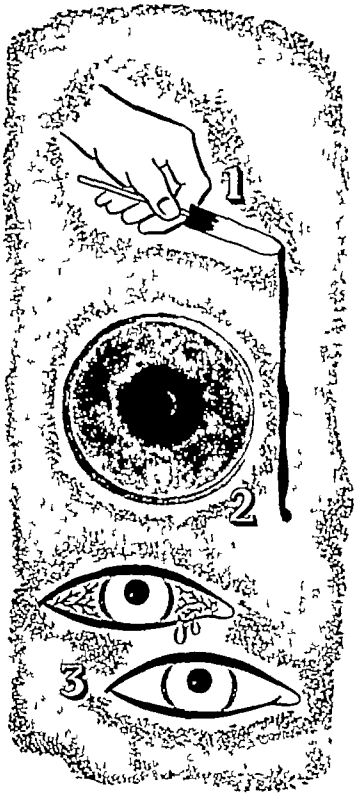
Now's the time. Let's l of hands—with wallets how much we really want old familiar step and t voice yelling "It's *me!*" with pocketbooks, that w job as well as they did th

THEY FINISHED THEIR JOB— LET'S FINISH OURS!

This is an official U S Treasury advertisement—prepared under auspices of Treasury Department and War Advertisi

3 TREATMENTS IN ONE . . . ARGYROL

in mucous membrane infection



In treating mucous membrane infection today the physician can achieve by use of this one medication ARGYROL *three important results*

For in addition to being contra infective and contra congestive ARGYROL is stimulating to the membrane's own inherent and natural defense function.

DECONGESTIVE—ARGYROL's decongestive effect in the membrane is the result of its demulcent, osmotic action. The withdrawal of ARGYROL tampons from the post nasal cavities frequently brings forth a long ropy mucous discharge measuring as much as two feet or more.

BACTERIOSTATIC—Although proved to be definitely bacteriostatic, ARGYROL is non toxic to tissue. In nearly a half century of wide medical use of ARGYROL, no case of toxicity irritation, injury to cilia or pulmonary complication in human beings has ever been reported.

STIMULATING—Soothing to nerve ends in the membrane and stimulating to glands, ARGYROL's action is more than surface action. For it acts synergetically with the membrane's own deep-seated, defense mechanism.

NEVER DUPLICATED CHEMICALLY OR IN CLINICAL ACCEPTANCE

Solutions of mild silver protein similar in appearance to ARGYROL are chemically different. Different in degree of colloidal dispersion in size of particles and in Brownian movement viewed under the ultra-microscope In ARGYROL unlike other mild silver proteins and regardless of the concentration of the solution employed the pH remains constant and the pAg is properly correlated Unlike most mild silver proteins ARGYROL remains equally bland and non irritating *in all concentrations from 1 per cent to 50 per cent.* To insure the results which you expect from genuine ARGYROL, it is important that you insist on ORIGINAL PACKAGE ARGYROL.

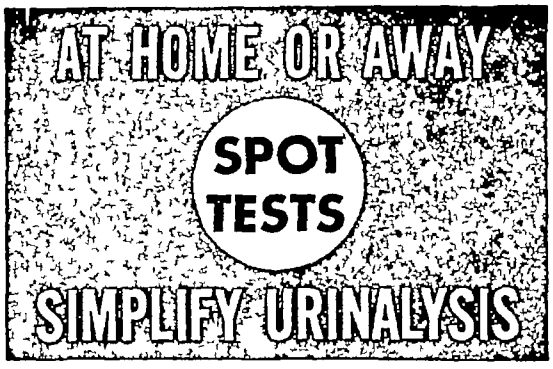


ARGYROL

THE PHYSIOLOGIC ANTISEPTIC WITH SYNERGETIC ACTION . . .

Made only by the A C BARNES COMPANY NEW BRUNSWICK, N J

ARGYROL is a registered trademark, the property of A. C. Barnes Company



NO TEST TUBES · NO MEASURING NO BOILING

Diabetics welcome "Spot Tests" (ready to use dry reagents), because of the ease and simplicity in using No test tubes, no boiling, no measuring, just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

Galatest

FOR DETECTION OF SUGAR IN THE URINE

Acetone Test (DENCO)

FOR DETECTION OF ACETONE IN THE URINE

SAME SIMPLE TECHNIQUE FOR BOTH

1 A LITTLE POWDER  2. A LITTLE URINE

COLOR REACTION IMMEDIATELY

A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. This handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses

Accepted for advertising in the Journal of the A M.A.

WRITE FOR DESCRIPTIVE LITERATURE



INDEX TO ADVERTISERS

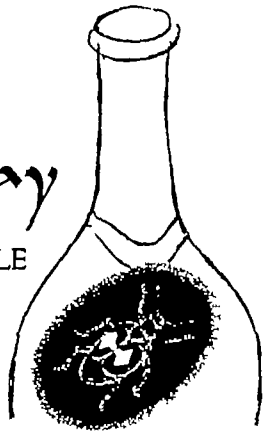
American Institute for Psychoanalysis	107
American Meat Institute	18
Ames Company, Inc	45
A C Barnes Company	31
Dr Barnes Sanitarium	107
Beech-Nut Packing Co	37
Bilhuber-Knoll Corp	12
E Bischoff Co , Inc.	33
The Blakiston Company	19
Borden Co	40
Brewer & Company, Inc.	6
Brigham Hall Hospital	105
Bristol Laboratories	112
Brunswick Home	107
Burroughs Wellcome & Co	38
Campbell Soup Company	95
Cavendish Pharmaceutical Corp	8
Cereal Institute, Inc	9
Columbia University Extension	10
Crookes Laboratories, Inc	93
Davies, Rose & Company, Ltd	28
Denver Chemical Mfg Co	32
Doak Co , Inc	99
Falkirk in the Ramapos	105
General Electric X-Ray Corp	22
Otis E Glidden & Co , Inc	43
Gold Pharmacal Co	107
Halcyon Rest	105
Dr T H Halsted	109
Charles C Haskell & Co , Inc	1
Hoffman-La Roche, Inc.	44
Interpines	107
Lakeside Laboratories	47
Thomas Leeming & Company	3rd cover
Libby, McNeill & Libby	39
Eli Lilly & Company	Between 32 and 33
Louden-Knickerbocker Hall, Inc.	107
Maltex Company	42
The Maltine Company	91
The Maples Inc.	107
Mead Johnson & Company	4th cover
Wm. S Merrell Company	2nd cover
Philip Morris & Company, Ltd , Inc.	101
National Dairy Products Co , Inc	29
National Discount & Audit Co	105
Nepera Chemical Co , Inc	34
Nutrition Research Laboratories	26–27
Paine Hall	109
Parke, Davis & Co	20–21
Pediforme Shoe Co.	4
Pinewood	105
Z H Polachek	109
R. J Reynolds Tobacco Co	2–3
Rystan Company	25
Schenley Laboratories, Inc	36
Schering Corp	5
G D Searle & Co	13
Sharp & Dohme	46
Smith, Kline & French Laboratories	14–15, 97
Frederick Stearns & Company	41
Charles B Towns Hospital	105
Myron L Walker Co , Inc	103
H F Wanvig	99
William R Warner & Co , Inc	11, 35
West Hill	105
White Laboratories, Inc	7, 16–17, 23
Winthrop Chemical Co	24
Wyeth Inc	48
Yonkers Professional Hospital	105
Zemmer Company	109

A long way

FROM A BEETLE

IN A BOTTLE FOR

WHOOPING COUGH





FROM THE PHYSICIAN'S POINT OF VIEW...

These distinctive attributes suggest

MANDELAMINE

Reg U S Pat. Off
(Methenamine Mandelate)

- Lack of Toxicity
- Convenience of Therapy
- Prompt, Effective Action
- Wide Range of Therapeutic Activity

Mandelamine is supplied in enteric coated tablets of 0.25 Gm. (3¾ grains) each, in packages of 120 tablets sanitaped, and in bottles of 500 and 1000

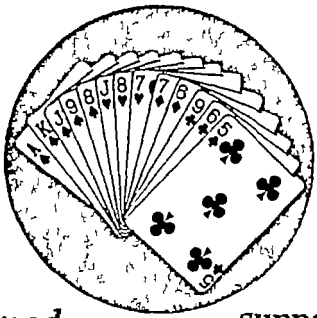


NEPERA CHEMICAL CO INC.
21 Gray Oaks Ave.
Yonkers 2, New York
Please send me literature, and a physician's sample of Mandelamine.

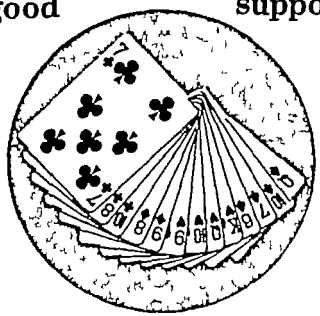
Name . . . . . M.D.
Street . . . . . .
City . . . . . State . . . . . .

NEPERA CHEMICAL CO. INC.

Manufacturing Chemists Yonkers 2, New York



a good supporting



hand

in sulfonamide therapy is provided by 'ALKA-ZANE'* Alkaline Effervescent Compound. Administered in water, 'ALKA ZANE' Alkaline Effervescent Compound helps maintain the degree of urinary alkalinity and high fluid intake essential to solubility of sulfonamides and their acetyl derivatives for the prevention of crystalluria and obstruction of the kidneys and urinary tract.

'ALKA-ZANE' Alkaline Effervescent Compound makes a refreshing effervescent drink which supplies the principal bases of the alkaline reserve sodium, calcium and magnesium, as readily assimilable carbonates, citrates and phosphates

For additional pharmaceutical details consult your pharmacist—for more extensive medical data write Medical Division of William R. Warner & Co.

William R. WARNER and Co. Inc. 113 WEST 18TH STREET, NEW YORK 11, N Y

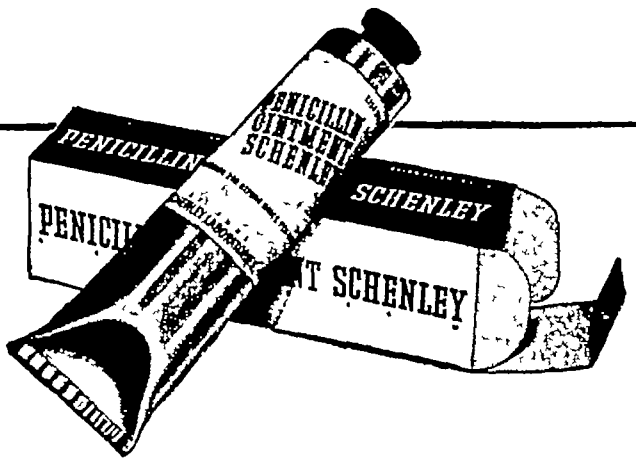
'alka-zane'

Alkaline Effervescent Compound
Bottles of 1¼, 4 and 8 ounces.

*Trademark Reg U S. Pat. Off

Announcing...

PENICILLIN OINTMENT SCHENLEY

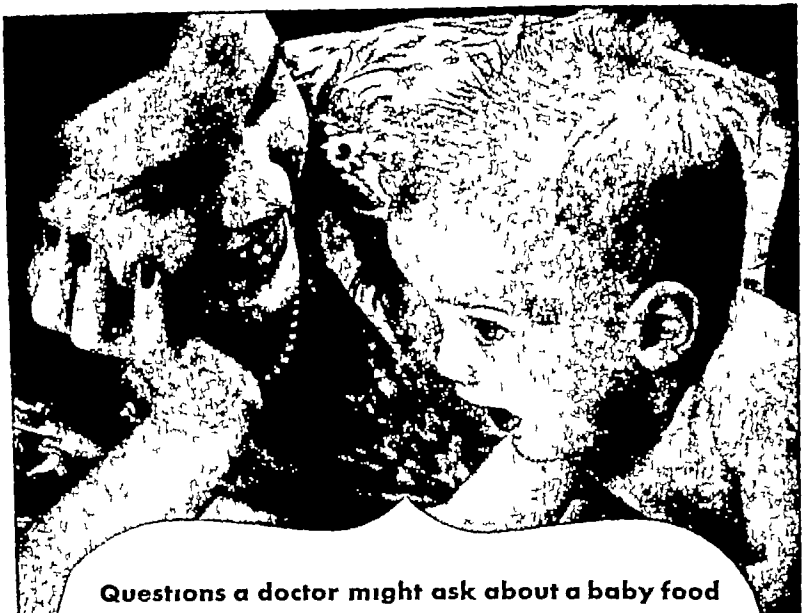


It is possible by topical application to reach local levels of penicillin activity far in excess of the highest ranges maintained by intravenous and intramuscular administration

Penicillin Ointment Schenley is indicated in the treatment of superficial infections of the skin caused by penicillin-sensitive organisms. In deep-seated pyogenic infections with penicillin-sensitive organisms, the ointment may be used as an adjunct to systemic penicillin therapy and other measures.

When you specify Penicillin Ointment Schenley, you are assured of the highest standard of excellence, because Schenley Laboratories maintains the same rigid program of control for this ointment as it has always maintained for Penicillin Schenley.

SCHENLEY LABORATORIES, INC.
Executive Offices: 350 Fifth Avenue, New York City



Questions a doctor might ask about a baby food

Where do your raw materials come from? — Vegetables are grown from seed supplied by Beech Nut. Only that part of the crop which conforms to highest standards is used. Fruits are selected with equal care.

How are these foods processed? — To retain flavor and food values in high degree, all foods are cooked in the absence of air, vacuumed and then pressure cooked in stainless steel cookers. The filled jars are finally processed in pressure retorts.

Can you be sure quality is constant? — Tests for vacuum retention and pH are run on sample jars from each retort after incubation for two weeks at 98°F and 131°F. Flavor, color, consistency are checked continuously in the test kitchen. Cleanliness of plant equipment is controlled by bacteriologists.



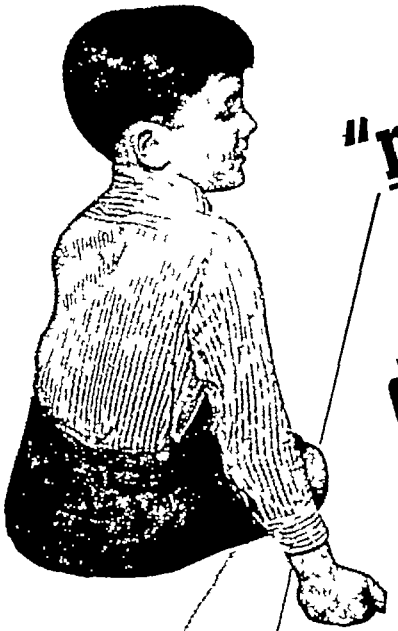
Beech-Nut

STRAINED & JUNIOR FOODS

(CHOPPED)

We invite your personal inspection or written inquiry

BEECH-NUT PACKING CO., CANAJOHARIE, N. Y.



"my doctor's nose drops don't sting!"



Fussy children with stuffy noses from coryza, sinusitis, or allergic rhinitis are more apt to cooperate when the pediatrician prescribes 'Vaporole' brand Ephedrine Isotonic Solution (Aqueous) to relieve nasal congestion. In its non-oily vehicle of modified Locke's solution, 'Vaporole' Ephedrine Isotonic Solution affords prompt, long-lasting shrinkage of nasal mucosa without inhibiting ciliary action. Because it does not sting little noses it promotes confidence between the physician and his most critical group of young patients.

'VAPOROLE' Reg. Trademark

'VAPOROLE' EPHEDRINE ISOTONIC SOLUTION (Aqueous) containing 1 percent ephedrine in an isotonic solution of sodium, potassium and calcium chlorides and dextrose (modified Locke's solution). Bottles of 1 fluidounce and 1 pint.

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 EAST 41ST STREET, NEW YORK 17, N.Y.

FOR EASILY ADMINISTERED *Early* SUPPLEMENTATION

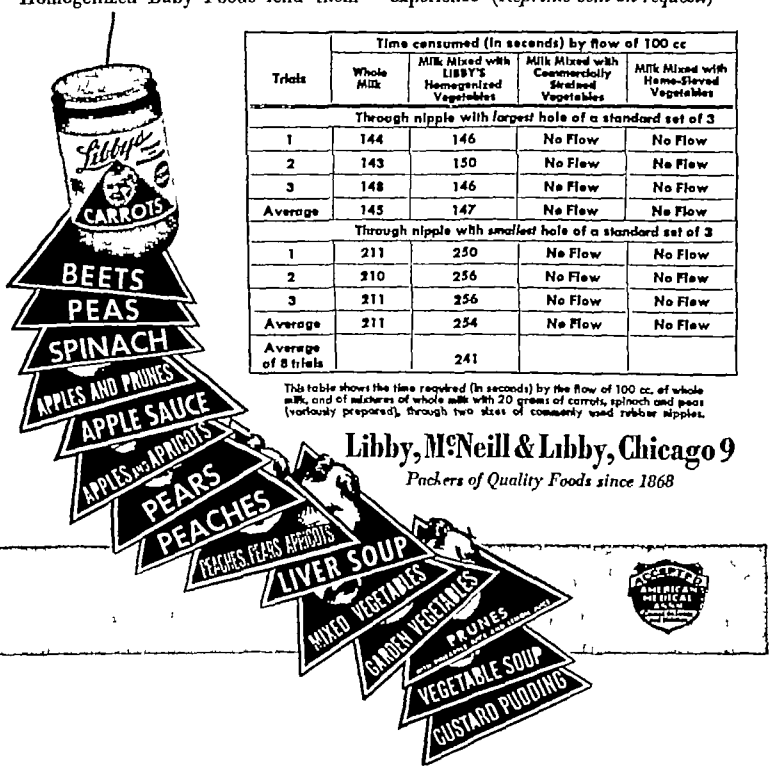
THE modern trend in infant feeding favors supplementation of the milk diet other than with orange juice and cod liver oil at an early date. Yet this addition has rarely been considered before the infant was able to accept solid foods from the spoon.

It is not necessary to wait until the infant is trained to spoon feeding, since the valuable minerals and vitamins contained in vegetables may be given as part of the milk "formula" Libby's Homogenized Baby Foods lend themselves well to this entirely feasible technic of bottle fed supplementation, they flow freely through a nipple opening of normal size, no other baby food is known to possess this property (See table)

The "smooth" texture of Libby's Baby Foods makes for easier digestion, for greater availability of food iron, and for blandness of cellulose content through fine comminution Thus, supplementation with Libby's is practical as early as the 5th week of life, as shown by clinical experience (*Reprints sent on request.*)

Trials	Time consumed (in seconds) by flow of 100 cc			
	Whole Milk	Milk Mixed with LIBBY'S Homogenized Vegetables	Milk Mixed with Commercially Strained Vegetables	Milk Mixed with Home-Sieved Vegetables
Through nipple with *largest* hole of a standard set of 3				
1	144	146	No Flow	No Flow
2	143	150	No Flow	No Flow
3	148	146	No Flow	No Flow
Average	145	147	No Flow	No Flow
Through nipple with *smallest* hole of a standard set of 3				
1	211	250	No Flow	No Flow
2	210	256	No Flow	No Flow
3	211	256	No Flow	No Flow
Average	211	254	No Flow	No Flow
Average of 8 trials		241		

This table shows the time required (in seconds) by the flow of 100 cc. of whole milk, and of mixtures of whole milk with 20 grams of carrots, spinach and peas (variously prepared), through two sizes of commonly used rubber nipples.



Libby, McNeill & Libby, Chicago 9

Packers of Quality Foods since 1868



"WELL, DOCTOR, I'D PUT THIS BABY ON DRYCO"

"His condition requires careful dietary supervision—with Dryco you can easily adjust the formula to meet his requirements"

Because Dryco offers the physician wide limits of formula flexibility, it is ideally suited to *special* feeding besides being perfectly suited to *normal* cases It may be prescribed with or without added carbohydrate and may be employed in *concentrated* form also when indicated

The high-protein, low-fat ratio of Dryco (2 7 to 1) assures optimum protein intake and minimal gastro-intestinal upsets from fat indigestion. In addition, Dryco contains adequate vitamins A, B_1, B_2, and D, plus essential milk minerals

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE, NEW YORK 17, N Y

In Canada Write The Borden Company, Limited, Spadina Crescent, Toronto

DRYCO *is made from spray-dried, pasteurized, superior quality whole milk and skim milk. Provides 2500 U.S.P units vitamin A and 400 U.S.P units vitamin D per reconstituted quart Supplies 31½ calories per tablespoon. Available at all drug stores in 1 and 2½ lb cans*

USE
DRYCO
THE "CUSTOM FORMULA"
INFANT FOOD





FROM A CLINICAL POINT OF VIEW

"It must be assumed that every patient with chronic infection is anemic."

For treating hypochromic anemias, Hemo-genin combines the advantages of Fergon (Ferrous Gluconate Stearns) with the nutritional values of vitamin B complex plus liver concentrate. Because Fergon is rarely associated with gastro-intestinal distress, Hemo-genin may be administered before meals to enhance iron absorption.

Hemo-genin

Fergon Plus B Complex

FOR HYPOCHROMIC ANEMIAS REQUIRING IRON AND B COMPLEX



Frederick Stearns & Company
Division

DETROIT 31 MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY AUSTRALIA AUCKLAND, NEW ZEALAND

FACTS ABOUT HEMO-GENIN

COMPOSITION Fergon (Ferrous Gluconate Stearns) synthetic vitamin B complex factors, and liver concentrates. Six capsules daily supply 12 gr. ferrous gluconate and the daily requirements of B vitamins.

NON-IRRITATING to gastro-intestinal mucosa because low degree of ionization makes it virtually non-astringent. May be administered before meals to facilitate maximum absorption.

GREATER iron utilization shown by clinical comparisons of ferrous gluconate with other iron salts.†

†J. Clin. Investigation 16:43-47 1937.

INDICATED in hypochromic anemias requiring iron and vitamin B complex. Especially valuable when patients do not tolerate other forms of iron.

DOSAGE: Two capsules three times daily before or after meals.

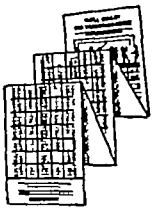
SUPPLIED in bottles of 100 and 500 capsules.

TRADE-MARKS REG. U. S. PAT. OFF.



MALTEX is a hot cereal most every child loves, because it tastes so good—is so rich with tempting, nut-like flavor so deliciously, delicately sweet! What an appetizing way to get nourishment! For Maltex is a wholesome, *two-grain* cereal, naturally rich in Vitamin B_1 —a combination of ripe, golden Wheat, toasted to tasty perfection, and Barley, malted to bring out its delicious flavor The combining process produces "natural" sugars, that are so easy to digest, and give the delightful sweetness that is typical of Maltex's goodness Yes—Maltex is a *good* cereal to recommend to growing children

Let Us Send You This Height-Weight Wall Chart



This 42" x 6" durable chart is useful in determining height and average weight of boys and girls Write The Maltex Company, Home Economics Dept., Burlington, Vermont



MALTEX Cereal

INDEX OF PRODUCTS

Alka-Zane (Wm R. Warner & Co , Inc) 35
Amphojel (Wyeth Inc) 48
Argyrol (A C Barnes Co) 31
Belbarb (Chas C Haskell & Co) 1
Benzedrine Inhaler (Smith, Kline & French Labs) 97
Bidupan (Cavendish Pharmaceutical Corp) 8
Calmitol (Thomas Leeming & Co) 3rd cover
Cepacol (Wm. S Merrell Co) 2nd cover
Chloresium (Rystan Co) 25
Climtest (Ames Co , Inc) 45
Combisul -TD (Schering Corp) 5
Cot-tar (Doak Co , Inc) 99
Delvinal (Sharp & Dohme) 46
Demerol (Winthrop Chem Co) 24
Diatussin (E Bischoff Co , Inc) 33
Digitalis (Davies, Rose & Co) 28
Elixir Bromaurate (Gold Pharmacal Co) 107
Enzo-Cal (Crookes Labs) 93
Ertron (Nutrition Research Labs) 26–27
Formulac (National Dairy Products Co) 29
Galatest (Denver Chemical Mfg Co) 32
Hemo-genin (Frederick Stearns & Co) 41
Imadyl Unction (Hoffman-La Roche, Inc) 44
Maltine with Vitamin Concentrates (Maltine Co) 91
Mandelamine (Nepera Chem Co) 34
Menacyl (Lakeside Laboratories) 47
Metamucil (G D Searle & Co) 13
Mol-Iron (White Laboratories, Inc) 23
Multi-Beta Liquid (White Laboratories, Inc) 7
Omni-beta (Wm R Warner & Co , Inc) 11
Paredrine - Sulfathiazole Suspension (Smith, Kline & French Labs) 14–15
Pertussis Vaccine (Parke, Davis & Co) 20–21
Penicillin (Bristol Labs) 112
Penicillin Ointment (Schenley Labs , Inc) 36
Phyllicin (Bilhuber-Knoll Corp) 12
Sulfacaine (Brewer & Co , Inc) 6
Sulfathiazole Gum (White Laboratories, Inc) 16–17
Vaporole (Burroughs Wellcome & Co) 38
Vitamin "B" Soluble (M L Walker Co , Inc) 103
Vitamin D (Mead Johnson & Co) 4th cover
Zymenol (Otis E Glidden & Co , Inc) 43

Dietary Foods

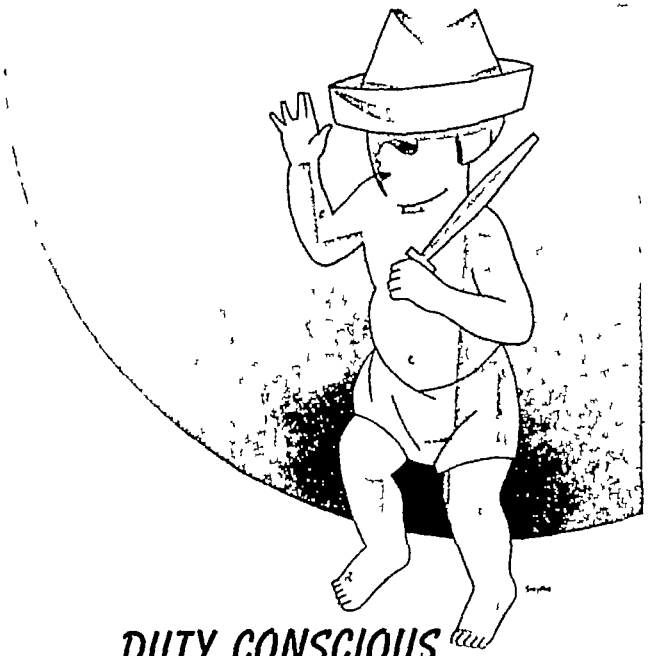
Baby Foods (Libby, McNeill & Libby) 39
Cereals (Cereal Institute, Inc) 9
Dryco (Borden) 40
Maltex (Maltex Co) 42
Meat (American Meat Inst) 18
Strained Baby Soup (Campbell Soup Co) 95
Strained & Junior Foods (Beech-Nut Packing Co) 37

Medical and Surgical Equipment

Ear Aide (Dr Halsted) 109

Miscellaneous

Camel Cigarettes (R J Reynolds Co) 2–3
Cigarettes (Philip Morris & Co) 101
Orthopedic Shoes (Pediforme Shoe Co) 4



DUTY CONSCIOUS

Equally Effective in Constipation Colitis Diarrhea



Zymenol Contains Pure Agarose Brewers Yeast (Saccharomyces cerevisiae)

Zymenol makes the bowel duty conscious by maintaining normal intestinal content through Brewers Yeast Enzymatic Action* and aiding restoration of normal intestinal motility with Complete Natural Vitamin B Complex.*

Natural urge to defecate is re-established without cathartics, artificial bulkage or large doses of mineral oil

Economical teaspoon dosage avoids oil leakage and does not affect vitamin absorption

Write for FREE Clinical Size

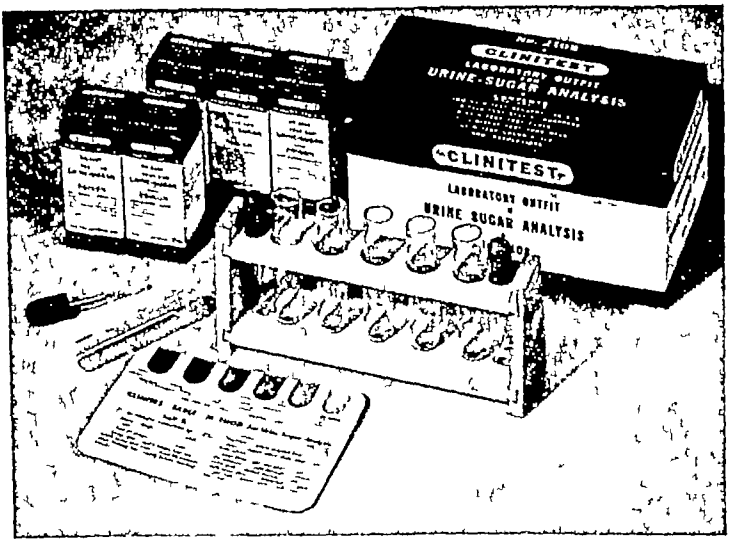
OTIS E. GLIDDEN & CO., INC. EVANSTON, ILLINOIS



HISTAMINE THERAPY The therapeutic efficacy of histamine in rheumatoid, arthritic and neuralgic affections has been repeatedly confirmed by clinical studies Imadyl Unction 'Roche' combines the potent vasodilating effect of histamine with the dependable analgesic action of salicylates Its application — by simple massage — stimulates sluggish local circulation, brings a pleasant sensation of warmth to the affected area, and markedly relieves pain and discomfort This singular effectiveness of Imadyl Unction makes it a particularly valuable remedy for the relief of rheumatoid, arthritic and neuralgic aches and pains Supplied in 1½-oz. tubes and 1-lb jars

HOFFMANN-LA ROCHE, INC • ROCHE PARK • NUTLEY 10, NEW JERSEY

FOR RELIEF OF RHEUMATOID PAIN **IMADYL UNCTION 'ROCHE'**



Save TIME—LABOR—EXPENSE

—for Yourself and Your Patients

For making office or home urine-sugar determinations, use the simple, no heating, easy tablet method provided by

CLINITEST

Urine Sugar Test

For Your Office—Clinitest Laboratory Outfit (No 2108) Includes tablets for 108 tests, additional tablets can be purchased as required

For Your Patients—Clinitest Plastic Pocket-Size Set (No 2106) Includes all essentials for testing in a small, durable, pocket-size case of Tenite plastic.

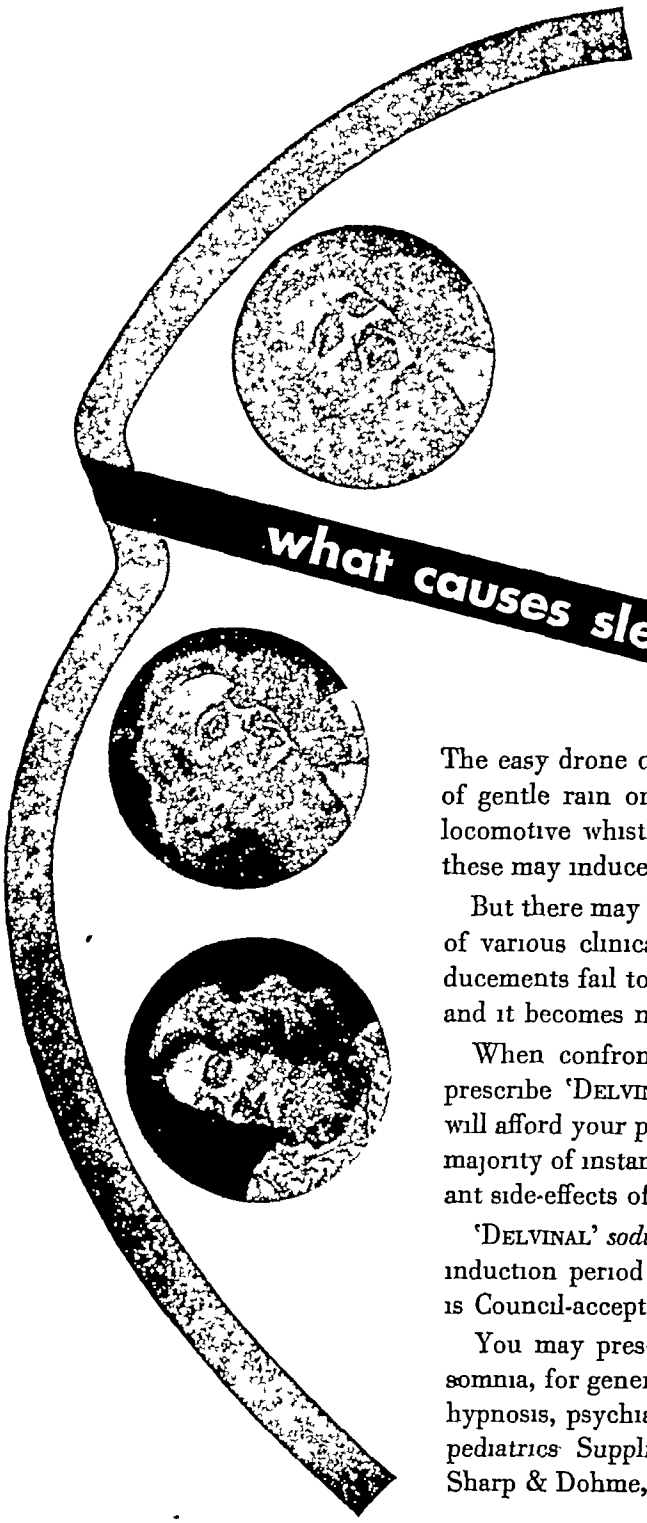
Complete information upon request

Also Available:

ALBUMINTEST

Tablet, No Heating Method for Quick Qualitative Detection of Albumin
Bottles of 36 and 100

AMES COMPANY, Inc. • Elkhart, Indiana



what causes sleep?

The easy drone of an electric fan the steady pat-pat of gentle rain on the roof the distant sound of a locomotive whistle dying away in the night . . . any of these may induce sleep for your patients

But there may be occasions—resulting from the effects of various clinical conditions—when ordinary sleep inducements fail to provide satisfactory conditions for rest and it becomes necessary to prescribe a sedative

When confronted with such cases in your practice, prescribe 'DELVINAL' *sodium vinbarbital*—a sedative that will afford your patients a night's refreshing sleep, in the majority of instances, with relative freedom from unpleasant side-effects of excitation or "hangover"

'DELVINAL' *sodium vinbarbital* provides a relatively brief induction period and a moderate duration of action It is Council-accepted

You may prescribe it for the relief of functional insomnia, for general sedation, production of preanesthetic hypnosis, psychiatric sedation, obstetric amnesia, and in pediatrics Supplied in ½ gr , 1½ gr and 3 gr capsules Sharp & Dohme, Philadelphia 1, Pa

SHARP & DOHME

'DELVINAL' *Sodium Vinbarbital*

ON REQUEST: A sample of Menacyl for clinical trial together with a review of over 100 references to the recent literature on salicylate therapy and rheumatic fever



Combating "rheumatic heart"

without PROTHROMBINOPENIA

Menacyl Tablets answer a new pharmaceutical requirement arising from our realization that adequate blood levels of salicylate may prevent the rheumatic heart Medications designed as headache tablets are not suitable for this critical task

Rheumatic fever frequently associates a bleeding tendency and chronically depressed levels of ascorbic acid At the same time, unless protection is afforded as in Menacyl therapeutic blood concentrations of salicylate induce hypoprothrombinemia and excretory depression of plasma ascorbic acid

Menacyl Tablets, a critical drug for a critical indication, obtain prompt therapeutic blood levels of salicylate but protect the prothrombin level and ascorbic acid functions Each Menacyl Tablet provides 0.33 Gm of aspirin 0 33 mg of menadione and 33 0 mg of ascorbic acid In bottles of 100 and 1000 tablets at your prescription pharmacy

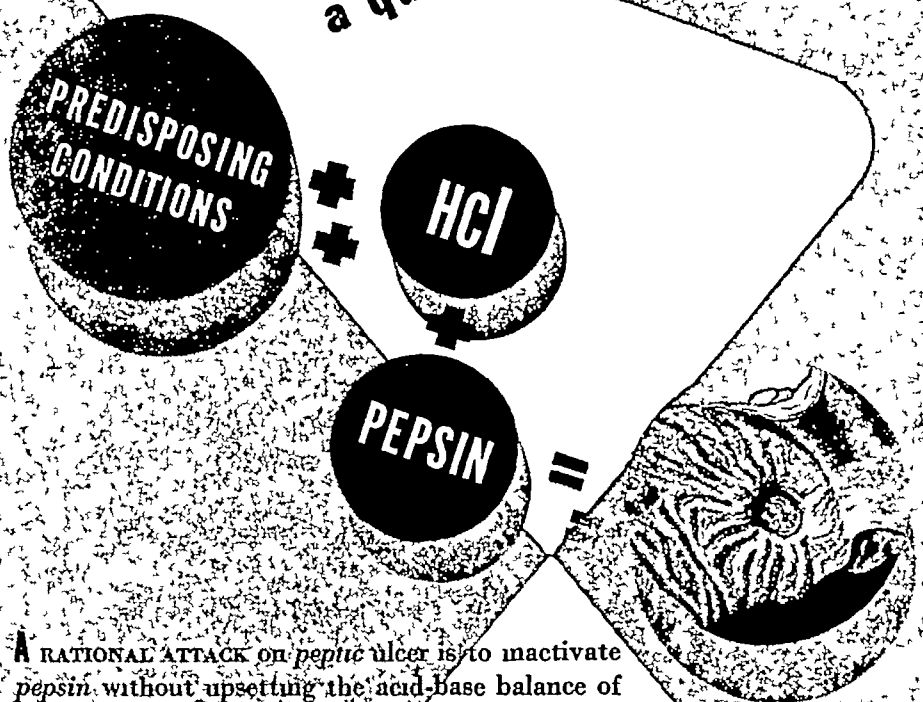
LAKESIDE LABORATORIES, *Milwaukee 1, Wisconsin*

MENACYL *tablets*

MEM 461

Wyeth REG U S PAT OFF

a question of pepsin . . .



A RATIONAL ATTACK on *peptic* ulcer is to inactivate *pepsin* without upsetting the acid-base balance of the body.

Unlike compounds of magnesium, calcium or sodium, which neutralize pepsin only because they produce an alkaline reaction, AMPHOJEL *precipitates* pepsin in a highly acid medium (pH 2 or less), it buffers gastric acid without danger of alkalosis, and it forms a protective coating over the mucosal surface

AMPHOJEL
REG U S PAT OFF

IN PEPTIC ULCER

Prompt relief of pain • Rapid healing

Wyeth

WYETH INCORPORATED • PHILADELPHIA 3 • PA.

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1945 by the Medical Society of the State of New York

GEORGE W KOSMAK, M D, *Managing Editor*
LAURANCE D REDWAY, M D., *Assistant Managing and Literary Editor*
NORMAN S. MOORE, M D, Ithaca *Assistant Literary Editor*
DWIGHT ANDERSON, *Business Manager*
ANNE MERRILL, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M.D, *Chairman*
KIRBY DWIGHT M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON, M D

VOLUME 46 JANUARY 1, 1946 NUMBER 1

Editorial

President Truman's Message

On November 19, 1945, President Truman delivered to the Congress his message on a National Health Program It contained five points Briefly, they are

1 Increased funds for hospitals
2 Increased maternal and child health services
3 Increased funds for medical education
4 A nation-wide system of compulsory sickness insurance
5 Compensation of workers for disability due to illness

The message opens with the figures for rejections for military service of the nearly 5,000,000 male registrants, and adds that among the young women who applied for the Women's Army Corps there was similar disability, and that over one third of the women were rejected for physical and mental reasons

"These men and women who were rejected for military service are not necessarily incapable of civilian work It is plain, however, that they have illnesses and defects that handicap them, reduce their working capacity, or shorten their lives.

"It is not so important to search the past in order to fix the blame for these conditions It is more important to resolve now that no American child shall come to adult life with diseases or defects which can be prevented or corrected at an early age"

With the spirit of this resolution there can be no disagreement It has been the aim of the medical profession for many years It is one thing to resolve, however, and another to accomplish the fact, as humanitarians have learned through the centuries Mr Truman's five points represent the political and economic approach to the ideal, and carry the child well beyond his adolescence

Already legislation is in the Congress to implement the ideal, not, of course, "socialized medicine," just politically controlled medicine, the Pepper bill, the Wagner-Murray-Dingell bill, 1945 edition, the Hill-Burton bill, with others doubtless pending

Of the President's message a correspondent writes

"The results of military draft rejections are among the arguments advanced for a compulsory health insurance measure. To physicians this must appear a futile claim, for how many of

these men would have had the initiative to have had their ailments corrected even under such a plan? No such wholesale determination of diseases which are not self-evident or crippling would stimulate individuals to consult physicians People are very careless and hesitant in such matters—no government edict would change the picture And, as for mental cases, about the number of which there is such a furor, the situation must be approached in a very different fashion

"Mental stigmata and abberations unfortunately are all too frequent, their causes are uncertain and deep, the differentiation between acquired and inherited manifestations may be difficult of solution, moral factors may be forgotten in the effort to attribute them to a medical cause But now a national health insurance scheme will improve and hopefully eliminate these distressing findings among our draftees It is almost too much to expect, yet the President is optimistic All of these distressing factors in our daily lives will be wiped out by the passage of the Bill introduced by Mr Wagner and his associates

"The economic 'bill of rights' so entertainingly featured in the President's message to Congress as a basis for attaining health objectives must be carefully analyzed to determine whether cause and effect are fundamental in the endeavor to achieve adequate medical care for all the people Some of these statements are reasonable—we do need a better distribution of doctors, we do need more housing, sanitation, improved and greater hospital facilities and provisions for scientific research, the high cost of modern medical care is an accepted fact, but can we attain all or any part of these desirable advances by means such as those proposed?"

The Hill-Burton bill has been approved by the A M A subject to certain safeguards The Pepper bill to extend the E M I C program is not, apparently, approved by the majority of physicians, and the Wagner bill seems to be as much "socialized medicine" as its predecessor It is, of course, possible that the doctors could be wrong in their opinions of these measures But be it noted that their adverse opinion is based largely upon the methods by which the objective is to be obtained, not necessarily with the objective itself

Here is a matter which, it seems, has been too little stressed There is a validity in the doctors' objections to these measures which is derived from practical experience They have been at the practice of medicine for a long time They have had their enthusiasms, and have them still They have watched for many years the continent of Europe experiment with socialized medical practice, they are now watching England and New Zealand, and Canada They are not convinced that schemes which do not give sufficient weight to the results of practical medical experience and opinion will succeed Perhaps more attention given to really representative medical opinion would further the President's program faster

A Word to Veteran Medical Officers

Many of you are anxious for separation from the services That is understandable And to all of you, wherever you are, to whom this editorial may come, greetings We know that you feel isolated from your home communities, that the mails are, in many instances, slow in reaching you We can appreciate also the letdown that has occurred since the cessation of hostilities, the overstaffing of certain areas, the time you have on your hands to "gripe", the feeling that what does my county or state medical society care about me in this hole

Yes, you get the JOURNAL, but that is impersonally informative It cannot, as a rule, answer the questions you would like to have answered It may discuss for you the problems that confront organized medicine and some of the proposed solutions But, important as these things are to the profession, they are understandably less important viewed from the vantage point of a small Pacific island, let us say, or from the interior of Germany What you would probably like to know is whether your county society or your state society has forgotten you, personally Will your colleagues be glad to have you back when you come? Will there be enough work to go around?

To attempt to answer the first question, as to whether your county and state society

have forgotten you, it is necessary to know whether or not they have ever really known you It is probably true that you have paid your dues regularly, but how often at meetings have you discussed matters from the floor? On how many committees and for how long have you served? Have you really given your societies the opportunity to know you, not only as a dues-paying member but also as an individual with ideas, a voice, and a personality? If you have done these things it is safe to say that you are remembered wherever you are, because you have given of yourself

Will your colleagues be glad to have you back when you come? Here, again, it depends on the colleagues and on yourself Were they glad to have you in the community before you went away? What did you bring to your community that made it a better place to live in for yourself and your fellow citizens? Not your practice of medicine, for that you were paid, you got something What did you give? How did you think of your colleagues—as competitors only, or as friends? Would you expect them to welcome you at home as a competitor or as a friend? How do you feel about it? How would you act in their place? What would your attitude be had they gone and you remained?

Will there be work enough to go around? More than enough It is true that in many parts of the country there has been more than the 1 1,500 ratio between doctors and civil population, the standard of Procurement and Assignment, which includes all physicians, it is also true that in other parts there has been less than the standard The *adequacy* of medical service is not by any means shown by the mere numerical ratio Says the *Westchester Medical Bulletin* [1]

"The character of the medical service is nowhere indicated by these figures They nowhere show the amount of elective operative work postponed, for example, the quantity of necessary preventive medicine neglected, the curtailment of necessary public health work which should have been expanded, the industrial medical work and education which could have been furthered and vigorously pushed forward, the exploration of new fields in physiotherapy, radiology, tropical medicine The figures of adequacy do not show the efficiency of each medical man, the nonexistent time he has had for study, research, or the proper maintenance of his hospital or private case records, or for that matter, for carrying on the very necessary committee work of his county, state, and national associations The figures do not show the number of scientific meetings he has not attended, the journals he has not read, the number of autopsies he has not attended, the time he has not had available for proper study of developing insurance and hospitalization plans Yet these things all are very important to the adequacy of good medical service, or so it appears to us

"It is fortunate, indeed, that we have been favored between 1940 and 1945 with no severe catastrophies or epidemics, no severe breakdowns of our public utilities or systems of public sanitation Under the circumstances, medical service has been adequate, but it has not been notably progressive or developmental

"From the foregoing it may be surmised that the need of the communities for returning medical officers is acute At the moment of this writing, reconversion is commencing Many of the things pertaining to the production of good medical service which have been sacrificed to the necessities of war will shortly become available new drugs, new hospitals, expanded old hospitals, means of producing and studying new radioactive materials, new diseases, transplanted tropical diseases, expanded industrial health and education services, especially to smaller plants in a decentralized industrial setup

"Your medical societies have imperative need for your presence again among us, we need to be taught what you can teach us, and if, as many of you say, you have time on your hands, how better employ it than in informing us of what you want, what you think the future of medicine ought to be? Many of you are potentially some actually, good writers Are your medical publications as good as they can be, or can you help to improve them?

"The war is over, peace is not yet fully with us Yes, war is wasteful, you have seen it, wasteful of time, of material, of abilities Can you make peace less so? If so, the place to do it is in your home communities where we need you, and the quicker the better Places are no better than the people who inhabit them Of good medical men there can never be enough Come home, when you can, take your coats off, and get to work.

"There are more places than you can fill. Forget your rank or the lack of it, there's work to be done There is better medical service to be made available to more people. You can show us how it can be done, we can help you do it."

[1] September 1945.

Medicine In A Socialist Government

From a correspondent of the A M A in England[1] we learn that

"The socialist government has been sobered by experiencing the responsibilities of office The speeches of its members are full of the difficulties which confront them on the path to the promised utopia of their election addresses and differ little from the addresses made by members of the late government"

The French used to say—it is anybody's guess whether they do so now—"Plus ça change, plus c'est la même chose"—the more change, the more it's the same old baloney, to translate loosely But is it, in the case of the labor government of England? Let us see The A M A 's correspondent writes

"This is illustrated in a speech made by Mr Bevan, the new minister of health, as the guest of the Royal Medico-Chirurgical Association at its annual dinner Mr Bevan said that the framing of a national health service was a task of great perplexity and delicacy in which he invited the cooperation of the medical profession He knew that he had to break down some suspicions, but he was distinctly optimistic and believed that before the end of another year we would have a medical service which would make Britain the envy of other nations A nation which had achieved so much during the last six years would not fail to surmount the difficulties. The war had destroyed many hospitals, and there was a shortage of nursing staff It was the function of the Ministry of Health to provide physicians with the best and the most modern apparatus of medicine and to enable them to use it freely in accordance with their training The individual citizen must be free to choose his doctor, the doctor must be able to treat his patient in conditions of privacy He regarded the general practitioner as the most important man in the medical profession He knew that there were doctors who felt that a state medical service was likely to be too much under the control of a bureaucracy But, though he was a socialist, he believed in industrial democracy and therefore felt that doctors as a profession must have a greater and greater voice in the management of their own services, exactly as he wanted similar power for miners, railway men, and engineers But he was going to do many unorthodox things, to try a number of experiments, in which he hoped to have the cooperation of the medical profession It will be obvious that this declaration of policy is very different from that reported in a previous letter, in which Bevan denounced his predecessor, the conservative minister of health, for surrendering to the medical profession, although he entered into negotiation, the very thing now foreshadowed"

Speeches are one thing and performance is quite another We observe the phenomenon of a labor government in Britain suddenly catapulted into power by an overwhelming popular vote It is sobered by responsibility It is also lacking an adequately experienced machinery to implement its objectives Hence its initial conservatism As it continues in power, develops its forces, will its conservatism endure?

These are things to watch closely We may be faced at any time with such an abrupt change here The world forces which are on the loose are powerful and pervasive The last twelve years have not been noticeable for their conservative nature in American politics, yet we have been able to get along very well, on the whole, with a government not too violently socialistic

The experiment going on in England and the experience of the profession in New Zealand should be studied carefully along with our domestic legislative program It should be remembered that it is incumbent upon the doctors to carry on no matter what kind of an administration the people happen to vote into power We can do so intelligently only if we in the medical profession study contemporary history for what lessons it may hold

If we are to become part of a new (?) world in which the masses of the people, through their socialist representatives, will determine some of the conditions under which the medical profession must work, it seems only sensible to study those representatives and their ideas

The A M A correspondent concludes his report,

"Dr Charles Hill, secretary of the British Medical Association, said in reply that Mr Bevan's human and reassuring speech encouraged confident expectations When Mr Bevan

met the doctors he would find men no less earnest than himself for the health of the people It had become fashionable to regard individual doctors with love and respect and doctors collectively as reactionary and opposed to the public interest

"They would soon, he hoped, be able to convince yet another minister that the profession had the fullest intention and desire to cooperate in obtaining the best possible health service But Dr Hill did not believe that the best public interest would be served by converting an independent profession into a branch of central or local government"

What serves best the public interest is always a debatable question The "public interest" can be invoked as well on one side as the other in speeches Actually, the public may have abrupt and unorthodox ideas as to what constitutes its best interest To the public the profession of medicine can act only in an advisory capacity, it has no power to compel action The government on the other hand has that power within the framework of existing law It therefore behooves the medical profession to develop highly its powers and art of persuasion and to exercise that power and art through the medium of its individual practitioners Their contact with the public is far more intimate than that of any government official

Medicine in this country has only recently been conscious of the necessity for good public relations It is only just learning the art of persuasion If the exercise of this art is necessary under present conditions it will be even more so in the future Mr Bevan said his government was going to do many unorthodox things and to try a number of experiments, just what, he did not say We, here in America, can probably expect a similar tendency We must meet the unexpected and the unorthodox by the development on the part of the medical profession of the best and most cordial public relations with the final arbiter—the people

[1] J.A.M.A. 129: 10 704 (Nov 3) 1945

Part-time Versus Full-time Service

Organized medicine suffers in many respects, as do the armed forces of the several states, from the part-time character of the service Committee chairmen and members, in fact, serve much as field officers and enlisted men in the militia do, after regular business hours one or more nights a week At the top of each organization are a few full-time staff officers, sometimes on the antique side

They are conservative

The high turnover in officers and men has many disadvantages, but it does offer opportunity, at least in the militia, for promotion and advancement In organized medicine, in recent years, at the state and county levels personnel has been so depleted, as in the militia, by drafts of the qualified young men for Federal service that normal replacements of personnel have been lacking and retirements of men over age in grade have been retarded. In neither part-time service does this seem to produce the most highly effective striking force, tactically considered

And yet, notwithstanding the serious disadvantages of part-time service it seems to work and to be suited temperamentally to the American way of life Organized medicine, however, is at a tactical disadvantage, due to part-time service when it has to commit its forces to positive action It cannot convert to a full-time basis Because of this, it must usually think defensively It must use its effectives behind strong points, keep its casualties low, husband reserves Attack requires much good equipment, good communications, good service of supply, and yields a high casualty rate.

Perhaps with the objective in view of better training for a possible offensive action against socialized medicine and "Faced with problems increasing daily, almost hourly in number and importance, the Council on Medical Service and Public Relations of the A.M.A. appeals to each and every county medical society to do everything possible to *hold regular meetings* and maintain an *active organization during* the coming year

"It is hoped that those county societies which have discontinued regular meetings during the war will return now to their regular prewar schedule

"This will be *doubly difficult* in many cases, due to the fact that individual physicians are so busy and so pressed for time Despite the working hours faced by every physician in his private practice *each must sacrifice* a substantial part of his time and effort for medical organization work if the medical profession is to continue to lead in giving the American public the high standard of medical care in the future as in the past "[1]

Many of the supporters of socialized medicine, both within and without the profession, are full-time either with the government, with various foundations, or in university or college teaching Their advocacy of socialized medicine is apt to be full-time also Their personnel is not so subject to change, and not being for the most part in active practice, if in practice at all, they can assail the status quo of the practice of medicine with little to lose and with diluted responsibility for the results as far as the public is concerned Their motivation is all for attack

We think the part-time system is quite apt to prevail for some time yet Revitalized county societies with the young men returned from front-line service, bellies full of government-controlled medicine, to replace the over age in grade conservatives, are likely to change the tactics of organized medicine from the bottom up, to everybody's benefit

[1] *News Letter*, Sept 20, 1945

The Rh Factor in Pregnancy

Much thought and much resultant writing has developed as the result of unfortunate sequelae observed in the transfusions given to women with postpartum hemorrhages When the fact was determined that these were due to the administration of blood from a donor with the opposite reaction to that of the recipient, provisions were developed by blood banks to supply the desired Rh-negative blood for cases in which it was needed It has been estimated that 15 per cent of the white population of this country comes into the Rh-negative group As prevention is one of the keystones of adequate medical practice, would it not be more than desirable if the determination be made in all women married or about to be married? Serologic tests for the detection of syphilis are quite generally accepted as a factor in securing marriage licenses However, the incidence of syphilis among antenatal patients has averaged only about 4 per cent as compared with approximately 15 per cent presenting the Rh-negative factor Marriages among what may be designated as mixed blood groups may end disastrously insofar as child-bearing is concerned The first baby may be normal, but succeeding pregnancies may terminate in repeated abortions or in the birth of a monstrosity (fetal hydrops) Again, the pregnancy may reach term, an apparently normal baby is born, only to become afflicted within a week with that often fatal erythroblastosis.

Available knowledge in these matters is not fully crystallized It is believed that inherent blood types cannot be changed In time adequate means may be devised to overcome some of the effects of these unfortunate matings, including the treatment of the erythroblastotic infant and postpartum hemorrhages in Rh-negative women with the proper blood But whether marriage should be denied to those whose blood types do not match is a question not so easily decided But there should be an awareness of the possible results and means established to detect the condition where it exists

The proposal has been made that when the premarital serologic test is made, it include a reading of the Rh factor in each applicant That may not be feasible at the present time, but at least that would afford some information of value What should be possible is the making of such a test in every pregnant woman at the time of the prenatal examination The necessary procedure is not difficult or expensive, it can readily be mastered Laboratories should arrange to provide it and practitioners undertaking obstetric deliveries should be urged to have it done Hospital services in particular should make it a part of their routine The knowledge thus obtained should prove of great value for its effects in lowering the possible occurrence of this unfortunate outcome of a pregnancy.

TREATMENT OF BLOOD DYSCRASIAS

STUART L VAUGHAN, M D , Buffalo, New York

(From the Buffalo General Hospital and the University of Buffalo)

THE discussion to be given in this paper is intended to summarize the treatment methods being used currently by the author in the care of patients suffering from the common blood disorders In it there is little that is new or original, and full credit is given to the many persons who have contributed to the measures that have been adopted Some of the methods being used are widely accepted as of proved value Others that may prove of value have been neglected purposely, either because they have not been tried, or because trials have not been successful as yet

Before discussing treatment of the various conditions, a general statement must be made Only a very few of the blood dyscrasias are primary in any sense The vast majority of them are secondary to a wide variety of diseases The first step in effective treatment of any so-called blood disease must be accurate diagnosis, not only of the blood condition itself, but also of the entire medical background of the patient Very often the blood condition becomes much less important than the disease producing it.

Anemia

In the treatment of anemia five remedies will be considered, namely, iron, liver extract, transfusion, splenectomy, and treatment of the cause

1 Iron Used as the Sole Therapeutic Measure —This is highly specific and effective in those cases in which it is indicated Obviously, this is used for the individuals suffering from depletion of the iron storehouse. It is a recognized fact that the normal body contains iron in excess of its ordinary needs Practically all tissues contain iron although some of them, such as the liver, spleen, and bone marrow, contribute more to blood formation than others Of great importance in the use of iron is the recognition of the facts that very little iron is lost from the normal body, and that a reasonably normal diet supplies all necessary replacements Iron deficiency develops under those circumstances in which the utilization of ingested iron falls behind the body requirements The commonly encountered circumstances of this type are outlined below, and constitute the varieties of anemia benefited specifically by administration of iron.

(*a*) Hypochromic nutritional anemia of infancy and childhood The iron deficit in this group of patients results from three factors acting singly or in various combinations The first of these is congenital deficiency resulting from the failure of the growing fetus to acquire an adequate supply from a depleted or anemic mother The second is body growth, which rapidly increases the need for iron The third is faulty diet

(*b*) Chronic hemorrhagic anemia The depletion of iron in this condition is easily understood and need for replacement by the use of medicinal iron is apparent However, in this form of anemia, treatment of the bleeding site must receive attention, as will be discussed later Anemia caused by a single hemorrhage usually does not require iron unless complicating factors exist

(*c*) Achlorhydric and related anemias of women Such anemias usually result from blood loss However, this blood loss may be small and physiologic, as in normal menstruation Additional factors, such as achlorhydria or deficient diet, are to be sought to explain the failure to absorb the necessary replacement iron

(*d*) Hypochromic anemia of pregnancy The growing fetus obtains its iron at the mother's expense In this situation other factors, such as inadequate reserves, achlorhydria, and poor diet, play their roles

Administration of iron should be by the oral route Almost any form supplied by reputable pharmaceutic houses is effective The prescription usually written by this author is as follows

℞ Ferrous sulfate—0.3
Such tablets—number 50
One tablet twice daily immediately after meals

For small children elixir of ferrous sulfate in teaspoonful doses twice daily may be substituted

In the treatment of anemia, especially in patients with peptic ulcer, it should be recalled that the use of alkalis prevents the absorption of iron, both dietary and medicinal

2 Liver Extract —This substance, as applied to the treatment of anemia, is the medium for the administration of the antianemic principle This principle is the activated combination of the extrinsic factor from the food and the intrinsic factor from stomach secretions From a theoretic standpoint, at least, a deficiency of the anti-

Read at the Thirty-ninth Annual Meeting of the Eighth District Branch of the Medical Society of the State of New York Buffalo, October 4 1945.

anemic principle may result from several causes, namely

(*a*) Deficiency of the extrinsic factor (nutritional)
(*b*) Deficiency of the intrinsic factor (true pernicious anemia and occasionally carcinomatosis of the stomach)
(*c*) Interference with intestinal absorption (gastrocolic fistula, intestinal stricture, sprue)
(*d*) Interference with storage and activation (liver disease)
(*e*) Interference with utilization (achrestic anemia)

Only three of these are common enough to warrant discussion in this paper

(*1*) Pernicious anemia The diagnosis of this condition cannot be final, even after a satisfactory therapeutic response, until gastric analysis reveals achylia gastrica and other studies exclude gastric malignancy

(*2*) Pernicious-like anemia due to intestinal short-circuiting, stricture, or sprue These conditions are to be considered in cases showing the blood picture of pernicious anemia and normal stomach secretions

(*3*) Macrocytic anemia associated with liver disease In the author's experience this condition is common, but the results of treatment with liver extract are not at all spectacular

Liver extract is most effective when administered parenterally The therapeutic dosage used is ten units weekly until there is complete remission For maintenance the same dose is employed but the interval is increased to meet the needs of each patient The majority of patients require an injection about once a month Patients with pernicious anemia with spinal-cord disease as a complication are treated intensively for at least a year and until all possible improvement is secured This author prefers to use concentrated liver extract As a result of his experience he believes that any hypothetic advantage of large dosage of so-called "crude" extract is outweighed by the increased expense and discomfort He is even more prejudiced against the use of oral preparations containing both liver and iron, as well as other ingredients

3 *Splenectomy* —This operation is to be considered seriously in the types of anemia listed below

(*a*) Congenital hemolytic jaundice It has been curative in all cases in which the diagnosis was definite
(*b*) Acquired hemolytic jaundice In many cases there is no other procedure that offers any chance of saving the patemt While the writer cannot boast of a high percentage of successful results, favorable responses are not uncommon

Transfusion of blood is a dangerous procedure in many types of hemolytic jaundice, and because of frequent sad experiences in the past, this writer has come to avoid the use of transfusion whenever it is possible to do so This is especially true in preparation for splenectomy, and it seems to be far safer to operate upon a patient with severe anemia than to attempt to build up the blood first

(*c*) Splenic anemia Although splenectomy may offer the only hope of relieving the condition, a very high proportion of disappointing results must be confessed
(*d*) Anemia due to essential purpura will be discussed later

4 *Transfusion* —In general it may be stated that this procedure is never specific for any type of anemia Long experience with anemic patients leads to the conclusion that it is used far too frequently On the other hand, it is an indispensable method in certain groups of cases where the indications for it are fairly precise

(*a*) To save life in acute and profound anemia
(*b*) To build up body resistance in some chronic anemias, particularly those resulting from infections that are not controlled readily by other means
(*c*) To prolong life and comfort in some otherwise hopeless anemias

Transfusion is not an entirely safe procedure in the treatment of anemia, and knowledge of its dangers would be helpful in preventing many unfortunate accidents Fatal reactions in profound anemia are not uncommon and this method of treatment is to be avoided if another is available Hemolytic crises in hemolytic jaundice have been mentioned previously Perhaps the most serious consequences result from delaying and masking diagnoses in otherwise curable anemias

5 *Treatment of the Cause* —In the introduction to this paper it was stated that the majority of the blood dyscrasias are secondary The logical inference from this would be that effective and especially lasting results can be obtained only when the primary condition is brought under control It is surprising how often this self-evident fact is neglected in the treatment of anemia Too often the patient is treated for a long time by measures that cannot possibly produce lasting benefit Even more serious is the fact that some patients are actually harmed by injudicious treatment either directly by the treatment itself or indirectly by delaying or mask-

ing the diagnosis of the underlying disease Some examples of anemias in which it seems to be better and safer to postpone treatment until the underlying disease is thoroughly evaluated are given below

Types of anemias in which consideration of the underlying disease should precede the use of iron, liver, and transfusion are hemolytic jaundice, splenic anemia, anemia due to blood loss from hidden sites, anemia due to mechanical abnormality of the intestine, anemia due to operable malignancy, anemia due to intestinal parasites, anemia due to poisons, anemia due to infection, and anemia due to renal insufficiency

Many cases of anemia will not be benefited specifically by any type of treatment. Some of these are listed below Judicious treatment may prolong the life and add to the comfort of the patient, and occasionally a surprisingly good remission may be effected In this group probably one is justified in using all available methods of treatment.

Types of anemia not specifically benefited by any treatment are anemia due to inoperable malignancy, achrestic anemia, sickle-cell anemia, hemolytic jaundice not responding to splenectomy, irradiation anemia, aplastic anemia (of adults), anemia due to incurable infections, anemia due to incurable renal insufficiency, myelophthisic anemia, mediterranean anemia

Polycythemia

It is important to distinguish between polycythemia vera (erythremia) and so-called compensatory polycythemia (erythrocytosis) In the latter the erythrocyte increase is an indispensable part of the mechanism by which the lack of oxygen is compensated Such a condition is seen most frequently in congenital heart disease and in emphysema, and less frequently in mountain sickness, Ayerza's syndrome, and certain intoxications Treatment of the blood condition in these instances is usually contraindicated, although on rare occasions the viscosity of the blood becomes so marked that moderate reduction seems to relieve heart strain Thus may be brought about by the cautious removal of blood

Remedies commonly used for erythremia are phlebotomy, Fowler's solution, phenylhydrazine, and irradiation While the author has found all of them to be effective in restoring the blood to an approximately normal state, he has gradually forsaken all except phlebotomy All of the other methods of treatment have the disadvantages of delayed effect and toxic manifestations Phlebotomy has the advantage of immediate benefit both to the blood condition and to the patient's well-being as well as that of safety In addition, the remissions seem to be fully as prolonged as by any other method, and when relapse occurs the procedure is repeated with equal safety The method used is to remove about 500 cc of blood two or three times each week until the hematocrit reading is approximately normal

Leukemia

In this condition, also, the use of chemical reagents, such as Fowler's solution and benzol has been discarded to a large extent, and the chief reliance is placed upon irradiation and blood transfusion

Irradiation has proved to be most effective in chronic myelocytic leukemia Remissions tend to be rather complete, with both the blood picture and the clinical status returning to reasonably normal levels Such remissions may be of several months' duration, and additional courses of treatment may produce similar remissions While patients differ markedly in the number and duration of remissions, some of them are able to retain fair health and efficiency for many years

The method of treatment has been to irradiate the splenic region with the smallest dosage that produces the remission and then to withhold treatment until a relapse occurs

Chronic lymphatic leukemia usually responds somewhat differently from the myelocytic type While careful treatment may be equally effective in the long run, the same type of complete remission is not as frequently obtained The tendency is to direct irradiation over the involved lymph nodes as well as the spleen Ordinarily it is necessary to carry out treatment more continuously than in the other disease

Other types of leukemia are benefited by irradiation at times Even in acute leukemia small dosage over bones that are painful often gives symptomatic relief However, most cases of acute, subacute, and "aleukemic" leukemia and childhood leukemia not only fail to receive beneficial results, but may be harmed by this measure

Transfusion of blood is the most effective measure used in this latter group In the more prolonged cases of subleukemic leukemia the effects may be excellent while in the others it often fails to give more than transient symptomatic relief Very often one wonders whether the expense is justified in cases in which the prognosis is so hopeless The answer is to be found not only in the frequent direct effect upon the disease, temporary though it may be, but also in the psychologic relief of the frightened patient and his family

Agranulocytosis

Fortunately, the form of agranulocytosis usually thought of as agranulocytic angina seems

to be less frequently encountered than it was a few years ago In the treatment the first consideration must be the elimination of exposure to offending drugs, such as amidopyrines There is doubt as to the effectiveness of pentnucleotide However, in acutely ill patients it should be used in full dosage of 10 cc , intramuscularly four times daily Penicillin or even sulfonamides should also be used in full dosage Of primary importance is oral hygiene Strong reagents and caustics should be avoided at any cost The old-fashioned Seiler's alkaline aromatic solution is a safe substance for thorough cleansing of the mouth and throat Sometimes a weak solution of an oxidizing agent such as hydrogen peroxide diluted with equal parts of Seiler's solution is helpful The author has seen one patient with chronic agranulocytosis fitting the description of primary splenic neutropenia This patient has had a remission of several months' duration following splenectomy

Acute Infectious Mononucleosis

No treatment of the blood is required and the management is similar to that for any other acute febrile disease except that special attention must be paid to the oral cavity in the ulcerative type The therapeutic and prophylactic indications in this connection are identical with those described in the discussion of agranulocytosis

Purpura

Remedial procedures found to be effective under certain circumstances are removal of the cause, local control of hemorrhage, vitamins, transfusion, and splenectomy

1 Removal of the offending cause is to be given first consideration A large proportion of patients suffering from purpura will be found to have some disease or intoxication as the underlying cause Exposure to injurious chemical and physical agents should be discontinued promptly and the possibility of infectious disease must be investigated Some of the conditions causing purpura are not amenable to curative treatment, and when this is the case one can hope for symptomatic improvement only

2 Local control of hemorrhage is extremely important and should be undertaken with vigor, since even comparatively mild bleeding may be so persistent that indirect methods of sustaining life become ineffective Naturally, trauma must be avoided Even such innocent procedures as incising the ear lobe for blood counts and bleeding-time estimations may result in the loss of an excessive amount of blood When a bleeding abnormality is suspected one should discontinue this method of obtaining samples Usually venesection is not hazardous

In epistaxis the patient must be warned against blowing or "picking" the nose Cauterizing treatment is to be avoided Carefully applied packs with drawstrings so that there is firm pressure in both anterior and posterior positions are effective This author prefers not to use epinephrine, but believes that saturation of the packing with rabbit thrombin is somewhat helpful in securing a firm, retractile clot

Bleeding from the gums presents a difficult problem In a few cases in which bleeding from this source was a major consideration successful results have been obtained by the use of pressure dressings beneath plaster-of-paris casts of the jaws made with the cooperation of the dentist

Uterine bleeding may be controlled with uterine packs Here also the rabbit thrombin is recommended Other measures, such as sterilization with x-ray and the implantation of radium into the cavity of the uterus, are to be thought of early Hysterectomy is extremely hazardous, but on a few occasions where this has been done before the seriousness of the hemorrhagic disease was recognized successful results have been observed, although many blood transfusions during the postoperative period were required

Bleeding from the broken skin can be controlled by the use of a sealed pressure dressing, as a rule A small piece of gauze is held tightly against the bleeding surface by an assistant Then the adhesive surface of a piece of adhesive plaster larger than the gauze is covered with a rapidly drying cement* and applied Successively larger layers of similarly treated adhesive plaster may be added to increase the strength of the final dressing

3 Vitamins (*a*) Vitamin C is probably effective only in those cases in which there is a deficiency In the general run of purpura cases no beneficial results are observed after its use However, it is this author's practice to give it more or less routinely with the thought that some degree of subclinical scurvy may be present On rare occasions he has been gratified by the results A very large dosage, 1,000 mg , intravenously, is used

(*b*) Vitamin P (citrin) has received favorable attention in the literature This author is not sufficiently experienced with it to justify his making recommendations

4 Transfusion, as was the case in the anemias, is never specific However, it has several obvious uses in purpura, such as maintaining a satisfactory blood level to carry the patient through an acute crisis, and in preparation for splenectomy Long experience has not shown that uncitrated blood is better than the citrated form

* Vulnofix, manufactured by the Standard Pharmaceutical Co , New York City

5 Splenectomy should be reserved for the cases of truly essential purpura Our best results are in the recurring variety, in which a therapeutic response has been practically universal

The problem of what to do with patients during the *first attack is far more difficult* Even when this attack is prolonged over several weeks or even months there is a good chance that splenectomy will fail to bring about the desired effect This author has become increasingly conservative in recommending splenectomy in these cases, and he does so only when prolonged observation leads to the conclusion that other measures have nothing to offer Under these circumstances some patients respond specifically to splenectomy, some have clinical improvement with no elevation of the platelet level, and others have failed to show any change Fortunately, the mortality rate has been low even in this group Until we have some methods that are more helpful in prognosticating splenectomy response than we have at present one is not justified in expecting more than about 75 per cent success

In acute fulminating cases the problem is even more difficult Only a comparatively few patients are improved, while there is a definite impression that some of these have been saved by splenectomy, there is a similar feeling that some of the others might have survived had it not been attempted

Before leaving the subject of purpura it is well to mention that this author has come to feel that purpura even in its mildest form is potentially very dangerous Every patient showing this symptom deserves exceedingly careful study and management

Hemophilia

Transfusion of blood or plasma improves the coagulability of the blood and probably is of value in the control of a patient during a bleeding episode It is extremely difficult to evaluate its effectiveness in this regard, since the hemophiliac state tends to improve by itself if sufficient time elapses Regardless of the coagulative effect, transfusion may be life saving by virtue of its effect in maintaining a satisfactory blood level

For bleeding from injured skin surfaces the sealed pressure dressings described for purpura are very valuable Local application of hemostatic agents, such as rabbit thrombin, is worth trying and seems to be helpful in some instances However, it should be recalled that these agents exert their effect upon the blood shed over the bleeding surface and probably do not penetrate into the open blood vessels where the clotting is needed most. At best they produce a very superficial plug over the vascular openings

Hypoprothrombinemia

This condition is of several varieties, some cases being due to avitaminosis K, some to liver disease, and some to other and usually poorly understood factors In a general way vitamin K is indicated therapeutically only in patients showing definite prolongation of the prothrombin time Prophylactically it may be employed preoperatively in jaundiced patients and in prevention of hemorrhagic disease of the newly born Probably as the result of the wide publicity given the success of vitamin K in a few important conditions, it has been widely used in cases where it cannot possibly do any good While its use is not attended by any direct harm, there is a notable tendency to employ it to the exclusion of other more valuable remedies

In avitaminosis K due to obstructive jaundice, biliary fistula, intestinal disease, and hemorrhagic disease of the newborn, vitamin K is specific and produces excellent control of the bleeding tendency

In suspected liver disease with hypoprothrombinemia it should be given a thorough trial. In some cases the therapeutic effect is worth while, but even more important is the diagnostic value of the test. Failure to restore prothrombin time to normal under controlled conditions may be regarded as presumptive evidence of liver disease. The intravenous administration of 3 mg or more daily of hykinone, synkamin, or synkavite is the method used by the writer

Preventable Tragedies in the Management of Blood Dyscrasias

During more than twenty years of special interest in patients showing disorders of the blood, the writer has observed many tragedies and freely confesses his fair share of responsibility in many of them Among these tragedies are some that are entirely preventable It seems worth while to call attention to a few that recur over and over again All of these to be mentioned are well-understood conditions and almost, if not entirely, avoidable if reasonable use of accessible facilities is made

1 Carcinoma of the stomach and colon treated solely for the associated anemia until all hope of surgical cure is lost

2 Irreversible disability in spinal-cord disease of pernicious anemia due to missed diagnosis or inadequate treatment

3 Death from injudicious use of transfusion, especially in cases of hemolytic jaundice

4 Disability and invalidism of many years' standing in hypothyroidism treated solely for the associated anemia or the appearance of anemia

5 Agranulocytosis due to the administration of unnecessary drugs

6 Prolonged invalidism in iron-deficiency anemias treated with hypodermic iron, and in pernicious anemia treated with inadequate dosage of oral preparations

7 Mental suffering resulting from too much or too little frankness in explaining the prognosis of serious disease

187 Linwood Avenue

DDT—ITS MEDICAL AND PUBLIC HEALTH IMPORTANCE

Far-flung changes in the field of preventive medicine to be effected through wider application of the insecticide DDT were predicted recently by Dr Fred C Bishopp, assistant chief, Bureau of Entomology and Plant Quarantine, Agricultural Research Administration, United States Department of Agriculture

Delivering the 1945 Hermann M Biggs Memorial Lecture at New York Academy of Medicine, April 5, Dr Bishopp told of the discovery of DDT and summarized current knowledge of its uses in war and in peace In the opinion of Gen James S Simmons, of the Surgeon General's Office, United States Army, who was quoted by the speaker, " the knowledge gained of this amazing chemical constitutes the most valuable single contribution of wartime medical research to the future health and welfare not only of this nation but of the world "

Dr Bishopp said that insects and related arthropods assume a high rank in importance in the health and prosperity of nations in both peace and war He cited, as exclusively insect borne, some of the world's most dreaded diseases, such as plague, epidemic typhus, and African sleeping sickness He mentioned also Rocky Mountain spotted fever, endemic typhus, scrub typhus, encephalomyelitis, yellow fever, and many other illnesses for which insects, mites, and ticks are wholly responsible Insects that carry or produce plant diseases, that destroy vegetables or fruits, cereals or sugar cane, or that damage livestock or food products in storage often are a dominant factor in decreasing food supplies so that low-income groups or even entire populations suffer from malnutrition and many people die of starvation The devastation of forests and grasslands by insects, which increases the cost of suitable shelters and induces destructive soil erosion, floods, and forest fires, also affects human welfare All insects are not arch enemies of man, Dr Bishopp pointed out Thousands of species may be classed as neutral and other thousands as beneficial

Discussing the part played by DDT in the present war, Dr Bishopp said

"The world-wide struggle in which we are now engaged has given opportunity for every insect-transmitted malady to attack naturally nonimmune groups of men The promptness with which threatening outbreaks have been quelled and the present low incidence of these diseases among our vast armies speak for the effectiveness with which these forces have been brought to bear on disease problems

"The success of the campaign against the typhus outbreak of Naples during the winter of 1943–44 may be credited almost wholly to the new insecticide DDT More than one and a quarter million persons were treated during that winter practically no cases of typhus have occurred among our forces and the introduction into this country of lice and louse-borne diseases with prisoners of war, refugees, and returning troops has been prevented The armies of Great Britain are also making use of DDT against lice, both as a powder and as a clothing impregnant

"Mosquito control is a major factor in the prevention of malaria, dengue, filariasis, encephalitis, and yellow fever, and DDT is coming to play a major role in combating these diseases in our war operations

"One of the most remarkable qualities of DDT as an insecticide is its persistence or residual effect This characteristic may be the one that will give us the whip hand in malaria control When DDT, in solutions or emulsions is applied to wood or canvas as a medium spray at the rate of 200 mg per square foot of surface, mosquitoes resting on such surfaces are killed in a few hours This killing effect persists for several months "

In addition to reviewing these and other wartime applications of DDT, Dr Bishopp prophesied numerous peacetime developments, including farms with contented livestock and cleaner dairy products as results of the use of this insecticide in combating hornflies, stableflies, and houseflies, also outdoor areas with fewer punkies, black flies, and mosquitoes Insect destroyers of crops may be held in stricter control, thus helping to assure ample and economic food production which, in turn, means better general health and happiness

Dr Bishopp said that DDT appeared destined to assume an important role in controlling sand flies and thus in the reduction of the incidence of kala-azar and sand fly fever Tick control also will probably be accelerated materially by the use of DDT This insecticide doubtless will find an expanded field of usefulness in combating flies of all kinds Its persistence on vegetation suggests the possibility of its successful application against the dread sleeping sickness of Africa as well as the infection-carrying eye gnats in various parts of the world This would mean a great boon to peoples of many lands where chronic conjunctivitis, trachoma, and resulting blindness are prevalent -

Although possessing seemingly magic properties as an insecticide, DDT is not a panacea for all ills caused by insects It must be applied by the right method, in the right form, and at the right time. Dr Bishopp warned that due regard must be given to its detrimental effect on beneficial insects and other forms of life whenever its widespread application is contemplated "We must learn more," he said, "about the general field of usefulness of DDT as an insecticide and especially about its limitations Much remains to be done in the perfecting of formulas for diverse uses and methods and equipment for application."—*Health News, April 30, 1945*

OCCURRENCE OF BACILLUS WELCHII GAS GANGRENE AT SITE OF PENICILLIN INTRAMUSCULAR CLYSES

WENDELL MITCHELL, M D , LEON PORDY, M D , and MORTON B WALLACH, M D , New York City

(From the Second Medical Division Goldwater Memorial Hospital)

PREVIOUS reports have indicated that penicillin is of value in the treatment of Bacillus Welchii gas gangrene. However, perusal of the literature discloses no record of gas gangrene occurring during the course of penicillin therapy This case is presented not only because the above complication was present, but because the infection occurred at the site of penicillin intramuscular clyses.

Case Report

X. H , a white woman, aged 51, was hospitalized at Goldwater Memorial Hospital for one and a half years with advanced rheumatoid arthritis which caused her to be bedridden so that she was essentially a custodial problem, furthermore, her course was entirely uneventful until the episode reported below

On April 25, 1945 the patient suddenly developed a temperature rise to 104 F and vomited several times. Detailed physical examination gave no clue as to the cause of the fever Blood count revealed 23,000 leukocytes with 88 per cent polymorphonuclears, 11 per cent lymphocytes, and 1 per cent eosinophiles, hemoglobin was 80 per cent. Spinal fluid and urine were normal and sterile, chest x ray revealed no abnormalities but blood culture disclosed Staphylococcus aureus. The patient was given sulfadiazine but her temperature remained 103 F so that on April 26 100,000 Oxford units of penicillin daily were started and sulfadiazine was discontinued On April 27 a blood culture again showed Staph aureus The next day her temperature varied from 102 F to 104 F and the penicillin dosage was raised to 200,000 units daily All blood cultures after this date were sterile The route of administration of the penicillin was continuous intramuscular clysis into the thighs, alternating the right and left thigh daily, the needle and tubing were changed daily The patient continued to receive 200 000 units of penicillin daily by this method until May 14 1945; during this period from April 25 to May 14, the white blood counts fell from 23 000 to 12,000, although the differential count always showed 86 to 90 per cent polymorphonuclears, her temperature was gradually falling from 104 F to 101 F , with an occasional spike.

On May 14, 1945 tender, swollen, red-hot, crepitant, fluctuant masses, 10 by 10 cm., on the anterolateral surface of both thighs at the site of the penicillin clyses were noted. The clinical impression of gas-bacillus infection was confirmed by anaerobic culture yielding B Welchii from pus aspirated from this area. The patient was given polyvalent gas-gangrene antitoxin in full therapeutic dose intramuscularly (20 vials, each containing 10 000 units of Clostridium Welchii antitoxin 10 000 units of vibrion septique antitoxin 3,000 units of B histolyticus antitoxin, 1 500 units of B oedematiens antitoxin and 1 500 units of B sordellii antitoxin) Wide incision revealed yellow foul, bubbling pus intermingled with large islands of necrotic muscle and debris, the infected areas were flushed with hydrogen peroxide, and activated zinc peroxide was dusted into the wounds daily for one week After this time penicillin drains were substituted for the zinc peroxide in the dressings. From May 14 1945 until June 4, 1945, the patient received 200,000 units of penicillin daily by continuous intramuscular clysis into her deltoids, no infection occurred here Anaerobic culture of her wounds continued to be positive for B Welchii until May 29, 1945, after which they never revealed any growth On the above-described therapeutic regime her total white blood count remained 13 000 but the polymorphonuclears fell to 75 per cent, her hemoglobin fell to 64 per cent by June 1, 1945, so that blood transfusions were given until her hemoglobin was 80 per cent. By June 4 1945, twenty-one days following the diagnosis of B Welchii infection and forty days following the initial febrile episode all systemic penicillin therapy was discontinued The wounds were healing well and penicillin packings constituted the sole form of therapy

Summary and Conclusions

This patient was receiving penicillin for a Staph. aureus septicemia. During the third week of therapy after several sterile blood cultures had been obtained, repeated cultures of pus from areas of crepitation and fluctuation in her thighs at the site of continuous intramuscular clyses, showed large numbers of B Welchii The patient was given a therapeutic dose of polyvalent gas-gangrene antitoxin, both infected sites were widely incised and packed with penicillin drains daily and 200 000 units of penicillin daily was given systemically With supportive therapy, including numerous blood transfusions, the patient made a fairly uneventful recovery

Although penicillin sensitivity of the offending organism and blood penicillin titers were never determined, it is believed that the B Welchii had a high degree of resistance to penicillin, inasmuch as the infection occurred at the site of penicillin injections. However, it is also felt that the organism was susceptible to penicillin, since the patient's clinical course and systemic manifestations during the early part of her gas gangrene before incision and drainage were performed were mild, and since she eventually responded to local and systemic penicillin combined with serum therapy

CONFERENCES ON THERAPY

Departments of Pharmacology and Medicine, Cornell University Medical College and the New York Hospital

THESE are stenographic reports, slightly edited, of conferences by the members of the Departments of Pharmacology and of Medicine of Cornell University Medical College and the New York Hospital, with collaboration of other departments and institutions The questions and discussions involve participation by members of the staff of the College and Hospital, students, and visitors The next report will appear in the March 1 issue and will concern "Oral Penicillin"

The Use of the Mercurial Diuretics

Dr Harry Gold The conference today is on the subject of the mercurial diuretics We have had discussions of the mercurial diuretics in these conferences on several occasions, but the drugs were considered in connection with other topics, namely, the treatment of edema and the treatment of heart failure There was always a tendency to get involved in the problem of edema and heart failure, and in the discussion of various measures, with the result that we failed to get close enough to the particular subject of the mercurial diuretics I think that the mercurial diuretics comprise the most important group of drugs we have today for the treatment of cardiovascular failure I am not sure that there is complete agreement on this point, but I am inclined to rank them at least alongside of digitalis, if not ahead of it in point of importance, in the treatment of heart failure I have a notion that if they were properly used, as many patients would be found to depend on the mercurials for their comfort as on members of the digitalis group There is a large group of patients with early heart failure in whom symptoms are well controlled by the mercurials, but in whom digitalis is of little benefit There is also the large group of patients with advanced heart failure in whom digitalis alone is inadequate and a tolerable state of health can only be established by the supplementary use of the mercurial diuretics Dr William Goldring, of our sister institution, New York University, is here to open the discussion of this very important subject I don't think Dr Goldring needs any further introduction to this group

Dr William Goldring Dr Gold and I are going to be in disagreement on the statement he made concerning the relative importance of digitalis and the mercurials The issues involved may be clarified by the discussions which will follow

The mercurial diuretic in common use now is mercupurin, an organic nonionizable mercurial in combination with theophylline It may be administered intravenously, intramuscularly rectally, or orally There is no significant difference between its effects by the intravenous and intramuscular routes Administration by suppository results in uncertain effect because of variation in the rate of absorption and often produces local inflammation, occasionally ulceration Oral administration is open to the objection of uncertain absorption in addition to the frequency of colic, nausea, and diarrhea

The mode of action of the mercurial diuretics is uncertain, but by the application of the newer measurements of glomerular filtration rate and tubular function, results are obtained suggesting that they act by diminishing tubular reabsorption of water

The dose is variable and should be defined as the least amount required to produce a significant increase in urine volume While, in the case of mercupurin, the dose is often stated as 2 cc injected intravenously or intramuscularly at weekly intervals, actually as little as 0 5 cc may be sufficient and the interval may vary from two days to a much longer period depending on the need Acidifying salts, such as ammonium chloride and ammonium nitrate, may enhance the diuretic effect, but actually they are rarely required

Poisoning may occur in the course of the use of mercurial diuretics It may result from sensitivity to the mercury, dehydration from excessive and prolonged diuresis, or from accumulation of mercury Sensitivity to mercury is perhaps the most reasonable explanation for the prompt appearance of fever, urticaria, or bronchiolar spasm It may account for the occasional sudden and apparently unexplained death which occurs during or immediately after an intravenous injection However, it is encountered very rarely and perhaps can be avoided by administering 0 25 cc intramuscularly as the first dose In the event of fever, urticaria, or bronchiolar spasm within about one hour, a diuretic other than a mercurial should be used

Perhaps the most consistent effect of a mercurial diuretic is the prompt elimination of chloride in the urine Excessive and prolonged diuresis may so deplete the tissue fluids of chloride as to occasionally induce the alarming symptoms of acute salt depletion These symptoms are not unlike those of water intoxication, in which the mechanism is probably the same More prolonged depletion of the salt stores often results in inordinate fatigue This undesirable effect can be avoided by administering the smallest amount of the mercurial required to produce significant diuresis, by avoiding repetition of excessive diuresis, or by giving 2 Gm of sodium chloride by mouth with each injection, when in doubt

The intoxication resulting from the accumulation of mercury gives rise to salivation, stomatitis and diarrhea This can be avoided by administering the mercurial only as long as it is excreted, i e , only as long as each dose produces significant diuresis It is usually a safe plan to give 0 5 cc as the first dose If no increase occurs over the previous day's urine output, give 1 cc If this dose fails wait twenty-four hours and give 2 cc If significant diuresis again does not occur, discontinue the diuretic for about one week.

Then give ammonium chloride, 6 Gm a day, for three days, and repeat the 2-cc dose If again no diuresis occurs, turn to some other diuretic, such as a xanthine or urea.

The clearest contraindication to a mercurial diuretic is acute diffuse glomerulonephritis, either the initial stage or an acute exacerbation The mechanism of edema in these cases is such that it does not appear to be susceptible to the influence of any known diuretic, and the danger of accumulation of mercury is apparent

Proteinuria is not a contraindication for the use of a mercurial diuretic when it occurs in congestive heart failure or in the course of chronic renal disease Nor is microscopic hematuria a contraindication unless it is a manifestation of acute diffuse glomerulonephritis Loss of concentrating power and azotemia in chronic renal disease rarely occur in the presence of marked edema, with perhaps the occasional exception of amyloid disease of the kidneys and intercapillary glomerulosclerosis But even in this rare instance a mercurial may be administered, provided the interval between injections is prolonged in order to permit complete excretion of the mercury by the functionally impaired kidneys There is no reason to believe that a diseased kidney is more vulnerable than a normal kidney to the nephrotoxic action of mercury In fact, it might be supposed that the functionally impaired kidney is less likely to injury, since its inability to concentrate would result in a more dilute solution of mercury in its tubular fluid than in the normal kidney

Obviously, a mercurial diuretic is not indicated for anuria from any cause The action of a diuretic is to mobilize interstitial fluid and present it to a functioning kidney, in no sense can it be expected to reverse any mechanism responsible for anuria, either renal, as in bichloride nephrosis, or extrarenal, as in shock

The value of effective diuresis in clinical practice is principally limited to its effect in left chronic ventricular failure, in extreme and incapacitating edema or serous effusion, and, by no means least, for its psychic effect in patients with moderate edema

A mercurial diuretic cannot be expected to serve any purpose in acute failure of the left ventricle, since its significant effect occurs in about one hour, when the emergency has usually passed Its periodic use may be of some value in minimizing the severity of repeated acute episodes Its value is quite definite, however, in chronic failure of the left ventricle when dyspnea at rest and orthopnea are prominent symptoms In this situation, of course, its effect is enhanced by the concomitant administration of digitalis While the mechanism of its action is not clear, there is good evidence that vital capacity is increased following adequate diuresis In the absence of actual measurement, it may be assumed that effective diuresis reduces pulmonary blood volume and interstitial fluid, and thereby reduces blood pressure in the lesser circulation At any rate it appears in this situation to be an effective adjuvant to digitalis, morphine, and oxygen

Elimination of excessive interstitial fluid becomes imperative when edema is of such proportions that it threatens the integrity of the overlying skin Cellulitis and pressure gangrene are obvious dangers Extensive ascites adds to the patient's discomfort and extensive pleural effusion may seriously impair venous return Unfortunately, in these extreme situations diuretics and digitalis are usually inadequate and it is often necessary to resort to mechanical means of removal of the fluid

The occurrence of moderate edema of cardiac origin or in the course of chronic renal disease does not constitute a prime reason for the administration of a diuretic, since in no sense can repeated diuresis be expected to change the course of the disease or to prolong the patient's life However, it is of inestimable value for its psychic effect, and for this reason it should be considered a highly desirable symptomatic measure In opposition to this view it has been said that reduction of even slight edema is followed by increased efficiency of the heart and peripheral circulation.

Satisfactory proof of this is still lacking Furthermore, one might just as reasonably take the opposite view, namely, that acute increase in blood volume which follows mobilization of tissue fluid might conceivably add to the heart's burden Diuresis is a valuable symptomatic measure in congestive heart failure A diuretic can supplement but it can in no way replace the specific action of digitalis That is where Dr Gold and I differ

It is an interesting clinical fact that the ease with which diuresis occurs is a helpful guide to prognosis in congestive heart failure The immediate outlook is best when diuresis occurs spontaneously on bed rest and sodium restriction It is usually good even when digitalis is required in addition, but distinctly bad when all fail and diuretics are required When diuresis fails to occur after the administration of an adequate dose of a mercurial diuretic to a fully digitalized patient, he rarely survives the current episode of failure

DR GOLD The conference is now open to general discussion I am sure that Dr Goldring's statements have raised many questions in your minds This is the time to probe some of them

DR WALTER MODELL I would like to ask about that last point of Dr Goldring's What has happened in a case in which a patient who has been responding quite well to mercurial diuretics ceases to respond?

DR GOLDRING I have the suspicion that the cessation of response often has to do with depletion of available chloride In at least half of the instances the use of chloride in the form of ammonium chloride or sodium chloride will reestablish the response In the remaining instances it does not The reason for failure of response in the latter group is not clear

DR GOLD In some of these cases a sharp reduction of the salt intake and/or increase in the water intake to 3 to 4 liters a day may help to reestablish the diuresis

DR CHARLES H WHEELER I was surprised to hear that Dr Goldring still finds it necessary often to resort to mechanical means of removal of fluid In this hospital we have practically abandoned thoracentesis and paracentesis because mercupurin removes the fluid so easily We commonly see patients losing 20 to 40 pounds of fluid over a period of weeks from the administration of mercupurin every third day Does Dr Goldring prefer mechanical removal because of the time element or because he has found the mercurial insufficiently ineffective?

DR GOLD How would you handle that question?

DR GOLDRING In extreme cases of pleural effusion and ascites, the patient's comfort is sometimes better served by mechanical remo of a large part of the fluid quickly, treatmen with the mercurial is then continued

DR WHEELER It seems to me that often single injection will remove as much as one ca with a needle We often see 4 or 5 liters com out after a single injection, sometimes as much a 8 or 9 liters, which is as much as one can do wit a paracentesis

DR GOLD. Would it be your idea, Dr Gold ring, that you would do a paracentesis even whe the patient responds to the mercurial, or woul you reserve the mechanical removal of the flui only for those who don't respond to the mer curial?

DR GOLDRING I would reserve it for tw classes—those who do not respond or respond in adequately, and those in whom it seems advis able for their comfort to remove the fluid im mediately

If there has been a diuresis of 9 liters, the dos of mercurial has been too large I think it is un wise to produce such extreme diuresis In case of pleural effusion or ascites, a good part of th fluid lost with such massive diuresis probabl comes from the interstitial tissues as well as fro the pleural or abdominal cavities

DR GOLD It may be 9 liters of fluid lost i both cases, but it is your point that it is no from the same source Are there any othe questions?

VISITOR Do you believe there is any majo danger in using the mercurial in a case of massiv edema in association with chronic diffuse glomerulonephritis?

DR GOLDRING The decision in such cases rests on the question whether the patient can excrete the mercury If the patient develops what you would consider adequate diuresis, the mercurial may be used regardless of whether he has renal disease, chronic heart failure, or hepatic cirrhosis

DR MCKEEN CATTELL You would use it even if the nonprotein nitrogen were high?

DR GOLDRING I would not pay any attention to the nonprotein nitrogen In acute renal disease, however, I would not use it

DR GOLD Is it your idea that there is no contraindication to the organic mercurials, that is, nothing would preclude their use in an individual who needed to have fluid removed by diuresis, except the case of acute diffuse glomerulonephritis?

DR GOLDRING Either the acute stage or an exacerbation

DR GOLD Why would you exclude that?

DR GOLDRING I think the chance of producing diuresis is very small in acute nephritis It may be that the mechanism of that edema is

different, or it may be that the renal circulation is so small that not enough blood reaches the kidney to produce diuresis Under these conditions the mercury may accumulate in the body

Dr. Gold I take it, it is not fear of injuring the kidneys further

Dr Goldring Not primarily But it may injure the kidney if its administration is continued in spite of the absence of diuresis

Dr Gold Dr Goldring mentioned the fact that the mercurial diuretics have no place in anuria from any cause. I wish there were time to discuss this question a bit more fully It is quite clear that if urine is suppressed because it is not filtered, due to destruction of the glomerulus, or due to inadequate renal circulation or to mechanical obstruction, nothing is to be expected from the mercurial diuretic On the other hand, there are cases in which anuria is nearly complete, if not actually so, in which there may well be an unfavorable balance between glomerular filtration and tubular reabsorption I recently saw a patient in advanced heart failure with almost complete suppression of urine, only a few ounces in the bladder in twenty-four hours, in whom large doses of diuretics boosted the urine output to as high as 3,800 cc. in twenty-four hours.

Dr. Wheeler I would like to ask Dr Goldring whether it has been his experience that the mercurials produce less effect in edema of renal origin and in ascites from cirrhosis of the liver than in edema and ascites from cardiac failure?

Dr. Goldring I think the diuresis is probably just as great in either case, excluding acute renal disease.

Dr. Wheeler You have found that patients with ascites due to cirrhosis respond just as well as those due to heart failure?

Dr Goldring Not in the same percentage perhaps. About one third of patients with ascites in cirrhosis respond

Dr. Wheeler What is the reason for the failures? Why is diuresis from the mercurial less common in ascites from cirrhosis of the liver than in heart failure?

Dr. Goldring I don't know I might guess that patients with longstanding cirrhosis who develop thickening of the peritoneal surfaces have a poorer resorptive surface That may not be the entire answer, but it seems a reasonable one.

Dr Cattell Why edema from any cause might respond more readily to diuretics than ascites from that cause is clear enough One would expect that materials distributed throughout the intercellular spaces would be more readily mobilized than in a large bulk of solution in the abdominal cavity

Dr Gold I would like to say something about Dr Wheeler's question There is no doubt of the fact that the mercurial diuretics are effective in clearing up the ascites of heart failure and also the ascites of many cases of primary hepatic cirrhosis There is also no doubt of the fact that, as a group, the ascites of heart failure responds better than that of noncardiac cirrhosis A major factor in producing the ascites in both cases is portal hypertension The portal hypertension is more often reversible in heart failure than in primary cirrhosis In heart failure the pressure in the portal circuit is expected to fall in much the same way as the venous pressure falls in other areas as the result of the initial responses to doses of the mercurials In primary cirrhosis, on the other hand, the portal hypertension is more apt to be the result of structural changes within the liver There are many cases of advanced heart failure in which structural cirrhosis of the liver has developed to such a degree, however, that the failure to respond to the mercurial diuretic is essentially similar to that of the case of advanced noncardiac cirrhosis Here is a specific case A patient with rheumatic heart disease and advanced right- and left-sided failure was maintained in a state of relative comfort by a daily injection of a mercurial for about three years Pulmonary rales, extreme orthopnea, sometimes edema of the lungs, and ascites developed when the injection was interrupted for several days Throughout this time the liver was markedly enlarged, with the edge at the level of the umbilicus. It was very hard and became quite tender only when the injections were interrupted There came a time at the end of about two and one half years when ascites developed and progressed in spite of the daily injections of the mercurials, which still sufficed to keep the patient otherwise dry, without edema or rales in the lungs Abdominal paracentesis now became the only effective measure for the ascites

Here, then, is reversible ascites in cardiac failure and later on, the irreversible stage of ascites in the same person

Hypoproteinemia is a factor which favors ascites, and hypoproteinemia is more frequent and advanced in portal cirrhosis than in cardiac failure.

Dr Wheeler There is this rather sizable group of patients that we have had here with chronic constrictive pericarditis, 17 or 18 of them, most of whom have had marked ascites and in all of whom the mercurials were most effective They removed the ascites rapidly, just as they removed the chest fluid and other evidences of edema. If a mercurial produces a chloride diuresis, why doesn't it do it in every-

body regardless of the cause of the fluid accumulation?

DR CATTELL We are almost driven to assume some special mechanism, such as has been suggested, if we are correct in our understanding of how mercurial diuretics act It is a tubular action I would say, other things being equal, you would expect to get an equal amount of excretion

DR WHEELER That is what you expect, but it does not always happen

DR GOLDRING As I stated, the difference might be due to impairment of resorption through the peritoneal surfaces I don't see where portal circulation has any influence upon the removal of fluid We don't know how the fluid is removed from the abdominal cavity, do we?

DR GOLD We have some information It is a fact that in heart failure and in hepatic cirrhosis portal pressure rises It is also a fact that if it rises beyond a critical point in relation to the osmotic pressure of proteins in the blood, fluid will pass out of the vessels As long as the unfavorable imbalance exists the fluid cannot be drawn back into the blood stream, or is reformed as fast as it is drawn back The diuretic action on tubular resorption in the kidney cannot alter that fact unless the unfavorable portal pressure is largely on a functional basis and is reversed by the initial diuretic effects or some other factors

DR GOLDRING That is entirely reasonable

DR CATTELL If you have a high pressure you would expect resorption through the peritoneal surfaces, would you not?

DR GOLDRING That is probably true

DR MODELL Salt retention may be another one of those reversible factors probably more important in the patient with heart failure than in the one with primary cirrhosis The patient with heart failure retains fluid in part as the result of diminished capacity to excrete salt The salt retention may also be a factor in the development of ascites The mercurial diuretic reverses that trend It increases the capacity of the patient with heart failure to excrete salt It is not clear to me that such a factor would be important in primary cirrhosis

DR JANET TRAVELL Dr Gold, would you say there were any other conditions in which mercurial diuretics are indicated besides those already mentioned, namely, cardiac edema, other effusions of cardiac origin, and the ascites of cirrhosis?

DR GOLD Yes, there are several The mercurial diuretics are indicated in a number of conditions in which the patient appears to be dry There are no rales in the lungs The liver is not enlarged There is no perceptible edema I believe that this group is largely overlooked, and an opportunity for highly effective therapy is missed It is a group in which I believe venous congestion is present but does not manifest itself by the usual physical signs and symptoms It is well known that the extracellular fluid volume may increase to a considerable degree without causing pitting edema Interstitial edema may occur in the lungs without causing rales These patients may present varying symptoms Some have only shortness of breath on exertion Others encounter difficulty breathing at night without an extra pillow or two Some are subject to paroxysms of disordered rhythm, such as showers of premature beats, attacks of auricular fibrillation, or ventricular tachycardia They are patients with heart disease which behaves like heart failure with congestion, for they lose several pounds under treatment with mercurials, and their symptoms as well as the attacks of rhythm disorders disappear I recall one very dramatic case in which we struggled along with large doses of quinidine to keep under control paroxysms of ventricular tachycardia It was barely possible to achieve this by doses of quinidine which kept the patient partially deaf Since there was some shortness of breath even while taking digitalis, a trial at dehydration with mercupurin was made An injection of 1 cc twice a week made the patient lose about 12 pounds of fluid and with that not only the shortness of breath subsided but the paroxysms of ventricular tachycardia disappeared During the subsequent period of about two years the rhythm disorder was absent except for periods when the mercurial was discontinued

There are also patients with coronary artery disease with severe attacks of cardiac pain resulting from coronary insufficiency in whom the capacity for effort without pain is markedly increased by a program of dehydration with the mercurial diuretics, giving injections once or twice a week or even more frequently Patients presenting shortness of breath as well as the pain are more likely to respond favorably Severe attacks of cardiac pain at night in angina decubitus are sometimes relieved, that is, their tendency to recur is prevented, by the mercurial diuretics

DR CATTELL How about pulmonary edema?

DR GOLD The mercurial diuretics are extremely important in connection with the problems of pulmonary edema I think they are more important in acute pulmonary edema than Dr Goldring indicated While the full effect of a dose develops only after several hours, its action begins fairly promptly and speeds up the recovery from an attack of pulmonary edema, which is often a matter of hours, as well as insuring

against relapse A patient presenting a history of recurring attacks of pulmonary edema as the result of failure of the left side of the heart or attacks of cardiac asthma can be almost assured of protection against them over periods of months and years by a systematic program of dehydration which involves an intramuscular or intravenous injection of a mercurial one or more times a week without interruption

Dr Goldring, have you had any of the kinds of experience which I have just described?

DR. GOLDRING In relation to the rhythm cases, were you speaking of patients with rhythm disorders and congestive heart failure?

DR. GOLD I would say yes, if we agree on the meaning of the term "congestive heart failure" In a sense all chronic heart failure is failure with congestion, but the group I am speaking about is the one in whom the usual signs of congestion are absent, namely, pitting edema, rales in the lungs, serous effusions, and enlarged liver What I have tried to indicate is that there are many patients with heart failure with congestion in whom the presenting symptoms are paroxysms of disordered rhythm, or, when there is enough coronary narrowing, attacks of cardiac pain due to coronary insufficiency We miss an opportunity if we don't bear this in mind and distinguish them from attacks of disordered rhythm or attacks of cardiac pain involving other mechanisms, for they sometimes respond in a dramatic way to a program of dehydration with the mercurial diuretics

DR. GOLDRING I have never used mercurial diuretics for these purposes Do you mean that the removal of excess fluid does in some way reverse the mechanism of the arrhythmia?

DR GOLD That's correct. It is well known that rhythm disorders frequently occur in association with heart failure Showers of premature beats in a patient with the garden variety of congestive heart failure disappear when the failure clears up I think that is a very common experience. I am trying to focus attention upon a group in whom the same is true, but in whom the disorder of rhythm is the presenting symptom with the other evidences of heart failure in the background This is the group that is so commonly overlooked Would you agree to that?

DR. GOLDRING I would not, at this moment, unless you assume that in these persons with arrhythmias there is edema in the myocardium itself, and that would just be an assumption

DR. GOLD I am not sure whether the arrhythmias occurring in heart failure are the result of edema of the heart muscle or of cardiac strain or of cardiac anoxia Any of those might so alter irritability or refractory time as to precipitate any of the common disorders of rhythm In any event, the therapeutic test indicates that in some cases the tendency to these disorders disappears when effective dehydration by means of the mercurial diuretics is brought about

DR TRAVELL In those patients with hypertension, what happens to blood pressure?

DR GOLD There is a group of hypertensive patients in whom a few doses of a mercurial diuretic lowers the blood pressure to almost normal levels and in some it can be maintained so for a fairly long time by continued mercurial injections I don't know how to define this group They have longstanding and persistent hypertension They usually have some shortness of breath The heart is enlarged The successful cases practically always develop copious diuresis and lose weight. Have you any experience with that?

DR GOLDRING I never had occasion to use the mercurial for its hypotensive effect Could it be that the patient is put to bed, treated with a diuretic, and the blood pressure falls, not because he received the diuretic but because he went to bed?

DR GOLD No, it couldn't be The observations are better than that. This is the type of observation The patient is in bed on a constant diet. In the control period of a week or two the blood pressure remains fairly constant between, let us say, 240 and 210 A dose or two of the mercurial produces a vigorous diuresis with loss of 6 or 7 pounds and the blood pressure promptly declines and settles down to a level of 140 or 150

DR GOLDRING I have never seen that happen because I have never tried it Again, I would find myself hard put to explain it, if it were true. Have you an explanation?

DR GOLD Not an explanation, but perhaps a partial analogy Reduction of body weight is occasionally effective in lowering blood pressure. It might be the same factor in the case of the mercurial diuretic, although I doubt it is the whole story

DR MODELL Dr Goldring, would you apply the mercurial diuretics as a preventive measure in paroxysmal pulmonary edema?

DR GOLDRING I would, very definitely That is the type I referred to as the patient with repeated episodes of acute left ventricular failure I think it has a distinct value in those I don't think it supersedes digitalis I like to use both in those patients If I had to choose, I would use digitalis

DR GOLD You see, Dr Cattell, before you came in, I expressed the notion that digitalis is in many cases an adjuvant to the treatment with organic mercurials, and Dr Goldring reverses the order He still calls the mercurial diuretic an adjuvant to treatment with digitalis. How about

you, Dr Wheeler, what position would you take in this matter?

Dr Wheeler I don't know I think, in general, I would agree with you, but before I put that in writing, I would like to see some data on the relative numbers of patients with auricular fibrillation and normal rhythm in the two groups I think, certainly, that in a person with auricular fibrillation one is up against it without digitalis

Dr Cattell From the practical standpoint the issue is which to use first

Dr Gold There is no attempt to put digitalis in the shade, but merely to divide the light more appropriately with the mercurial diuretics, in the therapy of heart failure We see so many patients with early and advanced failure, especially left ventricular failure, and especially those with regular sinus rhythm, in whom digitalis produces little or no benefits, but who are rendered virtually symptom-free by the mercurials

Dr Wheeler Dr Gold, do I understand you correctly that you now give the mercurials regularly to all the patients that you see with hypertension, shortness of breath, and a large heart?

Dr Gold I do not do it regularly, but fairly often In a small percentage of cases the lowering of the tension is fairly striking What troubles me is the fact that there are at present no satisfactory criteria for spotting those who will respond well

Dr Travell These patients also lose weight

Dr Gold Yes, they almost invariably lose weight

Some of the patients lose a surprising amount of weight, 8 or 10 pounds of weight loss with several days of diuresis in a person in whom you would hardly suspect a heart-failure problem because of the equivocal degree of shortness of breath

Dr Wheeler I want to ask you whether in those cases of angina decubitus, or paroxysms of fibrillation and tachycardia of one sort or another, you have any information as to an increase in vital capacity along with the benefits?

Dr Gold I have no data, but there are fairly good data regarding the vital capacity after a dose of mercurial

Dr Goldring That evidence is satisfactory The vital capacity increases

Dr Wheeler Wouldn't that be enough to explain the relief in these cases, namely, by reducing anoxia?

Dr Gold I think it might

Dr Goldring One would then be assuming that there is increased pulmonary vascular pressure, not detectable by physical signs

Dr Wheeler Yes, since the vital capacity increases following the diuresis, isn't one safe in assuming that there had been pulmonary congestion, even though there were no rales?

Dr Goldring I think that is quite so

I wonder if we cannot resolve our differences in the discussion regarding the priority of the mercurials over digitalis by restating the issue If you mean that the mercurial is often as effective as digitalis in the treatment of the attack of severe heart failure, I would be inclined to agree, but if we are talking about maintaining that patient after he is out of bed, up and around, and trying to work, then I disagree I think he would return to failure much more quickly having been treated with the mercurial only, than if treated with digitalis only, or preferably with both

Dr Gold If you are going to use both digitalis and mercurials for the purpose of maintenance, the difference in our views loses most of its practical significance However, there appears to be a difference in our thinking about this problem There are, to be sure, many patients with heart failure who are perfectly maintained by digitalis alone, but it is my thesis in this conference that there is a vast group of heart-failure patients in whom digitalis alone maintains them as partial cripples while a program of periodic injection with mercurials restores their health and maintains them at a level of cardiocirculatory efficiency which is truly remarkable I might add that I almost always use digitalis at the same time in these cases, but I have also learned that they frequently do quite as well without it The important point is that they don't do nearly as well without the mercurial

I see an important difference in our views from your statement that the prognosis is poor in a patient who requires the mercurial diuretic That is certainly true about one group of cases, namely, those with heart failure who have been well maintained by digitalis but in whom the condition has gradually deteriorated so that digitalis alone is no longer sufficiently effective, and the mercurial is necessary to remove fluid accumulations These are patients in the terminal phases of cardiac failure The point I wish to emphasize, however, is the existence of another large group, perhaps much larger than the one I have just mentioned, namely, relatively early cases of failure of the left side of the heart, seen most frequently, perhaps, in hypertensive and arteriosclerotic disease, especially in those with a regular sinus rhythm, in whom symptoms may be relatively mild, and in whom digitalis produces equivocal relief There is much in store for the group in the organic mercurials Here the prognosis is not at all poor They may, indeed, late develop a state, as their disease progresses, in which digitalis becomes more helpful, but again in the earlier phases of their left-ventricula

failure, it is the mercurial diuretic given periodically which maintains them in comfort

This about brings us to where we ought to be at this stage of our discussion—plans of dosage in the use of the mercurials The modern plan of treatment of heart failure with digitalis involves two parts—full digitalization and the maintenance dose Most plans for the use of the mercurials do not call for systematic maintenance How do you provide for continuing the gains made by the initial period of treatment with the mercurial diuretics?

DR GOLDRING I would think that the patient who is subject to recurring episodes of acute left-ventricular failure should receive the mercurial at appropriate intervals as long as he has symptoms. If edema reappears at some interval after the last dose of mercurial perhaps he should have another dose If your thesis is correct, every hypertensive patient who is not comfortable when he lies flat perhaps should have mercurials just as long as he is uncomfortable.

DR CATTELL In the case of digitalis, you don't wait for return of symptoms Is there a different philosophy there?

DR. GOLDRING I think the difference is that we don't know enough about the action of the mercurials There is some natural hesitation in giving a nephrotoxic substance without clear indications I think that when we get to know more about it, the principle of the maintenance dosage may be applied as we now do in the case of digitalis

DR. GOLD I agree that we are far from knowing all that we should about the mode of action of the mercurial diuretics, and there are isolated instances in which patients critically ill with cardiorenal failure have shown an unfavorable response, even though effective diuresis occurred, possibly because of excessive diuresis.

However, in the past few years, we have applied the principle of the maintenance dose to mercurial diuretic therapy, and it seems to us, successfully Can you see any particular objection to it?

DR GOLDRING I see no objection to that at all except that I think a great deal of that therapy would be wasteful because the indications are not sufficiently clear right now

DR GOLD It ought not to be any more wasteful than expert digitalis therapy Consider this illustration of the method The patient has organic heart disease Shortness of breath on exertion or orthopnea has developed, and you have decided it is due to failure of the left side of the heart You prescribe digitalis, with only partial or negligible improvement In either case you give the patient a dose of the mercurial diuretic He loses weight. His symptoms begin to subside You continue the daily injection until the patient reaches what one might call the "dry weight." The interval between dosage is then prolonged in the endeavor to maintain the dry weight Let us say, if the weight remains unchanged after three days but rises by the fourth day, the interval between doses should be three days, if it remains down for six days but begins to climb on the seventh day, the proper interval should be six days The idea is to discover the longest interval between injections which will suffice to keep the patient's weight from rising materially above the low level reached in the initial treatment. The necessary interval between doses may turn out to be a week to ten days or longer in some cases, only a day or two in others The method of trial and error has to be applied here, as in the case of establishing the maintenance dose of digitalis The initial period of this treatment does not always require as concentrated a schedule of daily injections as I have indicated, but such a schedule is very satisfactory in a great many Changes in the regimen are, of course, made depending on the patient's reaction to the initial doses Would you approve of such a plan of therapy?

DR GOLDRING I don't think I would in the present state of knowledge I don't think that you can possibly tell that the gain of a few pounds on the seventh day in your illustration is due to increased accumulation of fluid or good body weight.

DR. GOLD It is my experience that one usually can distinguish between gain of good body weight and gain by water accumulation. The distinction is much easier in some cases than in others, to be sure, as it is easier in some cases than in others to determine the proper maintenance dose of digitalis The gain by water accumulation is very apt to be fairly abrupt The patient will have maintained a daily weight, let us say, of 135 pounds, and then present a weight of 137 or 138 pounds on the fifth or sixth day Such an abrupt change is not apt to be a normal weight gain in these patients There are instances in which the weight gain is more gradual, and in these it is often well to follow the rising curve for several days, and if it continues to rise, give a dose of the mercurial to see whether it does not restore the weight to the previous low level A few experiments of this kind will soon establish the pattern of the patient's response There is, of course, no denying the fact that over a more protracted period of time the patient may gain body weight which is not due simply to fluid accumulation, but such testings as I have indicated will help to recognize this type of gain

DR GOLDRING You are making one assumption that I cannot see at the moment, namely,

that the accumulation of small quantities of fluid impairs the efficiency of the circulation If you can prove that I would be agreeable to such a plan of treatment

DR GOLD No, I am not making that assumption I am only taking the stand that when the patient with heart failure begins to accumulate body fluid, he has entered upon a course which he is not likely to interrupt without some help, until enough fluid has accumulated to produce symptoms of failure That being the case, our program calls for preventing this occurrence by a dose of the mercurial which will keep the body weight from rising in terms of fluid accumulation The situation is strictly analogous to the ventricular rate in digitalis therapy of the patient with auricular fibrillation We try to keep the rate at about 70 beats a minute The patient does not necessarily feel ill when the rate rises to between 90 and 100 a minute, nor is there any likelihood that the faster rate is impairing the efficiency of the circulation Yet when the rate rises to such levels, we regard the maintenance dose as too small and are inclined to increase it on the basis of the view that a rising rate is an indication of trouble ahead If one substitutes the words "body weight" for the words "heart rate," what is said in principle about the maintenance dose of digitalis is applicable to the maintenance dose with the mercurial diuretics

DR CATTELL Wouldn't you think that in principle constancy would be better than fluctuations in the patient's condition, even though the fluctuations might not produce symptoms?

DR GOLDRING I think you have a good idea that some day will be developed, but we have got to know a lot more I am just opposed to treating in the dark I don't think these situations are strictly analogous If the optimum heart beat is 80 a minute, that is where it ought to be kept If it goes above that, the circulation becomes inefficient The fact that the patient has gained some pounds of weight is not necessarily an indication that his circulatory apparatus is inefficient because of that

DR GOLD Aren't you reversing the physiologic order of events? The rate of 100 a minute in the fibrillator does not make the circulation inefficient The rapid rate is merely an indication of the fact that the heart is inadequate We give more digitalis to produce greater increase in the systolic force and we get indication of the improved state from the fact that the heart is able to carry on with a lower rate of 80 or 70 a minute

Again, body weight in the case of the mercurial diuretics serves the same purpose as heart rate in the case of digitalis An increase in either within limits doesn't harm the circulation nor cause symptoms, but each is, in its own way, proof of events likely to progress to advanced failure

DR GOLDRING You are taking the position that a mercurial diuretic, when it is effective, improves circulatory efficiency, aren't you?

DR GOLD Yes, indeed

DR GOLDRING And that is something I am not prepared to say yes to right now

DR GOLD There are the experiments of Blalock, Pilcher, and Harrison which suggest that edema impairs oxygen exchange in the tissues, creating a demand for more circulation Here, then, is a source of cardiac strain which may precipitate failure

VISITOR What happens to a patient with auricular fibrillation and congestive failure who is treated with the mercurial diuretic alone without digitalis?

DR GOLDRING He probably would become free of edema, but the symptoms would continue The dyspnea, orthopnea, and the ventricular rate would tend to continue at about the same level The fibrillation would persist I think he would be a lot better, but I feel that when he gets up and about and tries to do something, having no digitalis, he would be back in failure pretty promptly

DR GOLD Would that happen even though the mercurial were continued when he is up and about?

DR GOLDRING That is something I have never done That would be in line with your thesis Maybe you can answer that

DR GOLD It is our experience that a patient in advanced heart failure often responds to the mercurial in a manner indistinguishable from the response to digitalis The heart rate may slow, the venous pressure may fall, the vital capacity may increase, edema, hydrothorax, and ascites may disappear, and dyspnea, orthopnea, and all other failure symptoms subside It is not true in all cases, but in many the end stage of recovery from failure is the same with either drug The primary point of attack on the vicious cycle of failure is obviously different

And what is more, a proper program of continued mercurial medication may maintain the gains very well when the patient is up and about, and working

DR MODELL We have done that in our clinic They can get along very well

VISITOR Does an individual without cardiovascular disease respond with diuresis to administration of the mercurial?

DR GOLD Yes It produces a moderate diuresis in normal people Isn't it so?

DR. GOLDRING Oh, yes

VISITOR I just wanted to know whether it is edema fluid or something else the patient loses when you get down to the "dry weight"

DR GOLD I can't see what else it might be, since edema is merely an increased amount of the normal extracellular fluid

VISITOR About how much will a normal person lose?

DR GOLD A so-called normal person may lose 3 or 4 pounds after one injection, but some lose little or none The normal extracellular fluid content is about 15 per cent of the body weight. It amounts to about 20 pounds for an average person of about 150 pounds The amount shows great fluctuations under physiologic conditions A suitable distribution of about 10 extra pounds of this fluid in a patient with heart failure might show none of the usual signs of edema, but can cause symptoms which promptly subside when the mercurial removes it

DR. MODELL I wonder if I could say a word about toxicity Dr Goldring indicated that in case the patient is hypersensitive to the mercurials, ones hould turn to nonmercurial diuretics Perhaps it would be well to point out that the hypersensitivity does not apply to the mercurial itself, but to the whole molecule, and since the structures of the several mercurial diuretics differ, it is to be expected that a patient hypersensitive to one may tolerate another without trouble That accords with several of our experiences We have seen patients who developed hypersensitivity reactions to mercupurin, mercuhydrin, and to salyrgan theophylline, but who were able to take one or another of the compounds without these reactions It is well to bear this in mind before the use of the mercurials is abandoned in any particular case

As to mercury poisoning, I don't think we have ever seen a case with unequivocal signs of mercurialism during the use of the mercurial diuretics

DR. GOLDRING I have never seen a case of mercury poisoning with mercupurin, but there are many instances of it seen with novasurol and with salyrgan

DR GOLD We have never seen a case of acute mercurialism with the classic signs of stomatitis and ulcerative colitis after either mercupurin, mercuhydrin, or salyrgan with theophylline Our experience now comprises several thousand injections It must be very rare if it occurs Every now and then there is a report of a suspicious lesion in the kidney, although we have never encountered it.

STUDENT Is mercupurin contraindicated in the treatment of edema that is associated with the toxemias of pregnancy?

DR. GOLD That is one for you, Dr Goldring

DR. GOLDRING I don't think contraindication is the proper word I think it is perfectly useful if the objective is to get rid of fluid It could be used as long as it is excreted As long as diuresis occurs there is no danger from the cumulation of mercury

DR. GOLD I think Dr Goldring has already said that there are no contraindications to the use of the organic mercurials, and I suppose that would include all conditions with the exception of the one he mentioned, acute glomerulonephritis, in which it is not excreted

VISITOR Dr Goldring referred to the mercurials as nephrotoxic substances Is there evidence that shows it?

DR CATTELL Do you think there is any difference in the action on the kidney between free mercury and the organic mercurials?

DR. GOLDRING I don't know That is a question I would like to ask you

DR WHEELER Isn't it true that the amount of mercury in the mercurial diuretic is minimal? How much mercury is there in 2 cc.?

DR GOLD The usual preparations represent between 75 and 80 mg of mercury in 2 cc of the solution You may recall that intravenous doses of 10 to 30 mg of bichloride of mercury have been given for the treatment of syphilis, although as little as 3 mg have caused severe poisoning The usual dose of the organic mercurial given intravenously, therefore, represents a good deal of mercury, but there is the hitch that the mercury is nonionized and does not behave like the mercury of mercuric chloride. Dr Otto gave one patient in heart failure a total of 7 cc. of mercuhydrin, representing about 280 mg of mercury intravenously in fractions at hourly intervals over a period of six hours She was a very small person and in the form of bichloride of mercury, that would represent a fatal dose of mercury It produced no signs of mercury poisoning The usual dose of 1 or 2 cc. of the organic mercurial diuretic represents about one thirtieth to one fifteenth of the average fatal dose in animals calculated on the basis of body weight

Dr Modell has made some experiments on the doses of the mercurials which indicate the difference between the behavior of the two kinds of mercury

DR. MODELL It is interesting to note that by intravenous injection in cats over a period of about thirty minutes the mercurials kill by ventricular fibrillation, and the dose of mercury when given in that way is about the same whether the compound is the organic mercurial, salyrgan, or the inorganic ionizable bichloride of mercury The fatal dose for either, when given in this way, is, in terms of mercury, about 15 mg per Kg. However, it is well known that much smaller doses of mercuric chloride are fatal when allowed to act for a longer period of time, and in that case they produce death by the well known mercurial

nephritis The prolonged administration of very large doses of the mercurial diuretics also proves fatal, but while the exact mechanism of death is unknown, the indications are that the poisoning here does not involve serious renal damage

STUDENT In the dehydration process which you mentioned for patients with heart failure, do you think there is any danger of overdoing it?

DR GOLD One can overdo it, of course We don't dehydrate them to an uncomfortable degree We just get them to a point where they cease to lose weight The daily dose is so adjusted that the daily diuresis is only moderate

DR CATTELL You aim to attain a normal urinary output, do you not?

DR GOLD That is the purpose, to attain a normal output of urine

I think our time is up

Summary

DR GOLD The details of a very important development in the treatment of cardiovascular failure and other disorders leading to water retention were explored this afternoon, namely, the uses of the mercurial diuretics Experiences and practices are not entirely in accord with respect to this group of drugs There are those who confine the use of them to the frankly waterlogged patient, the one with pitting edema of the skin, ascites, pleural effusion, pulmonary rales, and large liver On the other hand, there is experience indicating a widely expanding scope of application for those drugs embracing a large variety of clinical states having a common basis in an increased accumulation of extracellular fluid Among the conditions are included very early cases of failure of the left side of the heart without the customary evidence of congestion, cases of paroxysmal disorders of rhythm, auricular fibrillation, flutter, ventricular tachycardia The beneficiaries of these drugs also include some patients with severe cardiac pain due to coronary insufficiency and some cases of hypertension The discussion probed the mechanisms involved The question was considered as to whether the mercurial diuretics have not achieved a rank at least equal to that of digitalis in cardiac therapy with respect to the quality of their benefits and the number of patients in which their application is essential to improved health There was considerable discussion of the best method of administration of the mercurial diuretics The common practice in relation to the mercurials at the present time seems to be similar to that of digitalis therapy fifty years ago, namely, that the patient receives a course during a period of advanced failure, and after recovery is allowed to continue until symptoms have reappeared There is a good deal of resistance to the idea of the maintenance dose, which is now generally accepted in connection with digitalis therapy A system for inducing the full effects with the mercurial and maintaining them by properly spaced periodic injections was outlined An analogy was drawn between the best digitalis therapy and the proposed mercurial therapy The point that there are no contraindications to the use of the mercurial diuretics with the possible exception of acute glomerulonephritis is one worth while restating, for there seems to be a good deal of unfounded fear of renal damage There were other matters which received attention in this conference, namely, the toxic effects of the mercurials, methods for dealing with them, the effects of excessive diuresis, the mechanism of the diuretic action, the factor of the mercury content in the usual doses of the organic mercurial diuretics, methods for enhancing the action of the mercurial diuretics, and their relative efficacy in cardiac and noncardiac states

---

LEARNED ADVICE

"Have you been to any other doctor before you came to see me" asked the grouchy doctor

"No, sir," replied the meek patient. "I went to a druggist."

"You went to a druggist!" exclaimed the doctor "That shows you how much sense some people have! You went to a druggist for treatment! And what idiotic advice did the druggist give you?"

"He told me to come and see you," replied the patient.—*S F and P C Druggist*

GOOD FISHING

A patient with a rod and reel sat in the grounds of a mental hospital before a very large pail of water

"Caught anything?" asked a visitor, facetiously "You're the third," was the quick response —*J Am Inst Homeop, Sept, 1945*

Medical Society of the State of New York

Minutes of the House of Delegates—October 8–9, 1945

INDEX

The Monday morning session appeared in the December 1, 1945 issue (Sections 1 through 43) The minutes of the Monday afternoon and Tuesday sessions appear in the December 15, 1945 and the January 1 and 15, 1946 issues.

(All References are to Sections)

Addresses
  President, 5, 66, 76
  Past President, 4, 66
Announcements by Speaker, 22, 70, 111, 115
Antivivisection, 5, 16, 28, 70, 102

Basic Science Law 4, 5, 69, 73, 81, 107
Bills, Belated, 17, 58

Cars (Surplus), Preference to Veterans, 89 99
Censors' Report, 18, 42, 49
Chest Diseases (Session on), 53, 103
Commendation of State Society's Personnel 21
Condolences to Dr Charles M Allaben 41
Constitution and Bylaws—Amendments Adopted
  Article VI Section 1 of Constitution (District Branches), 54
  Chapter XVI, Section 2 of Bylaws (Annual Meeting Papers), 54, 56, 72 82
Constitution and Bylaws—Amendments Disapproved
  Chapter XV, Section 2 of Bylaws (Transfers), 54, 72
  Chapter III, Section 4 of Bylaws (Elections) Voting Machine, 54 72
Constitution and Bylaws—Amendments Proposed
  Chapter VII Section 6 (Duties of Officers), 55
  Chapter VII, Section 7 (Duties of Officers), 55
  Chapter VIII (Repeal of entire Chapter) Direction of Activities, 55
  Chapter XVIII, Section 2 (Amendments), 55
  Article IV (Council) 55
  Chapter II, Section 1 (House of Delegates), 55
  House of Delegates' Time to be Extended, 117
  Reconstituting Malpractice Defense and Insurance Committee, 59 60
Convention, 17, 58
Credentials, 1

Delegates, Other State Societies, 20
Directory, 79
District Branches' Reports, 54, 68
Dues Remissions—Discharged Medical Officers
  Monroe County, 30 105 106
  One Year Following Discharge, 36, 105

Elections, 110
E.M.I C.—Specialist Status in Obstetrics, 48, 75

Health Service—Transfer (Children's Bureau), 34, 100
Hospital Insurance—Professional Service Fee (Separate) 33, 77
House—Schedule of Sessions Changed, 71

Industrial and School Health 9, 44, 112

JOURNAL, 16 79

Laboratory Service and Medical Care, 4, 5, 11, 80 112
Legal Counsel, 59, 60, 108
Legislation, 5 81

Malpractice Defense and Insurance and Legal Counsel, 59, 60, 108
Maternal and Child Welfare, 8, 46
Medical Care Insurance Bureau, 4, 5 6, 51, 74, 97, 112
Medical Care Insurance, Compulsory
  Survey of Public Attitude, 25, 95
  State Medical Society's Opposition, 5, 26, 76, 96
  Planning Committee (Report of 1944), 112
Medical Care, New York State Commission, 62, 94
Medical Care—State and National Conferences, 29, 92
Medical Care, Subcommittee (Disapproved), 4, 23 78
Medical and Dental Equipment, Government Surplus, 47, 99
Medical Ethics, 5, 63, 88
Medical Licensure, 15, 16, 67, 79, 112
Medical Policies, Planning Committee for
  Baruch Committee (Physical Medicine Commission), 112
  Care of Chronically Ill, 112
  Compulsory Sickness Insurance, 5, 70, 112
  Continuance of Committee, 112
  County Society Plans, 112
  Diagnostic Aids and Health Centers, 112
  Group Practice, 112
  Hill-Burton Bill, 112
  Hospitalization Idea, Regional, 112
  Industrial Medicine, 9, 44, 112
  Laboratory Service and Medical Care Survey, 4, 5, 11, 80, 112
  Medical Education and Licensure, 15, 16, 67, 79, 112
  Nursing Problem, 5, 8, 17, 112
  Relation of Hospital and the Practice of Medicine, 112
  Voluntary Medical Expense Insurance, 4, 5 6, 51 74, 97, 112
  War Participation, 17, 58
Medical Practice, Special Committee, 4, 5, 69 73, 81, 107
Medical Publicity, 5, 16, 79
Medical Service and Public Relations, 13, 52
Medical Students—(Education), 37 86
Memorials
  Dr William Avery Groat (d. 9-9-45), 19
  Dr Peter Irving (d. 12-28-44), 19 66, 68
  Dr J Richard Kevin (d 1-8-45) 19
  Dr William A. Krieger (d. 5-19-44), 19
  Dr Edward C Podvin (d. 9-27-44), 19, 66, 68

Minimum Wage Law, 40, 85
Minutes (1944), 2
Montague, Dr Joseph F —Appeal, 18, 42, 49

National Casualty Indemnity Company, 74, 97
News Letter, 16, 79
Nursing, 58, 112

Office Administration and Policies, 58
  Continuation of Committee, 58

Past-President's Report, 4, 66
Pepper Bill *S-1318*, (Proposed) E M.I C Program, 39, 93
Postgraduate Education, 5, 7, 61
President's Report, 5, 66, 76
Principles of Professional Conduct, 32, 87
Prize Essays, 116
Professional Students—Discontinuance of Drafting, 35, 98
Public Health Activities, 10, 109
Public Relations Bureau, 5, 79
Public Relations and Economics, 4, 5, 6, 51, 112
Publication Committee, 16, 79
  Continuation of Committee, 79
Publicity—Returning Servicemen, 50, 91

Reference Committees, 3
Rehabilitation, 5, 12, 57
Release of Doctors from Armed Services, 38, 104
Reorganization Committee, 17, 58
Retired Members, 110

Secretary's Report, 68

Towne, Dr G Scott, 115
Treasurer's Report, 68
Trustees, Board of—Report, 45

Veterans' Hospitals, 65, 101
Voluntary Medical Insurance, 4, 5, 6, 51, 74, 97, 112
  National Casualty Indemnity Company, 74, 97
Votes of Thanks
  Committees, 118
  Legal Counsel, 59, 108
  Malpractice Defense and Insurance, 59
  Dr O W H Mitchell and Public Health and Education Committee, 61
  Personnel, State Society, 118
  Planning Committee for Medical Policies, 112
  Statler, Hotel, 118

Wagner-Murray-Dingell Bill, 5, 13, 16, 52, 79, 112
War Memorial Fund, 31, 90
War Participation (Veterans' Affairs Committee), 17, 58, 112
Welcome—New Delegates, 43
Woman's Auxiliary, 16, 58, 79
Workmen's Compensation
  Deductions from Bills, 64, 114
  Report, Supplementary, 14, 113
  State Compensation Act, Amendment, 27, 81, 83 (Chapter 258, Laws of 1935)
  State Compensation Act, Amendment, 24, 84 (Sec 13-C, Subdiv 1-C)

House of Delegates

Minutes of the Annual Meeting

[*Continued from page 2698, December 15 issue*]

Section 94 (*See 62*)

Report of Reference Committee on New Business C Governor's Commission on Medical Care

DR. S R. MONTEITH, *Rockland* On the resolution introduced by Dr Peter Murray of New York County, concerning the Governor's Commission on Medical Care, and reading

"WHEREAS, the New York State Commission on Medical Care was appointed by Governor Dewey in September, 1944 and charged by the Governor with the task of devising 'a workable plan for broadening the availability of medical services and hospitals while at the same time preserving the integrity and freedom of the medical profession', and

'WHEREAS the tentative plans developed by this Commission, as revealed recently to representatives of the Medical Society of the State of New York, contain many proposals and features which, in their judgment, are impractical or would prove detrimental to sound medical progress and would effectually destroy the integrity and freedom of the medical profession, and

"WHEREAS the medical profession yields place to no other group in its determination to improve the quality and availability of good medical care to every person in New York State, as evidenced by its energetic development of voluntary medical-care insurance plans, and

"WHEREAS, the New York State Commission on Medical Care as presently constituted, contains an inadequate number of physicians who truly represent the general practice of medicine, and

'WHEREAS, it would obviously be in the public interest if the support and participation of the medical profession might be assured in advance for any program to be offered by the Governor's Commission therefore be it

"*Resolved*, that the Governor be requested by the House of Delegates of the Medical Society of of the State of New York to reconstitute the New York State Commission on Medical Care by the appointment of additional active practitioners of medicine, and be it further

"*Resolved*, that the Medical Society of the State of New York, by action of the House of Delegates through its Council request the Governor's Commission on Medical Care to provide for a continuing conference with representatives of the Society, for the purpose of developing 'a workable plan for broadening the availability of medical services and hospitals while at the same time preserving the integrity and freedom of the medical profession "

Your Reference Committee approves this resolution without comment.

I move the adoption of this report.

The motion was seconded

SPEAKER BAUER Is there any discussion?

DR. HAROLD F R. BROWN, *Erie* In petitioning the Governor to reconstitute the Commission, I might call attention to the fact that the Governor is mandated by law to appoint so many doctors, so many nurses, so many lay people, and so many hospital administrators upon it, so unless the law is changed he cannot reconstitute the personnel on that committee. I would, therefore suggest that the resolution be modified to petition the Governor to have the law changed We in Erie County did such a thing a year ago, and the law was changed once so that two additional members were appointed The Governor can very well say, if he receives such a communication, "My hands are tied " but if we ask him to have the law changed so that he can add doctors in the active private practice of medicine, that may possibly be accomplished This resolution I don't think, will do what the delegation from New York County wishes it to accomplish I therefore, would suggest that it be amended to that effect.

SPEAKER BAUER You suggested it?

DR. BROWN No, I move it.

SPEAKER BAUER You mean you move to amend it in that respect?

DR. BROWN Yes, I do

DR. WILLIAM B RAWLS, *New York* I would like to point out that the word "reconstitute" does not mean enlarge.

SPEAKER BAUER The point that Dr Brown made was that the Governor could not do it alone, as the law specified the constitution of the committee.

DR. RAWLS He cannot enlarge it, but he can reconstitute it, he can change it. At the present time without enlarging the committee he can put on it active practicing doctors.

DR. ARTHUR J BEDELL But he would not do that at this stage

DR. HARRY ARANOW The Committee is practically finished with its study and it is ready to report. Do you think, that being so, it would be reasonable now for us to ask the Governor to reconstitute the whole committee? Let us find out first what the committee has to say, and then we can disapprove of it or ask the Governor for the reconstitution but to ask him for it now when they are almost finished seems foolish

SPEAKER BAUER Dr Williams, you wanted the floor?

DR. FREDERICK W WILLIAMS, *Bronx* I was going to ask whether the Governor could be so mandated, but Dr Brown's statement gives me the answer

SPEAKER BAUER The question is on the amendment by Dr Brown. Is there any discussion on that amendment, which is to request the Governor to take steps to have the law so revised?

DR. KIRBY DWIGHT There would be no time for the Legislature to change the law and allow the Governor to appoint a different committee, because the Legislature will not meet until some time in January I think that this request for the reconstitution of the committee will not have any effect in actually reconstituting it, but it is a very nice way, in fact a delicate way, of suggesting that we are not

satisfied with the constitution of the committee as it stands at present.

DR. THOMAS M D'ANGELO, *Queens* Since there will not be time to do the work the way we want it done by reconstituting or enlarging the committee, I would suggest that this Medical Society be prepared, through its own committees, to present our point of view adequately when this legislatively constituted committee's report is received I think in that way we can bring the practitioner's point of view to the legislature and to the entire community

SPEAKER BAUER The question is on the amendment Those in favor of the amendment say "Aye", those opposed, "No" The motion is lost You have the original motion before you, which is approval of the original resolution Is there any discussion on that?

DR. JAMES M FLYNN I would like to ask the question Did the Governor consult the Medical Society of the State of New York when he picked this committee of physicians?

SPEAKER BAUER Answering that, subject to correction, the Chair believes Dr McGoldrick was president at the time, Governor Dewey did not consult the Medical Society in picking the original committee, but in picking the two additional members he did Is that correct, Dr McGoldrick?

DR. THOMAS A MCGOLDRICK That is correct

SPEAKER BAUER Are you ready for the question?

The question was called, and the motion was put to a vote, and was carried

SPEAKER BAUER The motion is carried, and the resolution is adopted

Section 95 (*See 25*)

Report of Reference Committee on New Business C Survey of Public Attitude in New York State Toward Compulsory Medical Care Insurance

DR. S R. MONTEITH, *Rockland* On the resolution introduced by the Erie County Medical Society pertaining to the survey of public attitude in New York State toward compulsory medical-care insurance, and reading

"WHEREAS, forces and interests advocating or actively seeking establishment of a compulsory, government-operated medical-care insurance system in New York State habitually place emphasis on their claims that there is an undeniably strong movement throughout the world, nation, and state for compulsory government-controlled medical-care insurance, that the need for a compulsory health-insurance program is evidenced by various national 'polls' of public opinion conducted by certain magazines, committees, and organizations, that the public attitude toward compulsory medical care insurance must be gauged from such so-called polls, and that on the basis of such 'public demand' socialization of medicine is inevitable, and

"WHEREAS, the medical profession in the State of New York seriously questions, if not sharply challenges, the correctness and validity of the claim that these various polls accurately reflect the attitude of the people of New York State toward the medical profession and the degree to which the idea of socialized medicine has been accepted by the residents of New York State, it being the profession's belief that the people of this state, or a vast majority thereof, do not want state medical care provided by bureaucrats and politicians, but desire to purchase their medical security voluntarily under the American system of American medicine, and

"WHEREAS, an enlightened approach to this pronounced conflict of views between proponents of compulsory government-controlled medical care and defenders of America's free and progressive medical profession would seem to require that it be determined with certainty not only what the people of New York State are thinking with respect to medicine but what they want and what they do not want in the field of good medical care, the ascertainment of the true state of the collective mind being the basic object, without elements of guess or gamble, and

"WHEREAS, there exists strong reason to believe that by far the greatest number of people, when given a free choice, which they are reported to have been denied in some polls, will select as most desirable a voluntary prepayment plan as against compulsory government-operated medical service for the sick, there also being good reason to believe that many persons have been swayed into recording themselves for government-run medical care by false and delusive promises and representations by proponents of centralized control of medical service, whereas if all thinking persons would fully comprehend the threats to personal liberty concealed in these bureaucratic schemes they would take a firm stand for continuance of the American system of the best possible medical care under free enterprise, and

"WHEREAS, it is vital and important that the things that lead people to form wrong opinions be corrected studies in some states having disclosed that three out of four persons never have heard of the voluntary, nonprofit, prepayment medical-surgical service programs sponsored by the medical profession, this lack of familiarity with the physicians' own plans which offer the sound alternative to mandatory government health insurance constituting a calamitous situation, which would, however, be rectified to a marked extent by personal interviews by trained research workers, now, therefore, be it

"*Resolved*, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, appoint a Special Committee to determine upon and formulate plans for the conduct at the earliest possible date of a survey of public opinion in New York State toward the medical profession and compulsory, government-run medical-care insurance, such survey to embrace a representative cross-section of the population of the state who shall be contacted by trained investigators or research workers employed by a company of national standing, utilizing the standard scientific 'sampling' method of personal interviews and a comprehensive questionnaire form devised in collaboration with said Special Committee, and be it further

"*Resolved*, that said survey be sponsored financially by the Medical Society of the State of New York, the cost to be an expenditure from the general funds of the State Society, it being the judgment of the House of Delegates that the price paid for such a study would be an excellent investment in combating the threat of government-controlled medicine because it would

(1) Obtain an accurate reflection of the existing public attitude throughout the State, which attitude, we believe, decisively favors a voluntary prepayment plan when the people know there is a choice,

(2) Enable medicine to bring home to 'on-the-fence' persons the difference between the

medical millenium many think socialized medicine would bring them, and the sad and disappointing reality—a slump to the low and indifferent standards of medical care current to those countries saddled with state medicine,

(3) Furnish and arm the medical profession in this key state with the indisputable facts and information to be utilized by its spokesmen in establishing the fallacy and unsoundness of compulsory government-dominated health insurance as sought by any group or official body, including the New York State Commission on Medical Care, which at hearings and in other ways has plainly disclosed to medicine its desire and intention to offer a bill in the next Legislature setting up in New York State a compulsory, tax paid, health-insurance system,

(4) Spur the medical profession in this State to cooperate more wholeheartedly in the several existing voluntary medical-care programs to the end they be made so widespread in coverage and so attractive that government control and management will be clearly unnecessary to the vast majority of citizens'

Your Reference Committee opposes this resolution because it would entail a large monetary expenditure which would not be adequately justified by the results it might achieve, and because the Society is already pledged to a policy of education of physicians and public on the relative merits of voluntary over compulsory sickness insurance

We, therefore, respectfully recommend to the House that the resolution be defeated, and I so move.

The motion was seconded.

SPEAKER BAUER You have before you the report of the Reference Committee which recommends rejection of the resolution. Is there any discussion?

DR. THOMAS M D'ANGELO, *Queens* Approximately how much would it cost?

SPEAKER BAUER There is no information on that, apparently

The question was called, and the motion was put to a vote, and was carried.

Section 96 (*See 26*)

Report of Reference Committee on New Business C Opposition of State Medical Society to Establishment of Any Form of Government-Operated Compulsory Medical-Care Insurance in State of New York

DR. S R. MONTEITH, *Rockland* On the resolution introduced by Erie County Medical Society concerning opposition of the State Medical Society to establishment of any form of government-operated compulsory medical-care insurance in the State of New York, and reading

"WHEREAS, the first objective of the medical profession in the State of New York is the provision of good medical care to every person in the state under a guarantee of professional freedom to both physicians and their patients and preservation of the American system of the private practice of medicine, and

"WHEREAS, the medical profession in the State of New York intends to promote this objective, recognizing that the accomplishment of the goal of providing the highest quality of medical care is not simple but is one requiring the sincere cooperation of the medical and allied professions, labor, industry, and many other interested groups and individuals, particularly in light of the post-war revision of wage levels and living standards, and

"WHEREAS, solution of this broad problem does not and will not require government interference or control, compulsion, or burdensome taxation the physicians of New York State, through their voluntary, prepayment nonprofit medical-care insurance plans, having demonstrated their ability to develop programs pertaining to the medical economic security of this State, the same programs being founded on the principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility, and

"WHEREAS, medicine acclaims the growth of voluntary medical-care insurance plans in this State under the stimulus of the Central Bureau of Medical Care Insurance created by the Medical Society of the State of New York, to coordinate existing prepaid voluntary medical-care insurance plans, effect formation of new plans in unserved territory, and educate the public, notably those in the lower income brackets, as to the many advantages and availability at a minimum cost of voluntary medical-service insurance, in evolving these plans the medical profession of this state being prompted by a feeling of social responsibility in the vital field of medical care, and

"WHEREAS the fourteen-point program for the extension of improved health and medical care to all the people of the nation, as presented by the physicians of the United States through the American Medical Association, contains the fundamental principles upon which a sound, progressive plan for providing good medical care in any state may be established, with proper emphasis on the problem of caring for the indigent sick and those having chronic illness for which there are no suitable provisions under existing or proposed compulsory sickness-insurance plans in the Legislature of the State of New York, and

"WHEREAS the medical profession in this state recognizes that the establishment of hospitals, laboratories, and other medical facilities in areas not having adequate provision to meet medical needs meets with general approval, as do grants of government aid to sections where need is demonstrated, but points out that the needs of these inadequately supplied areas cannot properly be used as a reason for subjecting to state regulation the major portion of the state having far more advanced standards and facilities, the areas of higher standards being able to progress better under their own planning than they would under any governmental pattern, and

"WHEREAS, medicine in this state submits that voluntary methods of insurance, utilization of existing facilities as far as possible expansion of existing public health services, aid to the indigent and impoverished communities, preservation of private practice, and the principle of local determination of need and local control of administration are basic principles of Americanism, and these principles, which are the expression of a public-spirited profession devoted to human welfare, should not be ignored or circumvented, and

"WHEREAS though understanding of these principles by the public and our legislators should pave the way for enthusiastic cooperation of the medical profession and other responsible groups in providing the best of medical care to all residents of this state, it has become necessary to protect the public by opposing the substitution of a system of medicine with the regimentation of patients

and physicians in New York State, such as would destroy the American qualities of medical service that are most important to health, and

"WHEREAS, study of government-run compulsory insurance plans in other countries has revealed marked tendencies to loss of the importance of the individuality of the patient and to deterioration of the quality of the service, political manipulation and exploitation for political patronage purposes as well as diversion of insurance funds to various purposes, the entire pattern of such government-dominated systems being contrary to the intrinsic American principle of personal initiative and individual effort, and

"WHEREAS, there now is before the Legislature of the State of New York the Ives Compulsory Health Insurance Bill for New York State, and medicine is threatened with the introduction at the 1946 Legislative Session of other measures proposing compulsory government-operated medical-care insurance—measures which would create a state-wide network of local administrative bureaus financed by additional millions taken from the pockets of already harassed taxpayers, measures which would break down the old-fashioned physician relationship and lower, not raise, the standards of medical practice, now, therefore, be it

"*Resolved*, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, is keenly aware of the ultimate consequences of imposing on the people of New York State a government-controlled, compulsory medical-care insurance system and is deeply concerned over existing and impending legislation to put just such a system into operation in this State, but at the same time is prepared to meet the issue of state medicine vs free medical practice, and be it further

"*Resolved*, that the Medical Society of the State of New York hereby places itself on record as condemning all attempts to establish in the State of New York any form of compulsory, government-controlled medical-care insurance, and pledges itself, its members, and its resources to vigorous and uncompromising opposition to any and all bills or other proposals introduced in the New York State Legislature, or made the subject of hearings or conferences, which have for their purpose the placement of the health and medical service of this State under a state bureaucracy, the medical profession believing it can be entrusted to accomplish all that any state medicine plan could accomplish, and to do it without regimentation of the people and the profession."

While approving each sentiment expressed in this document, your Reference Committee deplores its verbosity

To carry out the thoughts contained therein, we urge each delegate present to become militant in his county society, attempting to awaken in each component group the necessity of immediate coordinated action to acquaint the people of the State of New York with the dangers imminent to their freedom of thought and action, using every means at his command to emphasize the principles on which good medical care should be based We commend our officers, past and present, for the unstinted efforts expended by them for organized medicine, and urge that publicity be sought for our cause in order that the accusation so often leveled at our organization, that its attitude is negative only, can be successfully controverted

We do have a goal—adequate medical care for all

This is our platform, and with the education of the public we believe it can be reached by local action untrammeled by governmental interference or the interpolation of the services of reformers

I move you, sir, the adoption of the report

SPEAKER BAUER Which I understand carries with it the rejection of the resolution?

DR. MONTEITH No, sir, we approve it

SPEAKER BAUER Oh, you just object to its length?

DR. MONTEITH Yes

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

Section 97. (See 74)

Report of Reference Committee on New Business C Voluntary Medical Insurance (Establishing a National Casualty Indemnity Company)

DR. S R MONTEITH, *Rockland* This resolution was introduced by Dr Wertz, of Erie County

"WHEREAS, the development and promotion of voluntary medical insurance can be advanced by the organization of a casualty company for the purpose of coverage in areas of New York and other parts of the United States where no plans now exist, and

"WHEREAS, such a casualty company is necessary as an agency to relate the enrollment of nation-wide employers to the various local non-profit medical plans, and

"WHEREAS, such a casualty company can be organized wholly within the control of the medical profession, therefore be it

"*Resolved*, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, instruct that the Council create a special committee of three members charged with the task to investigate the feasibility of developing and putting into operation a national casualty indemnity corporation chartered under the laws of the State of New York to enter into contracts with establishments in this State for a Surgical Indemnity Insurance Plan, and that this Committee report its recommendations to the Council not later than January 31, 1946

"It is recommended to the Council that the Committee be instructed to provide, if the Council approves, that all such contracts entered into by the proposed corporation take into consideration and utilize all existing local medical- and surgical-care insurance plans with supplemental coverage to be contracted for only in cases where local plans are not available, and be it further

"*Resolved*, that the special committee of three be empowered to take all necessary action, subject, however, to the approval of the Council of the Medical Society of the State of New York, and that the Council, if it approves, request that the Board of Trustees invest such funds for the setting up of the proposed corporation as in their opinion is required or desirable"

Your Reference Committee desires to report that it is in hearty agreement with this resolution, and recommends its approval, and I so move

The motion was seconded

DR. JACOB WERNE, *Queens* I would like to amend the approval of the formation of the casualty company to read "for medical care" and not just for

surgical care. Surgical care is just one small item of medical care.

DR. THOMAS M D'ANGELO, *Queens* Dr Werne's point is well taken, but this casualty company at present only wishes to provide for surgical care It is intended practically only to be for catastrophic illnesses.

May I give a few words of the background of this motion It seems that the Blue Cross Plans are running into tremendous difficulty right now, and losing a tremendous amount of business, because national corporations which are at present insured for hospitalization by the local Blue Cross Plans and also by the local voluntary medical insurance corporations in the community, wish to insure their entire personnel throughout the United States. In so doing, they have found that there are places where there are no medical-care-plan services available but there are Blue-Cross-plan services available so in many cases they have gone to the commercial companies who will give them full national coverage. They are primarily interested only in catastrophic surgical illnesses at present, and I think we can very well go along and provide such a national casualty company to provide for these services at present under a surgical indemnity plan, and if later on we can enlarge these services to include medical-care services, the corporation then can very well be enlarged to that extent.

DR. JOSEPH A. GEIS, *Essex* It seems to me that here you are asking for the appointment of a committee of three to do a tremendous amount of work and to make a report on the first of next January, roughly two months from now I don't believe you are giving that committee a chance, especially if those men have to practice medicine for a living in between times Therefore I would suggest that that date be made at the next House of Delegates for them to make their report rather than in a couple of months You are not giving the men enough chance to do the work, so I make a motion that that be amended to read to report at the next meeting of the House of Delegates instead of in January to the Council.

SPEAKER BAUER We have one amendment. I will take yours up later

DR. DWIGHT I think the point that Dr Geis has made is a good one, but time is of the essence here. I understand that the Blue Cross plans throughout the country are not going to wait much longer, and if the medical men are not willing to take control and evince their willingness by some substantial contribution they are going ahead and form such a national casualty company without medical control.

DR. D'ANGELO Dr Geis' point is well taken, and certainly it would be almost impossible in a matter of two months or so to do this work, but I can state definitely that the groundwork has already been done. It is only the matter of setting up a corporation to carry on the work.

DR. WERNE I think it is extremely important to substitute "medical" for "surgical," for this reason The opposition of many lay and welfare groups to plans for sickness insurance has been mainly founded or focused upon that one point, that we seem to specify easily definable conditions to insure against, like an appendectomy or a nephroureterectomy, and omit other considerations which are just as important. There are medical catastrophes as well as surgical catastrophes and if this committee feels that because of lack of insurance statistics they must limit the coverage to special surgical cases and leave others to focus on general medical care, I think that is a very unwise step and that it would be better to term this for medical care.

SPEAKER BAUER Dr Werne's amendment is to substitute the word "medical" for "surgical." Is his amendment seconded?

DR. D'ANGELO Can we put in "medical and surgical?"

DR. WERNE I will accept that.

DR. D ANGELO Then I will second the amendment.

DR. JAMES F ROONEY I think that the text of this resolution refers this matter to a council-appointed committee to study the desirability and feasibility of such a scheme.

CHORUS Right!

DR. ROONEY I think that there was plenty of time for that committee to have been appointed and to have made its report before the Council of the Medical Society of the State of New York without any extreme amount of effort being expended in the study of the plan which has already been made by men who are now prepared to furnish us with facts and with data upon which such a committee could form its opinion. I think, as Dr Dwight has just said, that time is of the essence. There is no question about the fact that commercial companies are perfectly ready, and the Blue Cross is perfectly ready to take over this matter without any referment to the medical profession as a whole, and with very little representation.

While I have no objection to the amendment including medical care, in the long run it will not make much difference because that amendment as well as the original resolution will be referred, if it prevails, to this council committee. I think you can leave that in the hands of your Council committee, gentlemen It is to be a small committee, with time enough to discuss the matter in all of its aspects, rather than to attempt to fix here within definite small limitations the powers of this committee. The House has no reason not to be able to trust a committee of the Council, I think we all realize that, therefore, I should have no objection to the amendment to include medical care. It will all come before this committee, and I do not feel that it requires more time than that already specified. If we take more time, we are likely to finish up like the ass between the two bundles of straw, and lose the decision and starve to death

SPEAKER BAUER The question is on the amendment to substitute medical and surgical care for surgical care. Is there any further discussion?

The question was called and the amendment was put to a vote, and was carried

SPEAKER BAUER Now on Dr Geis' amendment to extend the time from January—

DR. GEIS Due to the fact that other members of this House claim that the groundwork has already been done I withdraw that amendment.

SPEAKER BAUER The amendment is withdrawn You now have before you the amended motion, which substitutes "medical and surgical" for the word 'surgical,' and otherwise the resolution is recommended for approval by the Reference Committee

Is there any further discussion on that?

The question was called, and the motion, as amended, was put to a vote, and was carried.

SPEAKER BAUER I hope you all had a good breakfast this morning, gentlemen, because it is past 12 00 NOON, and I think your chances of getting lunch are extremely slim. However, we will have a seventh inning stretch of three minutes.

There was a three-minute recess at this point

SPEAKER BAUER The House will be in order The Chair recognizes Dr Moore, Chairman of the Reference Committee on New Business B

Section 98 (See 35)

Report of Reference Committee on New Business B Discontinuance of the Drafting of Professional Students

DR NORMAN S MOORE, *Tompkins* Reporting on the resolution introduced by Erie County on the discontinuance of the drafting of professional students, reading

"WHEREAS, the inadequacy of our national medical resources, which became acutely evident during World War II, threatens to become a chronic situation unless prompt and effective steps are taken to solve the problem, keeping in mind that the war has multiplied the medical responsibilities of the nation, and

"WHEREAS, the supply of physicians is not great enough numerically, in the judgment of competent observers, to provide for a high standard of medical care for both civilian and government requirements, and

"WHEREAS, one of the reasons for this condition was the unfortunate policy of Selective Service in refusing to defer prospective medical students which is bound to result for many years to come in a decrease in the usual annual increment of physicians, military policies also having curtailed the training of specialists during the war, and

"WHEREAS, there is little doubt in any physician's mind that the present federal policies will bring about a critical condition in meeting civilian and other medical needs in the years to come, and

"WHEREAS, the Council on Medical Education and Hospitals of the American Medical Association has repeatedly urged the necessity for changes in the policies of governmental agencies, notably the Selective Service System, having to do with the education of premedical students, and the House of Delegates of the American Medical Association took official cognizance of the seriousness of this problem, and

"WHEREAS, the medical profession is being depleted by about four thousand deaths and an unknown number of retirements annually, which, placed alongside the constant withdrawal by Selective Service of premedical students from their studies, will add up to a very serious situation, if not the greatest deficit of medical men in history, unless a continuous flow of medical student graduations is maintained annually, and

"WHEREAS, similar alarm is registered by the professions of dentistry, law, pharmacy, engineering, nursing, and other highly skilled pursuits, likewise those concerned with the various sciences, now, therefore, be it

"*Resolved*, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, goes on record as strongly favoring the immediate discontinuance of the drafting of all persons engaged in studies preparatory to practice of any of the recognized professions or engagement in any scientific occupations, and that the War and Navy Departments and the Selective Service System be and they hereby are urged and petitioned to remove this menace to professional education and professional standards by ceasing the drafting of all such students"

Your Reference Committee feels that the wording of the resolution is so broad and exempts so many students, that it would be unacceptable to the authorities of the Army, Navy, and Selective Service. Therefore, the Reference Committee recommends the following substitute resolution

"*Resolved*, that the Medical Society of the State of New York represented at this duly convened meeting of its House of Delegates goes on record as strongly favoring the exemption from draft for service in the armed forces all those persons engaged in studies preparatory for the study of medicine, who have academic records of sufficient standing to indicate serious intent in their studies, and whose admission to medical school is reasonably assured, and be it further

"*Resolved*, that a copy of this resolution be forwarded to the Secretary of the Association of American Medical Colleges and to the Committee on Medical Education of the American Medical Association"

I move the adoption of the substitute resolution.

The motion was seconded

SPEAKER BAUER You have before you the adoption of the Reference Committee's recommendation, which has amended the resolution to make it more specific Is there any discussion?

DR JAMES F ROONEY I am not so sure that this is a wise plan I think, without any question, that there is, and has been even in the past, a very serious, shall one say, attempt to evade the law by men entering upon so-called premedical training Whether under the present state of affairs it is a wise thing to pass a resolution of this sort, I seriously question It would not be well accepted, and it might entail undue and unnecessary publicity, which we are having enough of I think it might be much better, and I shall move to amend, that this resolution of the House of Delegates be referred to the Council for their consideration and further action, if in their opinion it is desirable

SPEAKER BAUER Dr Rooney's motion is to commit this resolution to the Council, rather than the amendment, for their consideration and action

DR. ROONEY That is right

The motion was seconded, and as there was no discussion, the motion to commit was put to a vote, and was carried

Section 99 (See 47–89)

Report of Reference Committee on New Business B Resolution of Surplus Medical and Dental Equipment

DR. NORMAN S MOORE, *Tompkins* On the resolution presented by Dr Samuel Z Freedman, of New York, concerning surplus medical and dental equipment, reading

"WHEREAS, after the last war surplus army and navy dental and medical equipment was sold to dealers who in many cases made exorbitant profit by resale to physicians and dentists, many of whom were veterans, and

"WHEREAS, some method should be found whereby surplus medical material and equipment of World War II may be made available to physicians and dentists at reasonable prices, therefore be it

"*Resolved*, that the Medical Society of the State of New York request the proper governmental authorities to devise a procedure whereby such material may be purchased directly from the government or that a ceiling price be set for resale

through dealers so that veterans and other physicians may be enabled to purchase needed equipment at the lowest possible prices, and be it further

"*Resolved*, that the Board of Trustees of the American Medical Association be urged to use its influence in working out a plan for this purpose

Your Reference Committee is in sympathy with this resolution but believes attention should be called to the fact that the purchaser of Army salvage material has no redress in case the material is defective when purchased direct from the Government. Dealers on the other hand usually substantially guarantee their products, and frequently the purchaser is better off under such conditions even though he has paid a substantial markup. With these words of caution the Reference Committee recommends the adoption of this resolution, and I so move.

The motion was seconded

DR. SAMUEL Z FREEDMAN, *New York* In reference to that telegram that was received, I think this would be the place to include that. I am told by our public relations counsel that the surplus-property officials have requested that there be a request made by us for priority to be given to medically discharged veterans in the purchase of automobiles. That would cover that telegram that was sent to us so I would move an amendment to that resolution accordingly

SPEAKER BAUER It has been moved to amend the committee's report by adding to that that veterans be given preference in the purchase of surplus cars, which disposes of the telegram we received this morning from a man in the service

The amendment was seconded and both the amendment and the motion as amended were put to a vote and were unanimously carried

Section 100 (*See 84*)

Report of Reference Committee on New Business B Transfer of Health Services from Children's Bureau to U S Public Health Service

DR. NORMAN S MOORE *Tompkins* On the resolution presented by Dr Mitchell on behalf of the Council, reading

"WHEREAS, the U.S Public Health Service is the official agency of the Federal Government primarily responsible for the prevention of disease and the protection of the public health, and

"WHEREAS, the U.S Public Health Service carries on these activities through the State Departments of Health and other State agencies in the field of public health, and

"WHEREAS, the health services for mothers and children now conducted by the Children's Bureau of the Department of Labor parallel and in many instances overlap the responsibilities of the Public Health Service and require duplication of district facilities and personnel and a confusing duplication of federal relationship with state health departments and other State agencies in the field of public health, and

"WHEREAS, it would be more logical, effective, and more economical to have all public health responsibilities concentrated in one federal agency and establish one direct channel of relationship with state health departments therefore be it

"*Resolved* that the House of Delegates of the Medical Society of the State of New York hereby memorializes the House of Delegates of the American Medical Association to petition the Congress and the President of the United States to transfer the personnel facilities, and budget of the Children's Bureau from the Department of Labor to the U.S Public Health Service"

Your Reference Committee recommends the adoption of this resolution, and I so move

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

Section 101 (*See 85*)

Report of Reference Committee on New Business B Veterans' Hospitals

DR. NORMAN S MOORE *Tompkins* Resolution introduced by Dr J Lewis Amster, of the Bronx reading

"WHEREAS our attention has been called to the need of additional hospitals for the care of veterans who have served in World War I and World War II, and

"WHEREAS, this need is becoming more and more emphasized with the rapid homecoming of our sick and disabled men in the armed forces and

"WHEREAS, some of the Veterans' Hospitals situated in and around the City of New York are now taxed to capacity, be it

"*Resolved* that the Medical Society of the State of New York approves the immediate erection of additional hospitals for the care of sick and disabled veterans in this vicinity"

Your Reference Committee recognizes the crowded conditions of veterans' hospitals in and around New York City and even though it is aware that plans are under way for the correction of this the committee recommends the adoption of this resolution and I so move.

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried.

Section 102 (*See 85*)

Report of Reference Committee on New Business B Combatment of the Growing Antivivisection Menace

DR. NORMAN S. MOORE, *Tompkins* On the resolution introduced by Erie County Medical Society on the combatment of the growing antivivisection menace and reading

"WHEREAS, the Medical Society of the State of New York is deeply conscious of the rapidly spreading antivivisection menace as evidenced by the introduction in the Congress and numerous State Legislatures of bills to prohibit the use of live dogs in the scientific animal experimentation, the arrest of high officials of Northwestern University at the instigation of publicity-seeking Chicago antivivisectionists the appearance in certain national periodicals of sensationally phrased, inflammatory and outrageously untrue articles against animal research, the current campaign by antivivisection groups to enlist new members in their movement to outlaw by destructive legislative enactments future animal research in our biologic and pathologic laboratories, our medical schools and scientific institutions, as well as by other activities reflecting fanaticism, undue emotionalism, false sentimentality, and utter irresponsibility, and

"WHEREAS, the 1945 session of the New York State Legislature was witness to the introduction of two bills to prohibit scientific experimentation by the use of live dogs, one of which measures swept through the State Senate with only nine opposing votes, thus becoming the first bill of its kind ever passed by either branch of the New York State Legislature, this same piece of legislation finally being defeated in the State Assembly after the bitterest of contests between forces of enlightened medical progress and forces of scientific ignorance and misrepresentation, ,and

"WHEREAS, defeat of the bill in question must be attributed in the main to the courage and clear thinking of our State Assembly leadership and members, who recognized that the great benefactions of medicine and surgery granted humanity far outweighed the necessary sacrifice of some lower animals, and

"WHEREAS, those legislators who opposed and brought about the death in Assembly Rules Committee of this pernicious measure, with emphasis on the names of the Hon. Oswald D Heck, Speaker of the Assembly and Rules Committee Chairman, and the members of Rules Committee, are to be warmly commended and congratulated for their cooperation with medical science in standing firmly against those who sought to throttle medical research dedicated to the promotion of human health, the alleviation of misery, and the prolongation of human life, and the medical profession of the State of New York hereby acknowledges its debt of gratitude for such splendid assistance, and

"WHEREAS, the self-same antivivisection elements, heartened by their near victory at the last session of the State Legislature, now are preparing, according to well-informed sources, to introduce and press for passage in the coming 1946 session of the New York State Legislature a bill similar to that which almost received the approval of the 1945 Legislature, and

"WHEREAS, the voice of medicine and science, so far as it receives authoritative utterance, is overwhelmingly opposed to legislation, federal, state, or local, which purposes in any way to outlaw, restrict, or interfere with animal experimentation and research, which offer the prospect of even greater scientific gains in the future, and

"WHEREAS, the medical profession believes that a truly intelligent consideration of the facts about animal experimentation can bring but one conclusion—that medical science will perish if animal research is eliminated or curbed, and that to achieve that intelligent consideration by the public is the task confronting medicine and science in this State, and

"WHEREAS, the Medical Society of the State of New York has noted with high interest and approbation the recent action of the Medical Society of the County of Erie in setting up a Committee for the Defense of Medical Research, composed of twelve Erie County leaders in the fields of medical practice, education, research, and science, which committee is dedicated to this triad of objects

(1) A progressive program of education to adequately inform the public as to the truth and facts with respect to scientific animal experimentation by the use of the lower animals, which at no time is cruel, and the great benefits of animal experimentation to mankind,

(2) Development of public and legislative opposition to enactments which would hamper or destroy medicine's ceaseless struggle to conquer disease,

(3) Combatment on the floor of the New York State Legislature, in cooperation with Erie County and Western New York lawmakers, of any measure that would control, limit, or prohibit the free course of beneficent scientific inquiry, and

"WHEREAS, the expanded activities of the anti vivisection bloc in many states and the national capital have impelled the Committee for the Promotion and Protection of Animal Experimentation in Biological, Medical, and Dental Research and Teaching, of the Association of American Medical Colleges, to undertake the establishment of a Bureau of Public Relations for the planned education of the American public relative to the value of medical and biologic research, inclusive of animal experimentation, such Bureau to be financed by member institutions and prominent medical institutes, which developments on a nation-wide footing emphasize the need for action on the part of state medical groups to offset the vicious efforts of the antivivisection elements, and

"WHEREAS, the Medical Society of the State of New York, being gravely concerned over the anti medical crusade being waged by misguided forces in this State and thoroughly aroused over their efforts to deal a devastating blow to medical research and public welfare, is agreed that medicine must prepare at once to meet renewal of the antivivisectionists' drive at the 1946 legislative session, now, therefore, be it

"*Resolved*, that the Medical Society of the State of New York, represented in this duly convened meeting of its House of Delegates, appoint with all convenient speed a special committee to determine and formulate, on a state-wide basis, an effective educational and defensive program to combat the growing antivivisection threat, such program to include a strong recommendation to every county medical society in the State that it establish without delay a local committee for the Defense of Medical Research patterned after the Erie County Medical Society's committee, thus providing a united medical front for the promotion and encouragement of scientific achievement and the defeat of legislative proposals to hamper or cripple medicine's efforts to advance the cause of public health"

The Reference Committee recommends a substitute resolution which deletes the last line of the resolution, namely, "defeat of legislative proposals to hamper or cripple medicine's efforts to advance the cause of public health," and substitutes for that line "dissemination of truthful information to the public regarding animal experimentation and its beneficent effect on humanity"

I move the adoption of the substitute resolution as recommended by the Reference Committee.

The motion was seconded

SPEAKER BAUER The Reference Committee's report approves the resolution, with the exception of one sentence which is amended Is there any discussion on that motion to adopt?

DR. JAMES F ROONEY I rise to a question of information from the Chairman of the Reference Committee As I heard him read that amended resolution, the House of Delegates was to appoint a committee

Is that correct? Is that embodied in your resolution?

DR. MOORE No, each county society is to appoint a committee

DR. ROONEY What directive agency of the State Society would have supervision over that?

DR. MOORE Just a minute you are right, it is the House of Delegates. It reads

"*Resolved*, that the Medical Society of the State of New York, represented in this duly convened meeting of its House of Delegates, appoint with all convenient speed a special committee to determine and formulate, on a state-wide basis' etc.

DR. ROONEY I would, therefore, move to amend that, so that approval be given by this House of this resolution and the matter be referred to the Council for action.

SPEAKER BAUER Dr Rooney moves an amendment of the resolution to the effect that approval be given to the resolution, as recommended by the Reference Committee, but that it be referred to the Council for action rather than have the House of Delegates appoint the committee

The motion was seconded, and as there was no discussion, both the amendment and the motion, as amended, were put to a vote and were unanimously carried.

Section 103 (*See 53*)

Report of Reference Committee on New Business B Requesting a Session on Chest Diseases at the Next Annual Meeting

DR. NORMAN S. MOORE, *Tompkins* On the resolution presented by Dr Nelson W Strohm, of Erie County requesting a session on chest diseases at the next annual meeting, and reading

"WHEREAS, at the 1941 meeting of the House of Delegates a resolution by the House of Delegates recommending a symposium on chest diseases was approved, and

"WHEREAS, such a symposium was given on chest diseases at a general session of the annual convention in 1942, and

"WHEREAS, this general session was enthusiastically attended and appreciated indicating the definite interest of the medical profession in the subjects presented, and

"WHEREAS a certain chest disease namely tuberculosis, has almost become the forgotten disease, and

"WHEREAS, this disease which is the most common of all chronic chest diseases is very amenable to care and treatment, therefore be it

"*Resolved*, that the House of Delegates of the Medical Society of the State of New York established a session on chest diseases for the next annual meeting."

The Reference Committee recommends the adoption of this resolution, and I so move.

DR. JAMES F ROONEY I have a definite recollection that the question of the appointment of all additional sections of the scientific body of the Society must of necessity be acted upon by the Council and have its approval.

SPEAKER BAUER This is a s-e-s-s-i-o-n not a s-e-c-t-i-o-n

DR. ROONEY Oh, they are not asking for a new section then?

DR. MOORE No it is a session

The motion was seconded, and as there was no discussion it was put to a vote, and was unanimously carried.

Section 104 (*See 88*)

Report of Reference Committee on New Business B: Early Release of Doctors from Armed Services

DR. NORMAN S MOORE *Tompkins* Resolution presented by the Medical Society of Erie County on early release of doctors from armed services, and reading as follows

"WHEREAS the medical profession of the United States as a body, as well as all of the citizens of our country, have just reason to be proud of the achievements of the medical corps of all branches of the armed forces in World War II, their skilled services having greatly reduced battle fatalities and enhanced military morale, contributing materially to the ultimate victory which was the portion of the Allied Nations and writing another shining chapter in the history of American medicine, and

"WHEREAS, the upwards of sixty thousand American physicians who responded to the call of their country in the greatest struggle in which our nation ever has been engaged nobly left their homes and occupations, in many cases at a large personal sacrifice which never can be adequately compensated by a grateful people, to serve bravely and well in far flung war areas, and

"WHEREAS, the end of World War II has brought a swelling demand from medical organizations industry, labor, members of Congress, the press from doctors themselves in uniform, and above all from the civilian public to whom medicine owes its heaviest responsibility, for the speedy release of the greatest number possible of physicians in the Armed Services, in the national interest, and

"WHEREAS, the medical profession feels that it has discharged its obligation in the emergency the armed forces were required to face and seeks the same sympathetic consideration for its colleagues in uniform as will be accorded other servicemen in Army Navy, Marines, and Coast Guard, to wit, that the reduction of the number of medical officers in the service be in the same proportion as that of line personnel and

"WHEREAS, while the medical profession is fully aware that during the next few months problems of care, evacuation, and disposition of the wounded and sick still coming from overseas as well as the task of general demobilization will require the continued services of doctors, for the performance of which vital functions medicine definitely favors the provision of a sufficient number of trained physicians it nevertheless is deeply concerned over the possibility of arbitrary retention in the armed forces of a huge surplus of doctors unnecessary to military demands and detrimental to civilian population welfare, and

"WHEREAS more and more medical officers, in letters received by state and county societies from individuals and groups, reflect concern over the feeling that the several medical corps have large numbers of doctors who could be released at once to return to civilian practice, particularly in communities where need for returning medical officers is acute and in which thousands anxiously await the homecoming of their own family doctor and

"WHEREAS, the medical profession has read the statement that physicians will be discharged from military service on a point system similar to that covering the servicemen whom they have treated and likewise has noted with interest the more recent announcement that some thirteen

thousand physicians of the Army Medical Department only will be returned to civilian life by the end of 1945, but it believes and holds that the system of release should be at once revised and liberalized to embrace all branches of the Armed Service, and

"WHEREAS, the Medical Society of the State of New York, like the American Medical Association, well realizes it has the power merely to recommend the elimination of further delays in freeing to civilian practice the reputed surplus of doctors in military service, but hastens to point out that failure to facilitate in every possible way the discharge of medical officers would constitute a grave injustice to the public and unfair treatment of both the service doctor who has placed devotion to country above all personal considerations and the homefront physician who has been taxing his strength, now, therefore, be it

"*Resolved*, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, hereby earnestly urges and petitions the government of the United States, through its proper and appropriate Federal departments and officers, to bring about the effective accomplishment of the foregoing objects, namely, the honorable discharge and return of all medical officers to private practice as soon as military necessity will permit"

Your Reference Committee recommends the adoption of this resolution, and I so move

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

Section 105 (*See 36*)

Report of Reference Committee on New Business B Remission of State Society Dues to Discharged Medical Officers

DR. NORMAN S MOORE, *Tompkins* We have two resolutions dealing with this subject The first is from the Medical Society of the County of Erie and reads

"WHEREAS, thousands of members of the Medical Society of the State of New York left their homes and practices to serve with the armed forces all over the globe in World War II which recently ended, and

"WHEREAS, many of these medical officers have been discharged from military service and many others now are returning, or will sometime return, to New York State to re-establish themselves, and

"WHEREAS, it is recognized that a large proportion of these returned medical officers will face financial and economic problems in connection with their readjustment to civilian life, and

"WHEREAS, the Council of the Medical Society of the State of New York more than a year ago adopted the following procedure with respect to remission of dues of members discharged from the armed services

'A member discharged from the armed forces, after more than sixty days of service, shall have his dues remitted for the calendar year in which he was discharged, regardless of the month, however, unless he has served a total of at least fourteen months he shall not be entitled to remission of more than one year's dues,'

and

"WHEREAS, a considerable number of members of the Medical Society of the State of New York feel that the present policy and protedure could well be liberalized to accord to the returned medical officer an even greater measure of financial cooperation and a fuller expression of good will, now, therefore, be it

"*Resolved*, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, hereby goes on record as favoring and proposing that the existing procedure be revised and liberalized to provide for remission by the State Society of its portion of dues for a *full twelve-months' period* to every member-medical officer after and from the date of his retirement or discharge from the armed services, and that all county societies be requested to pursue the same method"

Your Reference Committee believes that in order to ease the administration difficulties of the county societies an additional fraction of a year should be waived to coincide with the fiscal year of each society and, therefore, the committee recommends the following substitute resolution

"*Resolved*, that the Medical Society of the State of New York, represented at this duly convened meeting of its House of Delegates, hereby goes on record as favoring and proposing that the existing procedure be revised and liberalized to provide for remission by the State Society of its portion of dues for a *full twelve-months' period plus any additional months necessary to coincide with the fiscal year of the Society*, to every member medical officer, after and from the date of his retirement or discharge from the armed services, and that all county societies be requested to pursue the same method"

I move the adoption of the substitute resolution approved by the Reference Committee

SPEAKER BAUER It has been moved that the report of the Reference Committee, which substitutes a resolution for the original one, be adopted

The motion was seconded

DR JAMES F ROONEY Although I should not be speaking on this matter perhaps, being in what might be considered a favored category, I think this is an unwise plan Everything should be done for the returning medical officer, but I feel that a substitute to this resolution or this recommendation of the Committee could well be made that would not impair the already markedly affected dues income of the State Society We are already remitting the dues of approximately four thousand, five hundred medical officers in the services, which means a diminution in the income of the Society of $45,000 a year

I feel that it might be well to recommend to the various county societies, perhaps with some exception of the smaller societies from whom very few of these medical officers will come, that the county society pay for the period outlined in the recommendation of the committee the State dues of the member returned from service for this period and remit the county society dues

The State Society will have to meet, in the coming years, in the next three years, probably, a very great annual budget, greater than even it has been called upon to meet in the past four years A very large number of plans are being presented, with many new committees, which will entail the expenditure of additional money

As a matter of discussion, I would, therefore, move to amend this recommendation to the effect—and I will not be able to quote from memory the period prescribed in the recommendation—but for this period prescribed in the recommendation the county society remit the county society dues of

these members who have returned from service, and at the same time undertake upon themselves the obligation to remit from their own funds the annual State dues of these members

SPEAKER BAUER Is the amendment seconded?

There was no response

DR. ROONEY I don t think there is a chance for it to pass but maybe you will think about it.

SPEAKER BAUER The amendment has not been seconded, so we come back to the original report of the Reference Committee.

DR. EZRA A. WOLFF *Queens* Does this call for the remission of dues for the fiscal year in which the man returns plus a year?

DR. MOORE No a full twelve months from the time of his discharge plus any fraction that would bring it up to the fiscal year of the Society

DR. WOLFF Which amounts to the same thing?

DR. ROONEY That is what it amounts to It would amount to an average remission of eighteen months dues.

The question was called, and the motion was put to a vote and was carried

Section 106 (*See 50-105*)

Report of Reference Committee on New Business B Remission of Dues (County of Monroe)

DR. NORMAN S MOORE, *Tompkins* This is also on the remission of dues and was introduced by Dr Leo F Simpson of Rochester

"WHEREAS, many of our colleagues, members of the Medical Society of the County of Monroe have given their services to their government during the present World War, and

"WHEREAS, this separation from civilian life has resulted in a change from a civil to a regimented military life, and

"WHEREAS many of our members now serving in the Armed Forces will have difficulty in resuming civil practice and many will wish to enter upon postgraduate work for varying periods, therefore be it

"*Resolved*, that the Medical Society of the County of Monroe remit the dues of all of those members returning from the armed forces for a period of months or years equivalent to that served in the armed forces and further be it

"*Resolved* that the Medical Society of the County of Monroe petition the Medical Society of the State of New York to remit the state assessment for these members for a similar period'

Your Reference Committee believes that a general policy in regard to the waiver of dues would be more efficient to administer and in the end would contribute justice equally to all members of the Society recently discharged from military service. Inasmuch as a resolution has been recommended defining a minimum limit of one year, the Committee disapproves this resolution.

I move the adoption of the Reference Committee s report.

The motion was seconded and as there was no discussion, it was put to a vote and was unanimously carried

Section 107 (*See 69*)

Report of Reference Committee on New Business B Report of Special Committee to Study the Question of Medical Practice in the State of New York

DR. NORMAN S MOORE, *Tompkins* The following is on the report of the subcommittee of the Special Committee to Study the Question of Medical Practice in the State of New York which was held in the State Society's offices at 292 Madison Avenue, New York on Tuesday, September 11, 1945 Portions of this report were read to the House yesterday by Dr Bauer, and I am going to read the questions the subcommittee's opinion, and the Reference Committee's opinion per section

"Question I—Should there be a thorough revision of the entire Medical Practice Act?"

The subcommittee in its deliberations on September 13, 1945, recommended that there should be no thorough revision of the entire Medical Practice Act, and your Reference Committee adopts the recommendation of the subcommittee on that point. I, therefore, move the adoption of that portion of this report.

SPEAKER BAUER This portion of the report recommends that there be at this time no general revision of the Medical Practice Act Is there any discussion on that recommendation?

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

DR. MOORE Continuing

"Question II—Should amendments to the present statutes pertaining to the practice of medicine be proposed?"

The committee deliberated on this question, and has proposed several possible amendments These were read yesterday

The Reference Committee believes that these amendments should be made following the subcommittee's recommendations and, therefore, support the subcommittee's recommendation, and I so move

SPEAKER BAUER I think the House will have to know what those recommendations are before they can act intelligently on them

DR. MOORE The following suggested changes were considered

(*a*) Changing of title of the Medical Practice Act. It was recommended that the Title of Art. 48 of the Education Law, be changed to include the word 'Healing.' The present title is Practice of Medicine.' It is thought that the laity are inclined to interpret this as meaning only the practice by Doctors of Medicine and not including practice by other schools of practice or cults. The suggested title would be, 'The Practice of Medicine and/or Healing' or 'The Practice of Healing.

"(*b*) Definition of the practice of 'Healing' The present definition, as given in Sec. 1250, *paragraph 7, of Art. 48 of the Education Law* was considered broad and comprehensive but it was thought that this definition might be strengthened by adding in another section of the statute a paragraph which would indicate more clearly those who would be regarded as practitioners or practicing healing or treating the sick Such paragraphs are found in the laws of other states. The New Jersey Law has such a paragraph (N J 45-9-18) which ends with the following sentence

'The provisions of this Chapter shall apply to all persons professing and attempting to cure disease by means of the so-called system of 'faith-curism' 'mind-healing,' 'laying-on-of hands,' and other similar systems.'

It is suggested that such a paragraph might be inserted in Section 1263, of Art. 48 of the Education Law

"(c) Consideration was given to the suggestion that an amendment to the statute be made which would require anyone who holds himself out for any practice which would come under the definition of 'The Practice of Healing' shall have met the educational requirements, both preliminary and professional, as prescribed by statute and regulations of the Department of Education and shall have passed an examination given by the Department of Education or acceptable to the Department which shall be the same for all schools of practice, at least in the subjects pertaining to diagnosis and the sciences of anatomy, physiology, chemistry, pathology, bacteriology, and hygiene Such requirement would not be necessary for licensure in the branches of the healing arts which are now licensed by separate boards of examiners, such as dentistry, nursing, optometry, podiatry, and physiotherapy It is suggested that such an amendment could be added to Sec 1261 of Art 48, of the Education Law

"(d) Injunction. In the State of Kansas it has been found that the statute permitting granting of an injunction against a person held to be practicing medicine illegally was a great aid in controlling illegal practice in that state In Veterinary Law of New York State the granting of injunction is permitted

"It is recommended by this subcommittee that a bill be submitted to amend Section 1263, paragraph 7, which would add the following and which would be new

'In addition to the prosecuting by the attorney general of a violation of any of the provisions of this article, and in addition to the remedies otherwise provided under this article, the attorney general may apply for relief by injunction to restrain the commission of any act which is illegal under this article, without being compelled to allege or prove that an adequate remedy at law does not exist, or that irreparable damage would result from the continued commission of such acts'"

Those are the suggested recommendations

Speaker Bauer And the recommendation of the Reference Committee is that these be considered, is that correct, for legislation?

Dr Moore That is correct

Dr. James F Rooney I regret I have to rise again If the order goes out from this house to the Legislative Committee of the Council of the Medical Society of the State of New York which has to take charge of all affairs before the Legislature that binds their hands as to the introduction of bills that will again reopen the Medical Practice Act to amendment by every long-haired fanatic in the Legislature, with all of the chaos that is existing in relation to medical practice in the State of New York today, unless the Council deems it advisable or expedient under the circumstances that may occur at the time of the beginning of the session of the Legislature, we are not going to amend the Medical Practice Act favorably to the public health of the people of the State of New York We are going to give an opportunity for every quack all over this section of the country to come before these legislative committees and demand equal treatment

There are times to fight, and there are times to be silent, and I think that this whole matter should be referred to the Council as a recommendation, leaving it to their discretion to direct what they feel is expedient, appropriate, and necessary in relation to any amendments to the present law, and I so move.

Dr. Herbert H Bauckus I second that

Speaker Bauer Dr Rooney moves, and Dr Bauckus seconded, to refer this to the Council with power to act as they deem fit as the circumstances develop

Dr Moore I understood this was a report of a subcommittee of a special committee that already reported to the Council

Speaker Bauer These were the recommendations

Dr. Rooney And according to my amendment the House refers those recommendations to the Council with power to act as their discretion dictates

Speaker Bauer Is there any discussion of the amendment?

Dr. George W Cottis I agree with Dr Rooney that there are times to be silent and there are times to speak out This whole question of the suppression of cultism in this state has been a headache to us for years This subcommittee has produced what I think is a very workable solution, or at least it is a long step toward a solution We have heard the thing discussed year after year, and it is important enough so that I think this House of Delegates should be the agent to decide on the question of our policy

I agree with Dr Rooney except in this respect, that I do not think this is the time to be silent, but it is a time to be heard, and I would oppose the amendment as I think the committee has done a swell job, and we should put this thing over right now

Dr. Harry Aranow As a former chairman of the Committee on Legislation of the Medical Society of the State of New York for a period of ten years, I can tell you from personal experience that an order like that would embarrass your Legislative Committee if they attempted to put through a bill when they positively knew in advance it would be defeated, and it may also do the medical profession harm

I would suggest that these recommendations be referred to the Chairman of the Legislative Committee, whoever he may be, for discussion, because before he acts he always does it, or usually at any rate, with the consent of the Council—

Dr Rooney The Council first and then the Legislative Committee

Dr. Aranow Yes, refer it to the Council, and they will instruct the Legislative Committee, but if you order him to do it now he has to do it, and he may know positively at the time that it is going to be defeated or going to do harm This is a bad proposition to pass

Dr. Joseph A. Geis, *Essex* After listening to Dr Rooney talk on legislation for a period of thirty years, I have learned to have a lot of respect for his opinion, and I believe this body should follow Dr Rooney's recommendation.

Dr. Rooney I just merely want to say that I entirely concur with Dr Cottis in hearty approval of the recommendations of the committee Every one of their suggestions are necessary I may not agree with the verbiage, but the thing that I oppose, and try to avoid by my amendment, is to practically take a club in the hands of the House of Delegates, who are totally unfamiliar with legislative procedure in the main, and direct the Legislative Committee to use that club upon the Legislature whether they are one against five thousand or one against three.

I feel that the wise plan is to put it in the hands of

the Council, upon whom you can depend The Legislative Committee is a Council Committee, and as such is subordinate to the direction of the Council. Every member of this House can, by correspondence with the members of the Council express his opinion in relation to the matter, and be sure, gentlemen, that the Council will absolutely conform, as far as they can, with your direction.

DR. MARTIN B TINKER This is essentially the thing that Dr Van der Veer fought for years. As Dr Rooney just presented it to you, I think it should not be turned down

DR. MOORE It is your Reference Committee's understanding that this report does not ask the House of Delegates to direct anything to anybody These are deliberations by a subcommittee of the Council, and are presented to the House of Delegates as giving approval for further discussion or not. There is no mention, and I made no mention, of a directive to anybody to stimulate legislation They are recommending this

DR. ROONEY I regret I misunderstood Perhaps it might have been my impaired hearing, but I felt there was a directive requested by the House of Delegates that the Medical Practice Act should be changed in this regard I am familiar with the report of the Council Committee from which these questions primarily emanated, in fact I have been in on the discussions. The mere fact that that Council Committee put these questions meant that in their own mind there was a doubt as to the advisability of practically requiring that the Act be amended.

I think, then, that the wise thing to do will be to pass my motion which refers this matter to the Council and to this committee in cooperation with the Legislative Committee, and I feel it should be referred to them for consideration and action if they feel it is advisable

SPEAKER BAUER If the Chair may interpolate his understanding of the action of the Council in referring these questions to the House of Delegates was to ask the authority of the House of Delegates to go ahead with such action as it might be deemed advisable. It felt it needed the backing of the House to take such specific action as proposing amendments to the Medical Practice Act, and it was not asking that the House direct it but that the Council be given the opportunity to do it. That was the recommendation of the Council in referring this matter to the House of Delegates. I don't know just what the Committee s report says on that.

DR. ROONEY May we have the recommendation of the committee again?

Dr Moore reread the suggested changes

DR. MOORE Your Reference Committee notes that the subcommittee has again reviewed the feasibility of seeking a change in the Medical Practice Act. It has given special attention to the information obtained from other states and believes the discussion was thorough and that conclusions drawn by the subcommittee are sound Therefore, the reference committee recommends the adoption of this report.

SPEAKER BAUER The Chair would rule that the report of the Reference Committee did not cover the Council s recommendations so I believe that Dr Rooney's motion, if you agree with it would still be necessary The question is then upon the adoption of Dr Rooney's amendment

DR. COTTIS Just one more word, I am perfectly willing to have this thing referred back to the Council for action but we have had submitted to us a series of questions, and as a matter of information I would like to ask whether this action does give affirmative reply to those questions. I want this House of Delegates to go on record as approving those recommendations

SPEAKER BAUER The Committee's report does this This is simply giving specific direction to the Council rather than to any other body

DR. COTTIS O.K., as long as that is understood

The question was called for, and the motion was put to a vote, and was carried

SPEAKER BAUER That portion of the report is adopted

DR. MOORE Question IV—Whether to—

SPEAKER BAUER You forgot Question III

DR. MOORE Oh, yes

"Question III—Whether the present Medical Practice Act should be changed to admit cults under standards equal to those required of medical graduates.

"The subcommittee does not recommend changing the present Medical Practice Act to admit cults to licensure for practice or such recognition of cults. It has suggested that consideration be given to amending the Medical Practice Act so as to require the same education standards and examination for all who hold themselves out for any practice which would come under the definition of 'The Practice of Healing.' (Subdivision (C) of this report.)"

Your Reference Committee recommends the adoption of that section, and I so move.

SPEAKER BAUER In other words, the recommendation is that the Medical Practice Act be not amended to recognize cults, is that right?

DR. MOORE Yes

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried.

DR. MOORE Continuing

"Question IV—Whether to recommend or not to recommend a 'Basic Science Law' for New York State."

Then there follows in this report that was referred to your Reference Committee

"The Special Committee to study the question of medical practice and this subcommittee has given a great deal of time to this question. Members of these committees have reviewed material on the laws of the states having a basic science law, reports from various sources on the effect of such a law in those states, reports presented in person and written material from persons favorable to a basic science law in New York State, and articles published on basic science laws.

'It was suggested that in presenting this report, a definition of the term 'basic science law' be given so that there will be no misunderstanding as to the meaning of this term.

"A basic science law would be an act that would establish a state board of examiners in the basic sciences underlying the practice of the healing art would provide for its organization and powers, would provide that certification by that board be a prerequisite to eligibility for examination for license to practice the healing art, and would define the healing art.

"The usual definition of the term 'healing art brings within its scope nonsectarian medicine osteopathy' chiropractic, naturopathy, sani practice, naprapathy, and other modes of healing It would include dentists, nurses chiropodists

pharmacists, optometrists, physiotherapists, and others, but these are usually excepted from the operation of the act

"Under such an Act no person would be permitted to take an examination for a license to practice the healing art or any branch thereof, or be granted any such license, unless he has presented to the Board or officer empowered to issue such a license as the applicant seeks, a certificate of ability in anatomy, physiology, chemistry, bacteriology, and pathology (usually referred to as the basic sciences, although some states include the subjects of hygiene and diagnosis), issued by the State Board of Examiners in the Basic Sciences

"The Board of Examiners in the states having a basic science act is made up of scientists who are not practitioners of the healing art, and not on the faculty of a school of healing art, or the Board may be a composite Board made up of a doctor of medicine, osteopath, chiropractor, scientist, naturopath, etc , having a member from the various schools or cults to be licensed

"This subcommittee, after reviewing a great amount of material, is of the opinion that there are the following arguments for a basic science law

(1) In states which have separate licensing boards for different schools of practice and which have no common standard for licensure for all schools of medicine and the cults licensed to practice in that state, the basic science examination is a necessary protection for the public

(2) In those states where charges of illegal practice may be prosecuted without trial before jury, the law against illegal practice may be enforced more easily when a basic science certificate is required

(3) It is also claimed that by passing a basic science law, new cults would be prevented from obtaining licensure, and the frequent battles against such legislation to grant licensure to new cults would be avoided

"The members of this subcommittee are of the opinion that the reasons for not favoring the passage of a basic science law at the present time are as follows

(1) In New York State, where graduates of all schools of medicine take the same examination for licensure, such a law is not necessary for the protection of the public

(2) In New York State, where prosecution of illegal practice is by the attorney general and usually before a jury, convictions would be fully as difficult to obtain when the respondent is charged with practicing without a basic science certificate or exceeding the limits of his license in his practice as it is under the present law Other states having a basic science law have found this to be so

(3) In some states having a basic science law, new cults are trying to obtain licensure and there are frequent legislative battles against the granting of such licensure, and battles to retain or prevent change of their basic science law

(4) Recent attempts to pass a basic science law in California failed by a vote of about 2 to 1 Basic science laws in Kansas and Tennessee were nullified by last-minute amendments

"This subcommittee, after careful study of the reasons for and against a basic science law for New York State, recommends that the Medical Society of the State of New York go on record as being opposed to the principle of a basic science law for this state at this time"

Your Reference Committee recommends the adoption of that section of the report, and I so move.

The motion was seconded

SPEAKER BAUER The question now before you for discussion is the Committee's recommendation that the Society do not favor a basic science law at this time Is there any discussion?

DR ROGER A. HEMPHILL, *Livingston* It is almost a tradition in this Society that it is almost against the constitution and bylaws for a session of this House of Delegates to go by without the delegate from Livingston County talking about the Basic Science Law While the hands may be the hands of Esau, the voice is still the voice of Jacob

The chiropractors, as we well know, are licensed in forty-four states There is no reason to expect that New York State will much longer fail to succumb We know that other cults have preceded chiropractic We know that more cults will come in the future, and if we live long enough we will see one die out and another come along We know that chiropractors at the present time are actively engaged in practicing in this state Dr Bauckus presented yesterday some nice advertisements from Detroit, but he did not need to go outside of Buffalo to find illustrations of the fact that they publicly practice their profession in his own community As far as the Classified Directory of the telephone book is concerned, you cannot tell whether they are licensed or not, in other words, should they actually succeed in being licensed there will be no difference as far as the public acknowledgment of their situation is concerned

One of the means which has been used in the control of cults, such as chiropractic and others, is that of the basic science law It has been adopted in seventeen states In not all states is it an ideal solution Of course, we don't approve of cults We don't approve of divorce, but we have divorce laws, and there is a considerable difference between the laws applying to divorce in New York State, for example, and Nevada, and the laws of Nevada obviously would not meet with the approval of a good many people in other states So if we were starting from scratch, as we are in this state, we should be able to put in a law on chiropractic and on other cults which would be effective in controlling them In this connection, I may point out that a combination of the laws in Minnesota and Rhode Island particularly would make for an ideal law

As far as enforcement is concerned, where the law is relatively new or where there are basic defects, because usually chiropractors have been licensed before this law has been passed, obviously enforcement is not particularly good, but in a state such as Minnesota, where two hundred and fifty prosecutions have occurred, with 90 per cent convictions, it looks as though the law is reasonably successful

The Livingston County Medical Society is not absolutely sold on the basic science law It does not regard it as being the fountainhead of all wisdom on the control of cults It is a solution No other solution that I know of has been presented We would be glad to accept another which would appear to be better

DR. GEORGE W COTTIS Mr Speaker, the reason that I got all heated up a minute ago was that I was afraid that this House was not going to approve these resolutions, which are the best constructive steps toward meeting the cult problem

The last time I remember anything being done to combat this situation, we agreed to tax ourselves $2 per year in order to pay the government s expenses for doing its duty, but as you know that $2 might as well be thrown out of the window

I am qualified to speak about basic science laws at least as much as about 90 per cent of the men in this room, because I know as much as they do about the subject, which is practically zero I don't know anything about it but it seems to me that it is rather foolish for us to come up here year after year and discuss this problem without having some authentic information about what it is all about. The idea in my mind is this I understand that the subcommittee has spent a great deal of time and has made a very impartial study of this whole question, that they have written to the secretaries of the various state medical societies to find out what has occurred in these states where they have adopted a basic science law and closed the barn door after the horse has fled They have all that information and I have confidence in their integrity and in their ability to analyze that information The proposal I would like to make is this that for our own good and for my edification this committee or some person delegated by the committee shall collate this information which they have secured from all over the country and abstract the essential points where the law has worked and where it has not worked, why it has not worked, and whether the A.M A is wrong when it goes to the trouble of preparing a model act for us to follow, and then have a condensed summary of all their findings published in the JOURNAL of the State Society After that, we can read these facts and have something authoritative to base our opinions on, and we will no longer be compelled to depend on what we hear out in the corridor

Three or four years ago I was sold on this basic science law, then I met Dr Hannon in a corner out here somewhere and in three minutes he changed my mind the other way Then the next year I met somebody who quoted a lot of facts and figures from the State of Washington and from the State of Minnesota, and I said to myself, "My God that must be the answer that must be the solution.' Then I swung over the other way again Well I am sick and tired of being a pendulum swinging from one side to the other I would like to have something to go on, and if it is in order I would move as an amendment that the findings of this subcommittee be published in the JOURNAL.

SPEAKER BAUER I think your amendment is hardly germane to the question, which is the disapproval of the basic science law in this state Let us first dispose of that, and then I will be glad to recognise you so that you can put that as a motion.

DR. COTTIS Very well

The question was called, and the motion was put to a vote, and was carried.

SPEAKER BAUER Dr Cottis, I will now be glad to have your motion, and to save time I will simply say that Dr Cottis moves that the information which has been collected by this subcommittee be edited and published in the JOURNAL for the information of every member of the Society

DR. COTTIS Right.

SPEAKER BAUER Is that seconded?

The motion was seconded, and as there was no discussion, it was put to a vote and was carried.

SPEAKER BAUER Thank you Dr Moore.

DR. JAMES F ROONEY May I call attention to a point of order? I think that the Chairman of this Committee, which has rendered such outstanding service, did not move the adoption of his report as a whole.

SPEAKER BAUER I disagree with that because each article was an independent item and had no relation with the other There were ten separate and distinct matters.

DR ROONEY I defer to the decision of the Speaker, as long as it is official

Section 108 (*See 59*)

Further Report of Reference Committee on Report of Council—Part XIII Malpractice Defense and Insurance and Legal Counsel

DR. WILLIAM B RAWLS, *New York* Report of the Legal Counsel Your Committee wishes to emphasize that part of the counsel's report which calls attention to the dangers of careless criticism by one physician upon the work of another, and the malpractice suits resulting therefrom The Committee feels that this cannot be too strongly emphasized.

Your Committee wishes to compliment the Counsel upon his successful disposal of the large percentage of malpractice suits and also upon his preventive work in solving many problems that do not come to the state of actual suit.

The Reference Committee recommends a vote of thanks to the Counsel and his entire staff

Mr Speaker, I move the adoption of this portion of the report of Reference Committee on Part XIII of the Council's Report

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried.

Section 109 (*See 10*)

Report of Reference Committee on Report of Council—Part IV Public Health Activities

DR. ROY B HENLINE, *New York* The report of the Council on Public Health Activities reflects a wide range of constructive effort and accomplishment. Your Reference Committee offers the following specific comments on the various sections of this report

1 *4-H Clubs and Youth Health Activities* —The State Society owes a debt of gratitude to Dr J G Fred Hiss, of Syracuse for his work with the 4-H Clubs Through this work the State Society is rendering a distinct contribution to the public health in general and is helping to stimulate the 4-H Clubs to have a satisfactory rounded health program. The work of this committee in helping to educate people on the prevention of home and farm accidents is also worthy of commendation

2 *Blood and Plasma.*—The law enabling the State Commissioner of Health to set up a plan for preparation and distribution of blood and plasma upstate was adopted by the Legislature this year and the program is in process of being carried out

Because of the increased need for and interest in the development of blood banks it is important that the highest standards be maintained in the technic and ethics of operation.

Your Reference Committee, therefore, recommends that only hospitals or competent physicians be permitted to control, operate, or direct blood banks, and that ownership should not be in the hands of laymen.

I move the adoption of this section of the Committee s report.

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried.

DR. HENLINE 3 *Cancer*—The liaison between the American Cancer Society and the State Medical Society to promote public education as well as the education of doctors in regard to cancer problems is worthy of praise and commendation

4. *Dental Health*—The joint action of the State Medical Society and the dental societies regarding dental health should be continued and promises great benefits in the future

5 *Hard of Hearing and the Deaf*—The increase in the number of "Hearing Clinics" throughout the State should be commended If these clinics are strategically placed, and operated as prescribed by your Committee, they should be of great help not only to the public, but also to the practicing physician

6 The work of your Committees on War Medicine and Surgery, New York State Commission for the Blind, Infantile Paralysis, Rheumatic Fever, and Rheumatic Heart Disease is all worthy of the highest commendation

I move the adoption of this portion of the report

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

DR. HENLINE Now I move the adoption of the report of the committee, consisting of Jacob Werne, Joseph H Cornell, Donald Malven, and Roy B Henline, as Chairman, as a whole

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

SPEAKER BAUER Thank you, Dr Henline

Gentlemen, We have two more reports One is the Report of the Planning Committee and the other is the Report on Workmen's Compensation Both of these are long, but I believe we will be able to dispose of them while the tellers are counting the ballots

We are now scheduled to meet at 1 00 P M , so we just have half an hour until that time Remember you will all have to be checked in at the door when you come in this afternoon, which will consume some time, so I think if you would be willing to postpone your lunch until after the afternoon session we would get along better A lot of men have asked me very earnestly to be allowed to make the 3.30 P M train, and I want to grant that request if I can As I say, we have cleared up all the business except these two reports and the election and various small items that have to be done this afternoon, so I think if you would start checking in by 12 45 P M it would help

Section 110

Elections

SPEAKER BAUER While I am on this subject of the elections, in order to save time I am going to announce the tellers now so they will be ready and here early

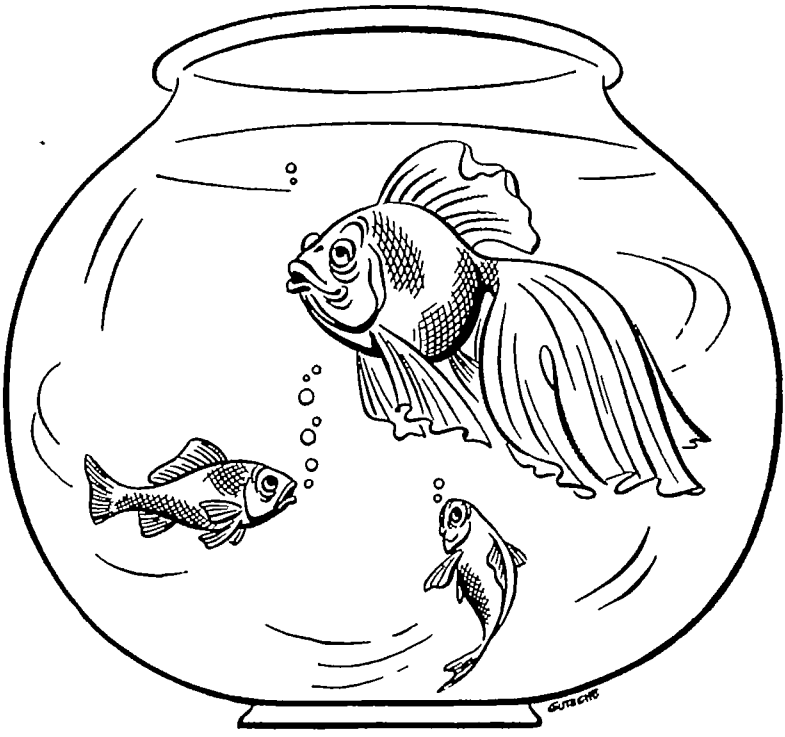
TELLERS

Charles F McCarty, *Kings*, Chairman
Jacob L Lochner, Jr , *Albany*
Goodlatte B Gilmore, *Bronx*
Renato J Azzari, *Bronx*
Elton R Dickson, *Broome*
Alfred K Bates, *Cayuga*
Robert Brittain, *Delaware*
Joseph A. Geis, *Essex*
Ben A Borkow, *Kings*
Leo S Drexler, *Kings*
Joseph Tenopyr, *Kings*
Leo S Schwartz, *Kings*
John L Norris, *Monroe*
Philip D Allen, *New York*
Edward Percy Eglee, *New York*
Samuel Z Freedman, *New York*
Erwin Beckhard, *Queens*
Frank J Carniglia, *Queens*
Jacob Werne, *Queens*
Joseph H Cornell, *Schenectady*
Edwin L Harmon, *Westchester*
Paul Wood, Section Delegate

SPEAKER BAUER We will now be in recess until 1 00 P M , but please start checking in at the door at 12 45

The session recessed at 12 30 P M

[*To be concluded in the January 15 issue*]



Different in form

Honey like liquid form and strictly professional promotion are two unique advantages of Maltine with Vitamin Concentrates These features afford the physician better prescription control Moreover patients are pleased with the pleasant citrus flavor the effectiveness and the economy of this balanced multiple vitamin preparation Each fluid ounce contains:

Vitamin A	*10,000 U.S P Units*
Vitamin D	*1000 U.S.P Units*
Vitamin B_1	*3 Mg Thiamine Hydrochloride*
Vitamin B_2	*4 Mg Riboflavin*
Nicotinamide	*40 Mg*
Pantothenic Acid	*350 Micrograms*
Dicalcium Phosphate	*17 Grains*
Maltine	*q s*

Dosage: Two teaspoonfols twice a day Available through prescription pharmacies in bottles of 12 fluid ounces. The Maltine Company New York. Established 1875

Maltine with Vitamin Concentrates

Medicolegal

WILLIAM F MARTIN, ESQ

COUNSEL TO THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Disciplinary Proceedings—Splitting of Fees

THE Appellate Division of the Supreme Court of this State has very recently handed down a decision of considerable interest involving disciplinary actions in connection with splitting of fees by dentists

Charges were brought against Dr B, a licensed dentist for many years, that from 1939 to 1942 he had in his employ a certain layman whose duties were to obtain patients for dental treatment, and that he had paid commissions to the layman on the fees collected from such patients It was charged that such conduct was unethical, as specifically stated in the codes of ethics promulgated by the American Dental Association, the Dental Society of New York, and the First District Medical Society The charges were tried and upon the findings of the Dental Board, the Board of Regents found the dentist guilty of unprofessional conduct, and suspended for a year his license to practice dentistry The dentist instituted proceedings for court review of the determination of the Board of Regents, and the Appellate Division of the Third Judicial Department upon such review directed that the determination of the Board of Regents and the order of suspension should be annulled *

The Dental Practice Act contained in the Education Law prescribes cases in which disciplinary action against a practicing dentist is authorized Section 1311 of that law includes as such grounds for action the following (a) immoral conduct, (b) gross negligence or inefficiency, (c) fraud and deceit in the practice of dentistry, (d) and (e) aiding and abetting unlicensed practitioners to practice, (f) conviction of a crime, (g) advertising by specific means, or (h) "that the dentist has been otherwise or in any other way guilty of unprofessional conduct" The said section of the law authorizes the Board of Regents to promulgate rules to define and clarify unprofessional conduct

It was conceded before the Court that neither the Commissioner of Education nor the Regents had specifically defined "unprofessional conduct" so as to cover the situation under review The Code of Ethics of the American Dental Association and of the various dental societies, however, contained a section declaring it to be unethical for dentists "to pay or accept commissions in any form or manner on fees or professional services" It was stipulated for the purpose of the legal proceedings that Dr B was not a member of any of the dental organizations to which reference has been made

The facts of the alleged grievance against Dr B were, briefly stated, substantially as follows

The layman, one A, had been a seaman and was "Scandinavian born" He procured patients for his employer, Dr B, who were sailors, temporarily living along the waterfront or on board ships in port Undoubtedly, the patients so brought to the dentist were in need of dental care, and it was claimed that they would have gone without such care had it not been for the activities of A, the so-called "runner," who sought them out and brought them to Dr B A would receive telephone calls from Scandinavian ship companies that crew members needed dental care and would take them to Dr B's office and then drive them back to their ship Commissions were paid by the dentist to A based upon the fees collected, and certain other expense allowances were also paid to him

The Appellate Division ruled that under all the circumstances present the petitioner was entitled to a dismissal of the charges, and the reasoning by which such decision was reached was stated in the Court's opinion as follows

"The determination that the petitioner's conduct as charged and proved was professional misconduct, has been found to rest upon its having been denominated unethical in the codes of above-named dental societies It has no other basis in the record or in law Codified ideas of unethical conduct held by certain privately organized groups within the profession have been used to particularize the generality of the omnibus term, and to constitute a cause for disciplinary penalty, 'after the fact'

"The phrase 'otherwise or in any other way guilty of unprofessional conduct,' under which the penalty in question was imposed, is otherwise undefined by the statute or any rule or regulation made by any lawful supervising authority The phrase itself establishes no standard by which the best disposed practitioner could avoid the pitfalls of possible violation and prosecution The statute is penal in nature and what has been said regarding the definition of statutory offenses seems apt 'The citizen is entitled to an unequivocal warning before conduct on his part, which is not *malum in se*, can be made the occasion of a deprivation of his liberty or property' (People vs Phyfe, 136 N Y 554, 559, see, also, People vs Grogan, 260 N Y 138) The argument that the codes of ethics of dental societies were sufficient to put him on his guard and erect the standard for his conduct contains the fallacy that the Legislature has not delegated its power of further permissible specification to the respondent alone The latter may not, in effect, surrender that power to unofficial bodies by using their codes in default of an exercise of its own power to erect and prescribe canons or regulations which will serve 'to apprise all practitioners of the standards which (it) the official body authorized to supervise the profession deems necessary,' and to the end that 'those who choose to disregard the warning do so at their peril' (Matter of Cherry vs Board of Regents, 289 N Y 148, 159) In the latter case it was written, at page 158, that 'Every member of the profession should be regarded as an expert' for the purpose of determining the 'consensus' as to the necessity and propriety of standards of conduct, viz 'ethic and, at page 159, that 'The Legislature has delegated to the Board power by rule to specify a

*Matter of B vs Board of Regents, 263 App Div 588.

[Continued on page 94]



A DEER'S FOOT, warmed and rubbed over the affected part was one of the most popular folk-lore remedies for itching a century ago.

THE PICTURE HAS CHANGED

NOW... it's

Enzo-CAL

for **ITCHING**

Containing semi colloidal calamine and zinc oxide with benzocaine, ENZO CAL provides prompt relief of itching in pruritus ani, pruritus vulvae, intertrigo, eczema, diaper rash, sunburn, the rash of chickenpox and scarlet fever, and skin excoriations

ENZO CAL is a flesh colored, *greaseless* cream that will not stain clothing or linens

Write us at 305 East 45th Street, New York 17, N Y for a free sample of ENZO CAL.



Available in 2 oz. tubes and 16 oz. jars at any pharmacy

CROOKES *Laboratories*

[Continued from page 92]

define conduct which by consensus of expert opinion in the profession is unethical and does not conform to standards which are necessary, and power to decree that such reprehensible conduct should not go unwhipt of justice Through the exercise of that power it can adequately supervise the practice of dentistry and ban conduct dictated by "vulgar commercialism" ' In the case at bar not only did the respondent Board fail to exercise its delegated power to 'specify and define conduct which by consensus of expert opinion is unethical' but, it is to be noted, there has been no finding that petitioner's conduct departed from the standard erected by the consensus of expert opinion The respondent has not found and stated the consensus Instead, its finding is only that his conduct did not conform to a standard erected by privately organized groups within a profession wherein every member is an expert as to what the standard should be In the Cherry case (supra), where the disciplinary action was annulled, the standard found to have been departed from had been erected by the Board, but it was held to have been beyond its delegated power as regards the proof there relied on There the gravamen of conduct charged had to do with advertising, not fee-splitting or the payment of commissions, and until the lawful supervisory official body determines that the consensus is against the latter conduct, it may not condemn and adjudge it to be unprofessional conduct "

It should be noted that this case is presently pending before the Court of Appeals for further review

If similar charges should be made against a physician, of course, a different situation would be presented The Medical Practice Act now contains a provision which should be broad enough to cover the situation It is provided in Section 1264 of the Education Law as one of the grounds for discipline

"(f) That a physician has directly or indirectly requested, received, or participated in the division, transference, assignment, rebate, splitting, or refunding of a fee for, or has directly or indirectly requested, received, or profited by means of a credit or other valuable consideration as a commission, discount, or gratuity in connection with the furnishing of medical, surgical, or dental care, diagnosis or treatment, or service, including x-ray examination and treatment, or for or in connection with the sale, rental, supplying, or furnishing of clinical laboratory services or supplies, x-ray laboratory services or supplies, inhalation therapy service or equipment, ambulance service, hospital or medical supplies, physiotherapy or therapeutic service or equipment, artificial limbs, teeth or eyes, orthopedic or surgical appliances or supplies, optical appliances, supplies or equipment, devices for aid of hearing, drugs, medication, or medical supplies, or any other goods, services or supplies prescribed for medical diagnosis, care, or treatment under this chapter, except payment, not to exceed 33⅓ per centum of any fee received for x-ray examination, diagnosis, or treatment, to any hospital furnishing facilities for such examination, diagnosis, or treatment "

INFLAMMATORY LIVER DISEASE IS INCREASING IN FREQUENCY

Infectious hepatitis—an inflammatory disease of the liver—is increasing in frequency in this country, both among civilians and among military personnel, three Army investigators report in the *Journal of the American Medical Association* for August 4

Col M Herbert Barker and Maj Richard B Capps, (MC),AUS, and Maj Frank W Allen, (SC),AUS, conducted an organized study of the disease as it occurred among troops in the Mediterranean theater "From this work," they say, "it has become apparent that many of our older concepts, especially regarding diagnosis, duration, and treatment, must be altered "

The officers point out that "for many years prior to this war infectious hepatitis was considered to be a relatively infrequent and unimportant disease During the last four years, however, cases have been appearing in increasing numbers in both civilians and military personnel in various parts of the world "

Infectious hepatitis is usually accompanied by jaundice The flow of bile, which is secreted by the liver, may become obstructed by the inflammation, This obstruction to the flow of bile does not suppress its secretion, and therefore the bile, unable to escape into the intestines, seeps into the blood Thus it is carried to all the tissues of the body, giving the yellow coloration to the whites of the eyes, the skin, and the perspiration that is characteristic of jaundice

During the first stage of the disease, which precedes the appearance of jaundice, there is a rise of temperature with chilly sensations Characteristic symptoms are headache, lassitude, abdominal discomfort, and loss of appetite, followed by nausea and vomiting During this period, which lasts from one to three weeks, the problems of diagnosis are difficult "It is usually necessary," the article points out, "to await the appearance of an enlarged tender liver or of jaundice before the diagnosis can be established "

"The cardinal principles in the management of acute infectious hepatitis," the authors stress, "are early and adequate rest and proper diet We have very strong evidence that early and reasonably complete bed rest for an adequate period will decrease the severity and shorten the duration of the disease and decrease the percentage of cases with delayed convalescence We have also found that a high-protein, low-fat, and high-carbohydrate diet has a similar effect "

They state that on the basis of experimental evidence it appears that the high-protein constituent of this diet, especially beef, milk, and cheese, is the most important factor of treatment This is contrary to the older concept of administering a low-protein diet There is no evidence that excessive amounts of vitamins are desirable "On the contrary," they say, "too much vitamin B_1 may be harmful "

ANALYSES OF NUTRITIVE VALUES:



Campbell's STRAINED BABY SOUP

	CHICKEN	LIVER	LAMB	BEEF	VEGETABLE
Solids %	11.8	13.3	13 9	13 7	13 4
Protein %	2.63	3 42	3.09	3 91	1 95
Fat %	1.5	0.9	2.1	0 9	0.5
Carbohydrate % by difference	6 4	7.5	7.2	7.6	9.3
Calories per ounce	14	15	17	15	14
Crude Fibre %	0 15	0.29	0.30	0.22	0 43
Calcium %	0.026	0.013	0.046	0.046	0.024
Phosphorus %	0.042	0.065	0.068	0.068	0.051
Iron Mg per 100 g	.22	.72	.35	40	73
Copper Mg per 100 g	.24	.35	12	17	.24
Manganese Mg per 100 g	.075	173	.054	.053	.018
Vitamin A—I U Per 100 g	1766	7000	1130	1693	2550
Thiamine Mg per 100 g	018	.080	.036	.037	069
Riboflavin Mg per 100 g	.040	.62	.068	.072	.064
Ascorbic Acid Mg per 100 g	1 1	7.3	2 7	3 9	7.5
Niacin Mg per 100 g	77	1.54	1.22	1.29	1.05

5 KINDS

LIVER
CHICKEN
LAMB
BEEF
VEGETABLE

All in Glass Jars



Copies of this Chart in Convenient File Card Form
Will be Sent upon Request

Campbell s Strained Baby Soups represent fine quality in ingredients in care and method of cooking in retention of minerals and conser vation of vitamins *and in good flavor* Every re-source of Campbell s Kitchens is devoted to that aim



CAMPBELL SOUP COMPANY, Camden, N J

LOOK FOR THE RED-AND-WHITE LABEL

Campbell's Strained Baby Soups are currently available within 60 miles of New York City

Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL *The members of the committee are Oliver W H Mitchell, M D , Chairman (428 Greenwood Place, Syracuse), George Baehr, M D , and Charles D Post, M D*

Instruction to Schenectady County Society

THE Relief of Medical Conditions by Ablation of Sympathetic Nerve Impulses" is the subject of a lecture to be given on January 8 to the Schenectady County Medical Society Dr Frederick S Wetherell, professor of clinical surgery, Syracuse University College of Medicine, will speak.

The meeting, arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York, will be held in the library of the Ellis Hospital, Schenectady

Hematologic Disorder

A GENERAL résumé of hematologic disorders, including the anemias, was outlined by Dr Ellery G Allen, associate professor of clinical medicine and assistant professor of clinical pathology, Syracuse University College of Medicine, at a meeting of the Ulster County Medical Society, held on December 5 at 9 00 P M in the library of the Kingston Laboratory, Kingston

Dr Allen's postgraduate instruction has been arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York.

Lecture Series for Saranac Lake

A SERIES of postgraduate instructions has been arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York for the Saranac Lake medical Society on Wednesday evenings at 8 00 P M in the John Black Room of the Saranac Laboratory, Saranac Lake

The first one was given on December 5 by Dr Henry Field, Jr , associate professor of medicine, University of Buffalo School of Medicine, on "Management of Diseases of the Coronary Vessels"

On December 19 Dr Stuart L Vaughan, assistant professor of medicine, University of Buffalo School of Medicine, spoke on "Results and Modern Methods in the Treatment of Anemia"

The final lecture of the series will be given on January 16 by Dr L Maxwell Lockie, who will discuss "Management of Arthritis, Acute and Chronic"

Dr Lockie is professor and head of the Department of Therapeutics at the University of Buffalo, School of Medicine

Otsego County Hears Dr Wolff

THE Otsego County Medical Society was given postgraduate instruction on the subject of the headache on December 19 by Dr Harold G Wolff, associate professor of medicine, Cornell University Medical College

The meeting was held at the Tunnicliff Inn Cooperstown.

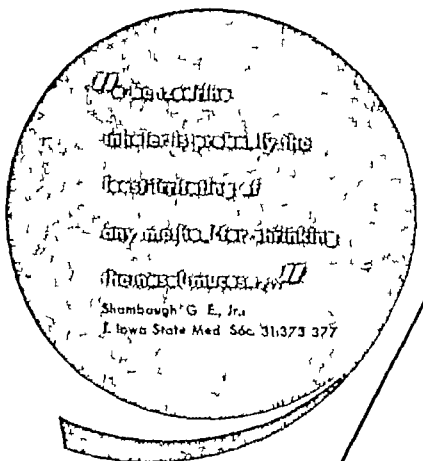
The instruction was arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York

Anemia and Virus Pneumonia

ON DECEMBER 12 Dr Paul Reznikoff, associate professor of clinical medicine, Cornell University Medical College, spoke to the Sullivan County Medical Society on the subject "The Diagnosis and Treatment of Anemia" The meeting was held at the Lenape Hotel in Liberty

The next lecture for the Society, arranged jointly by the Council Committee on Public Health and Education of the Medical Society of the State of New York and the State Department of Health, will be on January 16 at the Monticello Hospital in Monticello It will be given by Dr Paul C Clark on the subject of virus pneumonia Dr Clark is assistant professor of clinical medicine and clinical pathology at the Syracuse University College of Medicine

a less irritating
vasoconstrictor—



a better means of nasal medication



Benzedrine Inhaler N.N.R., does not give rise to any significant degree of secondary *turgescence atony or* bogginess when used as directed Furthermore according to Proetz, it causes "no appreciable change *in the amplitude or rapidity* of the ciliary beat" The Inhaler produces a shrinkage of the nasal mucosa equal to or greater than, that produced by ephedrine Each Benzedrine Inhaler is packed with racemic amphetamine S.K.F., 200 mg.; menthol 10 mg.; and aromatics. Smith, Kline & French Laboratories, Philadelphia Pa

BENZEDRINE INHALER

Honor Roll

Medical Society of the State of New York

Member Physicians in the Armed Forces

(By County Societies)

Supplementary List

Columbia County

Wildman, Chaim J (Capt)

Erie County

Tracy, Edward M (Lt)

Kings County

Aronson, Jesse B
Catapano, John P
Golden, Howard (Capt)
Turner, William J (Maj)

New York County

Barzilai, Gemma
Bell, E Gordon, Jr (Lt Comdr)
Ladin, Philip
Mullins-Jolliffe, M S Tipton (Lt Comdr)
Redish, Milton H (Lt)
Schwartz, Bernard M (Capt)

Queens County

LaCanna, Ralph L (Capt)
Roth, Morris

Westchester County

Bansmer, Gustav (Capt)
Ridenour, John W, Jr (Comdr)

---

* This list is the thirty-eighth supplement to the Honor Roll published in the December 15, 1942 issue Other supplements appeared in the January 1, January 15, February 15, March 1, March 15, April 15, June 1, July 1, August 1 September 1, October 15, November 15 December 15, 1943, January 15, February 1, February 15, March 1, May 1 May 15, June 1, July 1, July 15, August 1, September 1, October 1, November 1, December 1 1944 January 1 February 1 March 1, April 1, May 1, June 1, July 1, August 1, October 1, and November 15, 1945 issues —*Editor*

SHOCK THERAPY AND THE CONDITIONED REFLEX

Since Pavlov's and Cannon's early studies upon the conditioned reflex, examples of which are salivation or gastric secretion of an animal following the ringing of a bell, flash of light, sound of a tuning fork, or other stimuli repeatedly offered before a meal, the conditioned reflex has been one of the important methods of analysis of animal behavior Negative conditioned reflexes are also, of course, useful—as the presentation of certain sounds before an unpleasant electric shock The animal may be taught to distinguish between certain musical notes He may receive food after a low note and electric shock after a high note, and his musical ear thus studied by bringing the two notes closer and closer together until the distinction is too difficult, as in the case of the neurotic pigs who became completely distracted and ill from the difficulty of their task.

The conditioned reflex offers an objective method of study of the simplest form of mental content It may be used upon small laboratory animals and will perhaps eventually provide a simple alphabet for psychiatry It is something that the animal learns by experience, or inductively He will forget it if conditions are altered and he gets the stimulus repeatedly without the expected reward Thus memory is involved

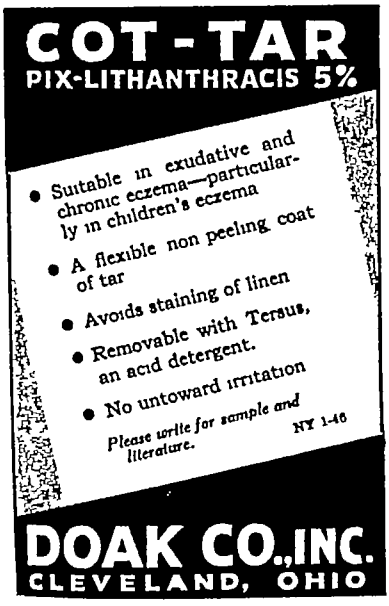
Gellhorn,* among other investigators, working in the Universities of Minnesota and Illinois, has studied the effect of insulin shock and electrically induced convulsions upon the memory of the conditioned reflex of the rat The rat is first taught the reflex, then made to unlearn it That is, the stimulus is administered without the reward until the animal ceases to respond It is noted that the rat learns to respond to auditory (bell, musical note) stimuli much more readily than to visual (light) stimuli

Forgotten conditioned reflexes returned rapidly after insulin coma had been induced. Particularly, previously learned conditional reflexes to sound were restored in high degree after insulin coma Response to light was less markedly restored, Gellhorn believes, because it is less thoroughly learned Return of reflexes after shock therapy seemed to depend upon the degree to which the reflex had been perfected before it was inhibited The inhibited reflexes were restored but other conditioned reflexes were not diminished. Thus a definite effect of shock therapy upon mental content would seem to be demonstrated There is a sudden return to well-learned lessons, abandoned from disuse

In cases of several types of insanity, insulin shock and other modes of convulsive therapy have been employed. The mode of action in reported successful cases is of interest Is it through restoration of individual memory in persons who have forgotten the normal reactions of life?

Memory of the conditioned reflex perhaps can provide a beginning of an objective line of study of the simplest thinking processes, perhaps eventually of the inhibitions which underlie many forms of mental disease.—*South M J, Sept, 1945*

* Gellhorn, Ernst Proc. Soc. Exper Biol. & Med., 59 155 (June) 1945



MALPRACTICE INSURANCE PROTECTION*

for

INFORMATION ADVICE OR ASSISTANCE

refer to

HARRY F WANVIG

Authorized Indemnity Representative of

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

70 PINE STREET NEW YORK CITY 5

Telephone: Digby 4 7117

**For Members of the State Society only*

THE POST-WAR NEED

for an institution such as THE PHYSICIANS' HOME is likely to become greater, rather than less Increased competition within the profession and the steady developing trend toward the Government's assuming responsibility for distribution of medical care, are but two factors which our older colleagues will have to face We must make sure, here and now, that this worthy and friendly charity will grow and expand in the years to come

Make checks payable to

THE PHYSICIANS' HOME, Inc.

62 EAST 66th STREET
NEW YORK 21, N Y

Hospital News

Newsy Notes

A $6,000,000 veterans hospital is to be built on an 18-acre site in the Fort Hamilton Military Reservation in Brooklyn, Gen Omar N Bradley, Veterans Administrator, announced on October 8 in Washington

The 1,000-bed hospital will be designed for general medical and surgical cases Funds for its construction are included in the 1946 appropriation act, the Independent Offices Bill The Veterans Administration is acquiring the site by transfer from the War Department, and right of entry already has been granted

• • •

Plans have been announced by Elisha Walker, chairman of the board, for the new seven-story Beekman-Downtown Hospital to replace the present Beekman and Downtown Hospitals, recently consolidated The new hospital, which will have twenty-five more beds than the present structures, will be erected on a recently acquired site at William, Beekman, and Spruce Streets

Subject to the approval of municipal authorities it is planned to create an extra street at the east end of the building from Beekman to Spruce Street to expedite ambulance and emergency care in specially planned facilities. The new building will have an outpatient department, clinic, and health-review facilities, and there also will be initiated a service for periodic health examinations for employers and employes

Besides private and semiprivate rooms, there will be sufficient available ward beds to care for emergency requirements arising in lower Manhattan with its daytime population of 700,000 and resident population of 45,000

Purchase of a site with an area of 30,000 square feet for the new Beekman-Downtown Hospital in the downtown financial district was announced by Mr Walker *

• • •

A check for $11,000 to finance an antituberculosis program at St Clare's Hospital, in New York, was received on October 11 by the Rev Mother Alice, head of the hospital, at ceremonies at the St Regis Hotel The check, which was raised by a committee of businessmen, was presented by William M Holmes, president of Bonwit Teller and Co , committee chairman

Saying that the committee's gift would be used to purchase x-ray equipment, Dr James S Edlin, medical director of diseases of the chest, declared that all patients admitted to the hospital, rich and poor, would have the benefit of a routine chest x-ray examination Such examinations, he held, are rarely made except where the likelihood of tuberculosis is indicated, and he added that through its example St Clare's hoped to demonstrate the desirability of the procedure to other institutions *

The New York State Board of Social Welfare has granted a charter permitting the establishment of a community hospital in Riverhead, conditioned upon the raising of a minimum of $100,000 A hearing on the application submitted by a group of County Seat citizens who originated the project was held on September 18

The next step toward the nonprofit, nonsectarian institution is a finance campaign, and pledges, which will be voided if the certificate of incorporation is not filed on or before next December 31, are now being solicited George H Perkins has been chosen to act as trustee and treasurer of the hospital association *

• • •

A veterans' rehabilitation clinic was opened on November 7 at the Vanderbilt Clinic, New York City, a part of the Columbia-Presbyterian Medical Center, it was announced by Charles P Cooper, president of the board of trustees of the Presbyterian Hospital The clinic will be known as the veterans' rehabilitation clinic of the Presbyterian Hospital and will hold sessions on succeeding Wednesday nights

At the beginning the clinic will be staffed by twelve psychiatrists As need arises, the number will be increased Veterans desiring appointments should call WAdsworth 3-2500, Extension 7491 A committee of laymen is being formed to aid the clinic in problems of employment

The clinic, according to Mr Cooper, "represents a community effort to meet the needs of returned veterans for psychiatric treatment and rehabilitation" and will furnish all services free *

•

Pointing out that the need for blood for wounded sailors and marines recuperating at local naval hospitals had not slackened with the war's end, Capt E D McMorries, medical officer in command of the United States Naval Hospital at St. Albans, Queens, announced on November 2 the setting up at the hospital of a new blood bank It will provide whole blood and plasma to wounded patients at all the Naval hospitals of the Third Naval District, which comprises New York, Connecticut, and Northern New Jersey

Captain McMorries called for civilian volunteers to donate their blood at the hospital The blood bank will be under direction of Lt Oscar Auerbach, designated as plasma-bank officer for the Third Naval District Persons wishing to contribute blood should call Jamaica 6-1000 and ask for the blood bank *

• •

Operated by the Army since July 10, 1943, the Bronx Area Station Hospital has been declared surplus by the Surgeon General The hospital was taken over from the Lebanon Hospital Association, and has been used to give medical care to various military units in the metropolitan area, as well as soldiers home on furlough More than one thousand, five hundred officers and enlisted men and women have been hospitalized there *

• • •

The city's first medical center devoted to the

[Continued on page 102]

* Asterisk indicates that item is from a local newspaper

Doctor—Judge

PHILIP MORRIS *suggests you judge* from the evidence of your own *personal* observations the value of PHILIP MORRIS Cigarettes to your patients with sensitive throats

PUBLISHED STUDIES* SHOWED WHEN SMOKERS CHANGED TO PHILIP MORRIS SUBSTANTIALLY EVERY CASE OF THROAT IRRITATION DUE TO SMOKING CLEARED COMPLETELY, OR DEFINITELY IMPROVED

But naturally, no published tests, no matter how authoritative, can be as completely convincing as results you will observe for yourself



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, NEW YORK, N Y

**Laryngoscope, Feb 1935 Vol, XLV No 2 149-154*
Laryngoscope Jan. 1937, Vol XLVII No 1 58 60

TO THE DOCTOR WHO SMOKES A PIPE. We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

[Continued from page 100]

training of doctors, nurses, and specialized personnel in the care of infantile paralysis patients has been started at Knickerbocker Hospital, New York City, it was announced on October 7

The new center, which will serve as a "model unit" for teaching and research, was announced jointly by Basil O'Connor, president of the National Foundation for Infantile Paralysis, George L Shearer, chairman of the foundation's Greater New York Chapter, and A. Robert Munro, president of the hospital

The teaching and research aspect of the new service will be financed by a grant of $100,000 from the National Foundation, while $425,000 from the local chapter will pay for special equipment and treatment of patients

Pointing out that the new center was not intended to provide care for all paralysis sufferers in the city, but to serve as a training center for professional personnel, Mr Munro said that when the Knickerbocker unit was in full operation, it would draw physicians from all over the country interested in treating the disease

It will give them the opportunity to study care of the disease under ideal conditions, to study the latest types of treatment At present there are 19 patients, but 35 can be accommodated.

The new unit is expected to make it possible to treat infantile paralysis cases in one hospital from the onset of the disease until final disposition instead of having patients attend several institutions at various stages of the disease for different treatment.

Dr Philip M Stimson, associate attending pediatrician at New York Hospital and associate professor of clinical pediatrics at Cornell University, will direct the new service He will be assisted by Dr Dorothy Jackson, resident physician at Knickerbocker Hospital and formerly resident physician in poliomyelitis at Willard Parker Hospital

In addition, the staff will include two physicians, five physical therapists, one occupational therapist, eighteen nurses, an executive secretary, and several persons trained in the application of "hot packs"

The new unit will occupy the entire fifth floor of the hospital Phases of treatment will include pediatric care, physiotherapy, rehabilitation and occupational therapy, and orthopedic support and reconstruction.*

• • •

A substantial move toward freeing Mount Vernon Hospital of indebtedness on two mortgages totaling $281,000 was taken on October 6 when a check for $81,000 was forwarded to the Connecticut Mutual Life Insurance Company, holder of the mortgages

The payment, made from cash already subscribed to the hospital's fund-raising campaign, will effect a sizable saving in the interest requirements, the rate of which, in itself, represents annual payments totaling thousands of dollars.

Frederick M Linder, treasurer of the hospital, stated that the payment marked the first big step toward relieving the hospital of heavy mortgage indebtedness with which it has been saddled for years. The two mortgages carry a 4½ per cent interest rate.*

• • •

Geneva General Hospital is among the fifteen hospitals of five counties which will participate in the organization to administer the award from the 37-year-old Commonwealth Fund established by the late Mrs Stephen V Harkness, oil-fortune heiress, for "the welfare of mankind" Selection of Rochester to become the center of an experiment by the Commonwealth Fund in the regional organization of hospital care was recently announced.

Chosen from among twenty medical teaching centers of the nation to test the type of area hospital development long in the minds of medical and health authorities, the Rochester region will receive $275,000 a year for five years with the possibility of renewal for an additional five years The money will be used for educational purposes and for building programs and equipment of outlying hospitals

Fifteen hospitals of five counties will participate in the organization to administer the award *

• • •

A new 1,000-bed veterans' hospital will be erected in Buffalo at a cost of $10,000,000 as part of a program approved by President Truman and announced on October 19 by Gen Omar N Bradley, Veterans Administrator

Mr Truman has approved locations for nineteen new veterans' hospitals and additions to nineteen existing facilities The Batavia Veterans Facility will be changed to a tuberculosis hospital, utilizing 294 beds, while $500,000 is provided for one hundred additional beds at Bath. Little cost will be involved in the shift at Batavia

Reason for locating the new hospital in Buffalo was availability of a large number of physicians and surgeons in that city, who would be able to give part-time service There was no indication of any change at Canandaigua

Gen Bradley declared that the hospitals and additions will provide 15,276 new beds for Veterans Administration patients "These beds," he said, "are part of the 29,100-bed program approved by President Truman on August 4, last, at which time approval was given to the program without commitment as to the location of any of the beds authorized"

The remainder of the construction program will be deferred until the next fiscal year, beginning July 1, 1946 Sites for the remaining new constructions will be announced later *

• • •

According to Col. John Hadley, manager of the Bath U S. Veterans Administration Facility, addition of a new 100-bed dormitory for women veterans at the Facility will increase capacity of the Facility to 2,006 persons At present the Facility lists 42 hospital beds and accommodations for 1,478 domiciliary veterans, for a 1,906-person total *

• • •

Plans for expanding private and semiprivate bed facilities of Binghamton City Hospital have been disclosed by the Hospital Board of Managers

In a letter to City Council, the board said it was planned to open the second floor of the isolation building, now unused, to private and semiprivate patients

Dr Joseph F Roe, secretary of the board, said to do this it would be necessary to build a bridge connecting the rear of the isolation building with a passageway running between the Maternity and Doctors' Memorial Buildings *

[Continued on page 104]



Take Advantage of VITAMIN 'B' SOLUBLE (WALKER) IN ALCOHOLISM THERAPY

Vitamin B holds a well-recognized place in the treatment of alcoholism Alcoholic polyneuropathy is said by Jolliffe[1] to be unquestionably due to vitamin B_1 deficiency Romano[2] states that both vitamins B_1 and B_2 have definite value in this condition It is also believed that the addition of nicotinamide hastens recovery of the patient. (Spies, Sydenstricker, Jolliffe)

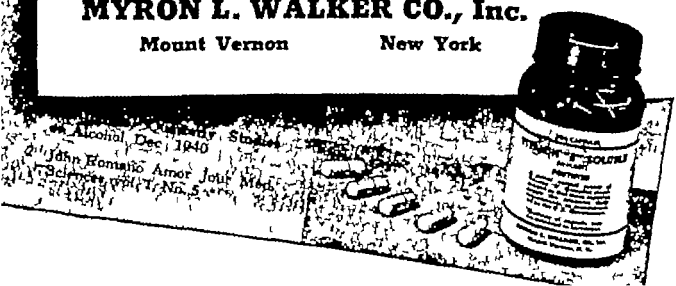
Vitamin "B" Soluble (Walker) supplies all the factors of the B complex, plus additional fortification of various constituents Each capsule contains 3 grains brewers yeast concentrate, 1 mgm Thiamin HCL, 1 mgm Riboflavin, 5 mgm. Nicotinamide, 30 mgm. Ascorbic Acid The dosage potency is regulated by the physician according to severity of the symptoms

The generous use of Vitamin "B" Soluble (Walker) preceding and following indulgence in alcohol, does much to prevent symptoms of depression and nervous irritability that so commonly occur In bottles of 30 and 100 capsules

Liberal samples gladly sent on request

MYRON L. WALKER CO., Inc.

Mount Vernon **New York**



[Continued from page 102]

Gifts of money ranging from $1 to $50,000 and the special gift of a 109-carat diamond were announced on October 31 at a luncheon at the Waldorf-Astoria Hotel opening the New York campaign for funds to construct a $3,000,000 Alfred E Smith memorial at St Vincent's Hospital Total predrive contributions were estimated at $400,000

Among the recent gifts announced were three of $50,000 each from Mr and Mrs John J Raskob, the Friedsam Foundation, and Martha Hall Foundation In addition, the Archbishop told of another last-minute anonymous contribution "greater than any others yet received" A gift of $25,000 came from the Murray Foundation, $20,000 from the United States Lines, $18,000 from Bernard Baruch, $12,000 from Joseph P Grace, $10,000 each from Hearst Publications and Vincent Astor Mayor LaGuardia donated $1,000 from his special welfare fund *

* * *

More than three hundred and fifty of the leading administrators of the one hundred and one voluntary and municipal hospitals of Greater New York met on October 26 in the Astor Gallery of the Waldorf Astoria Hotel to formulate plans for their part in the Victory Loan campaign

John F McCormack, who heads the War Bond Committee of the Greater New York Hospital Association, and who is superintendent of Presbyterian Hospital, presided

Speakers were Cmdr G H Ekblad, senior medical officer of the carrier *Enterprise*, Lt Robert A. Sherry, AAF, a veteran of both the China-India-Burma and European fronts, Frederick W Gehle, chairman of the War Finance Committee for New York, Mrs Courtlandt D Barnes, the vice-chairman, and William E Cotter, chairman for Greater New York. Miss Rosemarie Brancato, opera and concert star, sang

The hospitals will dedicate their Victory Loan bond sales to the hospitalization and rehabilitation of wounded veterans Hospitals which achieve their goal in the drive will be awarded citations by the Surgeon Generals of the Army and of the Navy

* * *

Dr Harry Woodburn Chase, chancellor of New York University, and William H Zinsser, president of the Board of Trustees of Lenox Hill Hospital, have announced that a teaching affiliation has been established between the New York University College of Medicine and Lenox Hill Hospital

Under the terms of affiliation the teaching program at Lenox Hill Hospital will be established on the graduate and postgraduate level, as well as on the undergraduate level

For some years undergraduate elective courses have been given at Lenox Hill by the directors of the surgical services, Dr Carl Eggers, Dr John Gerster, Dr Otto Pickhardt, and Dr DeWitt Stetten, who also hold the posts of clinical professors of surgery at New York University In addition, the cardiac clinic at Lenox Hill, under the direction of Professor Clarence de la Chapelle, assistant dean of the New York University College of Medicine, has been utilized for elective work in the junior and senior years The new affiliation also makes possible the extension of undergraduate teaching to other departments of the hospital

On the graduate level, internships, residencies, and also fellowships which may be established at the hospital will carry with them eligibility for additional training in the basic sciences at the college Opportunities for physicians already engaged in practice will also be possible through lectures, clinics, and demonstrations and other forms of such courses These are being planned by the medical board of the hospital

The medical board of Lenox Hill Hospital has created a committee on medical education to serve as the liaison between the college and the hospital in the establishment of the teaching program Quite a number of the members of the Lenox Hill staff are already members of the New York University College of Medicine faculty, and officials of both institutions predict that this number will be increased appreciably in the coming year

Necrology

James H Brennan, M D, of New Rochelle, died on November 26 at the age of 73 Dr Brennan received his medical degree from Long Island College of Medicine, in 1898, and served his internship at Bellevue and Fordham Hospitals He established his practice in New Rochelle in 1898 and retired nine years ago

Manning C Field, M D, of Brooklyn, died at his home on November 29 He was 54 years old Dr Field was graduated in 1916 from the College of Physicians and Surgeons, Columbia University He was a member of the American Academy of Pediatrics, the medical societies of the County of Kings and New York State, and the American Medical Association He was attending pediatrician at the Brooklyn and Cumberland hospitals

Henry Andrew Fisher, M D, of Brooklyn, died on December 4 at the age of 58 Dr Fisher was formerly attending urologist at the Brooklyn and Norwegian Hospitals He received his medical degree from the Long Island College of Medicine, in 1909, and was a Fellow of the American College of Surgeons, a Diplomate of the American Board of

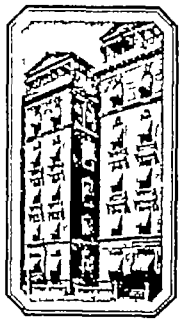
[Continued on page 106]

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment of endorsed by many physicians Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY

COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24 N Y Tel SChuyler 4-0770

YONKERS PROFESSIONAL HOSPITAL

The Yonkers Professional Hospital has en larged its bed capacity to meet the increas ing demand for the care of convalescents, post-operative cases, invalids and patients suffering from chronic ailments
Modern Fire-proof building Excellent location.
Rates from $35 00 per week, and up. Physicians are privileged to treat their own patients.

Yonkers 3-2100
26 Ludlow St Yonkers, N Y

No contagious or mental cases accepted.

FALKIRK
IN THE
RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg

CENTRAL VALLEY, Orange County N. Y

HALCYON REST

764 BOSTON POST ROAD RYE, NEW YORK

Henry W Lloyd, M D Physician-in-Charge

Licensed and fully equipped for the treatment of nervous, mental drug and alcohol patients, including Occupational therapy Beautifully located a short distance from Rye Beach. TELEPHONE: RYE 550 *Write for illustrated booklet*

PINEWOOD

Route 100 Westchester County Katonah, New York

Licensed by the Department of Mental Hygiene
In addition to the usual forms of treatment (occupational therapy physiotherapy outdoor exercise, etc.) we specialise in more specific techniques All forms of shock therapy Psychological and physiological studies. Psychoanalytic approach. Group psychotherapy

DR. JOSEPH EPSTEIN } Physicians in Charge
DR. LOUIS WENDER } Tel. Katonah 775

Dr Max Friedemann, Senior Psychiatrist

N Y Offices: 59 East 79th St. Tel. Butterfield 8-0580

BUY VICTORY BONDS

NO COLLECTION — NO CHARGE

20 years of friendly dealings with patients in your community have taught us how and when to collect. *Write* Our local man will do all the work of compiling the list. You just have to blue-pencil it.

NATIONAL DISCOUNT & AUDIT CO
Herald Tribune Bldg New York 18, N Y

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y

FOR MENTAL AND NERVOUS PATIENTS. An unInstitutional atmosphere. Treatment modern, scientific, individual. Moderate rates. Licensed by dept. of Mental Hygiene. (See also our advertisement in the Medical Directory of N Y., N J and Conn) Address inquiries to MARGARET TAYLOR ROSS, M.D *Physician-in-Charge*

WEST HILL

West 252nd St. and Fieldston Road
Riverdale-on-the-Hudson, New York City

For nervous mental, drug and alcoholic patients The sanitarium is beautifully located in a private park of ten acres. Attractive cottages, scientifically air-conditioned. Modern facilities for shock treatment. Occupational therapy and recreational activities Doctors may direct the treatment. Rates and illustrated booklet gladly sent on request.

HENRY W. LLOYD, M.D *Physician in Charge*
Telephone Kingsbridge 9-3440

[Continued from page 104]

Urology, and a member of the American Urological Society, the New York Urological Society, the Brooklyn Urological Society, the medical societies of Kings County and New York State, and the American Medical Association.

Louis K. Henschel, M D , of Huntington, Long Island, died on November 27 at the age of 66 Dr Henschel was a graduate of the College of Physicians and Surgeons of Columbia University, class of 1906 He was assistant to the superintendent of the New Jersey State Hospital, and also served in the Veterans Administration as psychiatrist

Joseph Nash, Lt Col ,(MC),AUS, of New York City, was killed in an aircraft accident over Germany on November 8 He was 43 years old, and was associate visiting surgeon at Bellevue Hospital and associate professor of clinical surgery at New York University College of Medicine before entering the Army in 1941 While overseas he was chief of the surgical service of the 90th General Hospital in England, later being transferred to France Colonel Nash received his medical degree from New York University College of Medicine, in 1926, and was later appointed instructor in surgery at New York University and visiting clinical surgeon at Bellevue Hospital He was author of a textbook entitled *Surgical Physiology,* and was also a member of the staff of the French and Polyclinic hospitals He was a Diplomate of the American Board of Surgery, a Fellow of the American College of Surgeons, and a member of the Medical Society of the State of New York and the American Medical Association

James Harper North, Jr , M D , of New York City, died on December 1 at his home He was 81 years old Dr North was a graduate of New York University College of Medicine, class of 1887 He was former medical director of the New York Life Insurance Company and had practiced in New York City for more than fifty years

Harry A D O'Connor, Capt ,(MC),USNR, chief of surgery at the Naval Hospital in Brooklyn, died on November 28 at the age of 50 Before entering the service he was assistant professor of clinical surgery at the New York University College of Medicine, from which he received his medical degree in 1921, and was assistant surgeon at Bellevue Hospital and surgeon at New York University Clinic He interned at Bellevue Hospital and Lying-In Hospital, was a Fellow of the American College of Surgeons and the Academy of Medicine, and was a member of the Medical Society of the State of New York and the American Medical Association.

Darwin C Perkins, M D , of Jamestown, died on November 27 at the age of 66 Dr Perkins was a Fellow of the American College of Surgeons, a Diplomate of the American Board of Obstetrics and Gynecology, and past-president of the Jamestown Medical Association He was also a member of the Chautauqua County Medical Society, the Medical Society of the State of New York, and the American Medical Association. He had been a practicing physician and surgeon in Jamestown for almost forty years He received his medical degree from the New York Homeopathic Medical College in 1906

Archibald D Smith, M D , of Garden City, died on November 22 at the age of 69 Dr Smith was consulting pediatrician and former chief pediatrician at Brooklyn Hospital, clinical assistant in pediatrics at Bellevue Hospital, and attending pediatrician at Bushwick and East Brooklyn hospitals A graduate of the College of Physicians and Surgeons, Columbia University, he was a Fellow of the American College of Physicians and the American Academy of Pediatrics, and a member of the Brooklyn Pediatric Society, the medical societies of Nassau County and New York State, and the American Medical Association.

David H Sprague, M D , of Central Valley, died on November 25 at the age of 81 Dr Sprague received his medical degree in 1886 from New York University College of Medicine

Frank A Winship, M D , of Eagle Mills, died on December 3 at the age of 82 He was graduated from Albany Medical College in 1888, and was a member of the Rensselaer County Medical Society, the Medical Society of the State of New York, and the American Medical Association

---

"DOCTOR JONES" SAYS—

Mushrooms—you know they're quite interesting things, when you stop to think of it The way a mushroom'll grow up overnight and shrivel up almost as quickly—a business concern or something that has rapid growth but don't last long, we call it a "mushroom growth" And mushrooms they can be beautiful and, if they're the right kind, they're highly desirable but if they aren't we'd better keep away from 'em Yes, they're more or less like some—but I guess maybe we'd better not carry our analogies too far

At any rate mushrooms are the fruits of fungus plants There's hundreds of varieties, a lot of 'em edible and a comparatively few that're poisonous in various degrees There's several varieties of a species they call Amanita phalloides (one of 'em they call it "The Destroying Angel"), it's these that're responsible for most of the fatal cases of poisoning Upwards of 40 per cent of the poisonings with this species are fatal There's other poisonous varieties where they're liable to be pretty sick but don't usually die

The botanists, so I was reading—people are always asking 'em how to tell mushrooms from toadstools Well, the answer is they're all mushrooms I s'pose any of 'em that, if you've got a good imagination, look as if a toad might sit on 'em, you can call 'em "toadstools" if you want to A lot of people, though, when they speak of toadstools they're thinking of the poisonous ones

Taking mushrooms generally, according to the best authorities, there's no "rule" you can apply to tell which are edible and which are poisonous To be safe picking wild ones you've got to know the various kinds so well that, as one fellow expresses it, you can recognize 'em as easily as you can the members of your own family

But anybody that likes that delicate mushroom flavor (and I don't know why I do because it always reminded me of the way a soapy dishrag smells) if he's interested and got ordinary intelligence, having to get well acquainted with 'em is no great obstacle And even people—you have to know 'em pretty well before you can be sure of keeping away from the occasional poisonous ones —*Paul B Brooks, M D , in Health News, July 9, 1945*

ANNOUNCING WINTER-SPRING COURSES

of the

AMERICAN INSTITUTE FOR PSYCHOANALYSIS

under the auspices of the

ASSOCIATION FOR THE ADVANCEMENT OF PSYCHOANALYSIS

1. Training for psychiatrists who wish to become certified to practice psychoanalysis.

2. Postgraduate orientation courses for physicians and psychiatrists

Psychoanalytic Technique — Advanced
Continuous Case Seminar
Child Psychiatry
Pioneers in Psychoanalytic Thinking
Seminar on Personal Case Histories

For information regarding requirements for admission, tuition, loan fellowships, and time and place of meetings, write for Curriculum to the Dean a office: Karen Horney M.D. American Institute for Psychoanalysis 135 East 63rd Street, New York 21 N Y

THE MAPLES INC., Rockville Center, L. I.

A sanitarium especially for invalids, convalescents, chronic patients, post-operative, special diets and body building. Six acres of landscaped lawns. Five buildings (two devoted exclusively to private rooms). Resident Physician. Rates $21 to $50 Weekly

MRS M. K. MANNING, Supt. — Tel: ROCKVILLE CENTER 3660

LOUDEN-KNICKERBOCKER HALL, INC

81 LOUDEN AVENUE - Tel Amityville 53 - AMITYVILLE, N Y

A private sanitarium established 1886 specializing in NERVOUS and MENTAL diseases.

Full information furnished upon request

JOHN F LOUDEN *President* — JAMES F VAVASOUR, M D *Physician in Charge*

NEW YORK CITY OFFICE, 67 West 44th St., Tel. VAnderbilt 6-8782

DR. BARNES SANITARIUM

STAMFORD, CONN.

45 minutes from N Y C. via Merritt Parkway

For treatment of Nervous and Mental Disorders, Alcoholism and Convalescents. Carefully supervised Occupational Therapy. Facilities for Shock Therapy. Accessible location in tranquil, beautiful hill country. Separate buildings.

F H. BARNES, M.D., Med. Supt. *Tel. 4-1143

BRUNSWICK HOME

A PRIVATE SANITARIUM. Convalescents, postoperative aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M. D. Supt.

B'way & Louden Ave., Amityville, N. Y., Tel:1700 1 2

'INTERPINES'

Goshen, N Y.

Phone 117

Ethical — Reliable — Scientific

Disorders of the Nervous System

BEAUTIFUL — QUIET — HOMELIKE

Write for Booklet

FREDERICK W SEWARD M. D., *Director*
FREDERICK T SEWARD, M. D., *Resident Physician*
CLARENCE A. POTTER, M. D., *Resident Physician*

IN WHOOPING COUGH

ELIXIR BROMAURATE IS A UNIQUE REMEDY OF UNIQUE MERIT

Cuts short the period of the illness and relieves the distressing cough. Also valuable in BRONCHITIS and BRONCHIAL ASTHMA. In four-ounce original bottles. A teaspoonful every 3 or 4 hours (Contains one-half grain Gold Tribromide in one fluidounce. Alcohol 2½% by volume.)

GOLD PHARMACAL CO., New York

While I am not an otolaryngologist, I encountered the following case of deafness in my general practice, which I treated with a solution of benzyl cinnamate (Jacobson's solution)

A woman, 35 years of age, married, with two children, 11 and 7½ years old, came to me complaining of deafness in the right ear She could not enjoy movies, stage shows, or radio, and when talking on the telephone "mixed sounds" were all she could hear At infancy, the patient claims, she had an upper respiratory infection complicated by otitis media purulenta The local lesion cleared up, with resultant deafness, which she had up until the time she came to see me The patient was also subject to hay fever, rose fever, and dust and food allergies There was no complaint of tinnitus or vertigo

On August 29, 1945, a first series of twelve injections, beginning with 0 3 cc of solution of benzyl cinnamate (Jacobson's solution), was started and gradually increased to 1 cc By the time she received the third injection, the patient complained of a "drawing feeling" On September 21 the patient had a slight discharge from the right ear which cleared up No improvement in hearing was noted at this time A second series of injections was started on September 24, and after the seventh injection hearing improved slightly The hearing then began to improve gradually and the patient stated she could hear with ease at the theater and over the telephone A third series was started on October 18 and completed on October 29, at which time the patient expressed delight at hearing "perfectly"

Because this case of deafness, present for over thirty years, was so improved in a short time with this simple treatment with Jacobson's solution, I feel that this observation merits publication

ELIAS D PADERNACHT, M D
8100 Bay Parkway
Brooklyn, New York

National Headquarters
Selective Service System
21st and C Streets N W
Washington 25, D C

Medical Society of the State of New York
292 Madison Avenue
New York 17, New York

Gentlemen

This will acknowledge receipt of yours of October 31 with the Resolution on Restoration of Prewar Medical Educational and Intern System, and Resolution on Early Release of Doctors from Armed Services

Concerning the Restoration of Prewar Medical Educational and Intern System we may advise you that the Selective Service System has no further interest in the acceleration program of medical education Bona fide medical students actually pursuing a course in medicine are subject to consideration for deferment, and this deferment may extend over a normal period of vacation The intern who has completed his medical education may be given consideration for deferment when it is established that he is performing an essential service to the national health, safety, or interest

The release of doctors from the armed services is a matter which is not within the province of the Selective Service System

Sincerely yours,

CARLTON S DARGUSCH, Colonel, J A G D,
Deputy Director

Bureau of Medicine and Surgery
Navy Department
Washington 25, D C

W P Anderton, M D , Secretary
Medical Society of the State of New York
292 Madison Avenue
New York 17, New York

Dear Doctor Anderton

I wish to acknowledge receipt of your letter of October 31, with enclosure (Resolution adopted by the Medical Society of the State of New York)

With reference to the release of medical officers from the Navy, I wish to submit the following information

The demobilization program promulgated by the Navy Department established the point score at sixty (60) points for Reserve medical officers for release from active duty This did not include personnel classified as essential teachers, hardship cases, or medical officers released due to medical disabilities and essential to local communities There were nine hundred and fifty-five (955) Reserve medical officers eligible for release whose point score was in excess of sixty (60) points On 10 October, 1945, the Navy Department reduced the point score for Reserve medical officers to fifty-three (53) points Through this reduction, four thousand (4,000) Reserve medical officers were eligible for release, effective 1 November, 1945 In other words, four thousand (4,000) Reserve medical officers comprise approximately thirty-three per cent of all medical officers serving on active duty The Navy Department recently issued a directive lowering the point score for Reserve medical officers to fifty-one (51) points, effective 1 January, 1946 This will include accumulative total of over five thousand five hundred (5,500) Reserve medical officers eligible for release on the point-score formula

During the war, and present National Emergency, the Medical Department has experienced a great shortage of medical officers With the advent of V-J Day, there was a shortage of over three thousand (3,000) medical officers, and it was necessary to assign in excess of eight hundred (800) medical officers to separation centers for duty in connection with the examinations and procedures pertaining to the separation of Naval and Marine Corps personnel under the demobilization program

You may be assured the Navy Department will make every effort to accomplish the release to inactive duty of all Reserve medical officers at the earliest possible date consistent with providing adequate medical attention to personnel of the Navy, Marine Corps, and Coast Guard

With kind regards,

Very sincerely,

ROSS T MCINTIRE, Vice Admiral (MC)
Surgeon General, U S Navy

SELECTION AND FITTING OF HEARING AIDS

Thomas H Halsted, M D , F.A C S
Otologist, Specialising in the Fitting of Hearing Aids
Representative for
AUREX, BELTONE, OTRONIC, PARAVOX, RADIO EAR, TELEX WESTERN ELECTRIC
Hours 9:30–4.30. Saturday 9.30 1·00 By appointment
475 Fifth Avenue (cor 41st St.) New York City (17)
Le 2-3427

Ophthalmological practice and optical shop in Northern New York. Attractive income Easy terms. Box 4 N Y St. Jr Med

NOTICE

Dr John R. Bradley's home, office and garage for sale. Retiring. Here 30 years 331 Glenwood Ave., Rochester 13, N Y

PATENT ATTORNEY

Z. H. POLACHEK, Patent Attorney Engineer
Specialist in patents and trademarks. Confidential advice
1234 Broadway N Y C. (at 31st) LOngacre 5-3033

OPHTHALMOLOGIST

Veteran American Board desires location partnership industrial position, or will buy practice. Box 3918 N Y St. Jr Med.

CLASSIFIED

Classified Rates

Rates per line per insertion:

One time	$1 10
3 Consecutive times	1.00
6 Consecutive times	.80
12 Consecutive times	.75
24 Consecutive times	.70

MINIMUM 3 LINES

Count 7 average words to each line

Copy must reach us by the 20th of the month for issue of First and by the 5th for issue of Fifteenth.

Classified Ads are payable in advance. To avoid delay in publishing remit with order

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service. Paine Hall graduates have character, intelligence, personality and thorough technical training. Let us help you find exactly the right assistant.

Est 1917 Paine Hall

101 W 31st St. New York
BRyant 9-2831
Licensed by State of N Y

FOR SALE

3 family house in Brooklyn Ground floor—10 rooms occupied by physician who expects to retire and will introduce purchaser to his practice Box 3014 N Y St. Jr Med

Physio-Therapist registered License N Y State, long experience best references seeking connection with doctor or institution Call Unl. 4 2305—or write Joe A Freiman 514 W 114th St., New York 25, N Y

ZEMMER

Prescribe or Dispense
Zemmer Pharmaceuticals
A complete line of laboratory controlled ethical pharmaceuticals. NY 1-48
Chemists to the Medical Profession for 44 years.
The Zemmer Company Oakland Station Pittsburgh 13, Pa

Officers—County Medical Societies—1946

TOTAL MEMBERSHIP AS OF JANUARY 1, 1946—19,396

County	*President*		*Secretary*		*Treasurer*	
Albany	A. J Wallingford	Albany	H L. Nelms	Albany	F. E Vosburgh	Albany
Allegany	I Felsen	Wellsville	E B Perry	Belfast	D Grey	Belfast
Bronx	F La Gattata	Bronx	G B. Gilmore	Bronx	J. A. Landy	Bronx
Broome	F G Moore	Endicott	J C Zillhardt	Binghamton	L. J. Flanagan	Binghamton
Cattaraugus	L R. Stoll	Salamanca	W. R Ames	Olean	W R Ames	Olean
Cayuga	C E Goodwin	Weedsport	L W Sincerbeaux	Auburn	L H. Rothschild	Auburn
Chautauqua	R. M Bruckheimer	Cassadaga	E Bieber	Dunkirk	C E Hallenbeck	Dunkirk
Chemung	W T Boland	Elmira	E. D Smith	Elmira	M F Butler	Elmira
Chenango	A. K Benedict	Sherburne	J H Stewart	Norwich	J H Stewart	Norwich
Clinton	W H Ladue	Plattsburg	K M Clough	Plattsburg	K M Clough	Plattsburg
Columbia	J W Mambert	Hudson	L J Early	Hudson	L J Early	Hudson
Cortland	R P Carpenter	Cortland	W A Wall	Cortland	F F Sornberger	Cortland
Delaware	D. R. Corke	Hobart	F R. Bates	Walton	F R. Bates	Walton
Dutchess	D. A. Malven	Poughkeepsie	A. A. Rosenberg	Poughkeepsie	A. A. Rosenberg	Poughkeepsie
Erie	A. H Aaron	Buffalo	L. W Beamis	Buffalo	R. L Scott	Buffalo
Essex	J Breen	Schroon Lake	J E Glavin	Port Henry	J E Glavin	Port Henry
Franklin	J N Hayes	Saranac Lake	D H Van Dyke	Malone	D H Van Dyke	Malone
Fulton	M Kennedy	Gloversville	L. Tremante	Gloversville	A. H. Sarno	Johnstown
Genesee	P P Welsh	Leroy	P J Di Natale	Batavia	P J Di Natale	Batavia
Greene	E G Mulbury	Windham	W M Rapp	Catskill	M H. Atkinson	Catskill
Herkimer	B J Kelly	Frankfort	F C Sabin	Little Falls	A L Fagan	Herkimer
Jefferson	H. G Farmer	Watertown	C. A. Prudhon	Watertown	L E Henderson	Watertown
Kings	J Tenopyr	Brooklyn	B M Bernstein	Brooklyn	I E Sirus	Brooklyn
Lewis	H. E Chapin	Lowville	J F Rudmin	Port Leyden	J F Rudmin	Port Leyden
Livingston	H. J Schneckenburger	Nunda	F J Hamilton	Hemlock	F J Hamilton	Hemlock
Madison	F Ottaviano	Oneida	L S Preston	Oneida	G S Pixley	Canastota
Monroe	S S Bullen	Rochester	C S Lakeman	Rochester	J L Norris	Rochester
Montgomery	J A. Dickson	Amsterdam	S Partyka	Amsterdam	M T Woodhead	Amsterdam
Nassau	W C Atwell	Great Neck	W C Freese	Baldwin	W C Freese	Baldwin
New York	Kirby Dwight	New York	B. W Hamilton	New York	F. Beekman	New York
Niagara	W E Mathews	Niagara Falls	C. M Brent	Niagara Falls	G C Stoll	Niagara Falls
Oneida	A F Gaffney	Oriskany Falls	O J McKendree	Utica	H D MacFarland	Utica
Onondaga	F S Wetherell	Syracuse	I L Ershler	Syracuse	A C Hofmann	Syracuse
Ontario	B C Hurlbutt	Rushville	D. A Eiseline	Shortsville	D A. Eiseline	Shortsville
Orange	G E Kenny	Port Jervis	E. C Waterbury	Newburgh	E C Waterbury	Newburgh
Orleans	L G Ogden	Holley	A. H. Snyder	Holley	A. H Snyder	Holley
Oswego	H F McGovern	Fulton	W F Fivaz	Fulton	W F Fivaz	Fulton
Otsego	P von Haeseler	Gilbertsville	R. F C Kegel	Cooperstown	J M Constantine	Oneonta
Putnam	G H Steacy.	Lake Mahopac	Garrett W Vink	Carmel	Garrett W. Vink	Carmel
Queens	E C Veprovsky	Flushing	E A. Wolff	Forest Hills	A. A. Fischl	Long Island City
Rensselaer	J F Connor	Troy	F J Fagan	Troy	F T Cavanaugh	Troy
Richmond	M S Lloyd	New York	H Friedel	St. George	H Dangerfield	St George
Rockland	E. W O'Dowd	Tappan	R. L Yeager	Pomona	M R. Hopper	Nyack
St. Lawrence	J P Smith	Norwood	C F Prairie	Massena	L T. McNulty	Potsdam
Saratoga	F G Eaton	Saratoga Springs	M J Magovern	Saratoga Springs	J M. Lebowich	Saratoga Springs
Schenectady	D G Smith	Schenectady	N H. Rust	Scotia	A. S Grussner	Schenectady
Schoharie	R. G S Dougall	Cobleskill	D R. Lyon	Middleburg	D L Best	Middleburg
Schuyler	W C Stewart	Watkins Glen	C W Schmidt	Montour Falls	C W Schmidt	Montour Falls
Seneca	B Riemer	Romulus	F W Lester	Seneca Falls	F W Lester	Seneca Falls
Steuben	J J Yanick	Hornell	R. J Shafer	Corning	R. J Shafer	Corning
Suffolk	R. W Southerland	Brentwood	E P Kolb	Holtsville	G. A. Sillman	Sayville
Sullivan	R. S Breakey	Monticello	D S Payne	Liberty	D. S Payne	Liberty
Tioga	H.L.Knapp,Jr	Newark Valley	I N Peterson	Owego	I N Peterson	Owego
Tompkins	R. H Broad	Ithaca	W Wilson	Ithaca	W Wilson	Ithaca
Ulster	M B Downer	Kingston	F H Voss	Kingston	C. B Van Gaasbeek	Kingston
Warren	B Diefendorf	Glens Falls	L. C. Huested	Glens Falls	L C Huested	Glens Falls
Washington	Z V D Orton	Salem	D M Vickers	Cambridge	C. A. Prescott	Hudson Falls
Wayne	D F Johnson	Newark	T C Hobbie	Sodus	T. C Hobbie	Sodus
Westchester	L D Redway	Ossining	H. E McGarvey	Bronxville	W A. Newlands	Tarrytown
Wyoming	A. Kosseff	Attica	G. W Nairn	Warsaw	G W Nairn	Warsaw
Yates	A. W Holmes	Penn Yan	R. F. Lewis	Penn Yan	R. F. Lewis	Penn Yan

SUGGESTIONS FOR CONTRIBUTORS TO THE *NEW YORK STATE JOURNAL OF MEDICINE*

The NEW YORK STATE JOURNAL OF MEDICINE asks its contributors to follow the suggestions listed below in the preparation of their articles In this way they will greatly facilitate the expeditious publication of the JOURNAL. These suggestions have been devised in order to save correspondence, avoid return of papers for changes, minimize the work of preparation for the printer, and save the high costs of corrections made on galley proof

Size of Articles.—It is earnestly desired that scientific articles shall not exceed 6 JOURNAL pages at the outside. Longer articles tend to lower reader interest. An average of five or six seems to be the most desirable from this point of view Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, e.g., twelve manuscript pages will make five JOURNAL pages

Manuscripts.—Papers must be typewritten on one side only of white sheets consecutively numbered, and be *double spaced* with one-inch margins. They should be prepared with great care so as to be typographically correct. All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin This is imperative for rapid and accurate composition by the printers

Titles.—The title should be *brief* and typed in capital letters. The subtitle can be longer and should be typed in caps and lower case letters. Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives. Directly under his name should be the hospital or institution with which he is affiliated

Subheadings.—Subheadings should be inserted by the author at appropriate intervals.

References.—It is the unfailing practice of the NEW YORK STATE JOURNAL OF MEDICINE to use specific "references" rather than "bibliography" There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference. A list, consecutively numbered, of these references should follow at the end of the manuscript (Note that spelling in list is same as in text.) The arrangement should be as follows and should include all items.

a. *Books*—author's surname followed by initials, title of book, edition, location and name of publisher, year of publication, volume, and page number Thus Osler, W Modern Medicine, 3rd ed., Philadelphia, Lea & Febiger, 1927, vol. 5, p. 57

b *Periodicals*—author's surname followed by initials, name of periodical, volume, page, month (day if necessary), year of publication Thus, Leahy, Leon J New York State J Med. 40 347 (March 1) 1940

NOTE The JOURNAL does not include titles of articles

Case Reports.—Instead of abstracts of hospital histories, authors should write these reports in a narrative style with properly completed sentences. All unimportant details should be deleted with such general negative statements as fit the case.

Tables.—While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page. For that reason it is urged that they be reduced as much as possible to descriptive language.

Illustrations.—These should be kept to the minimum necessary to make clear the points to be registered by the author In some instances they are imperative to proper understanding, in others they are merely picturesque. The latter can be excluded to good effect, both as to space and the not inconsiderable cost.

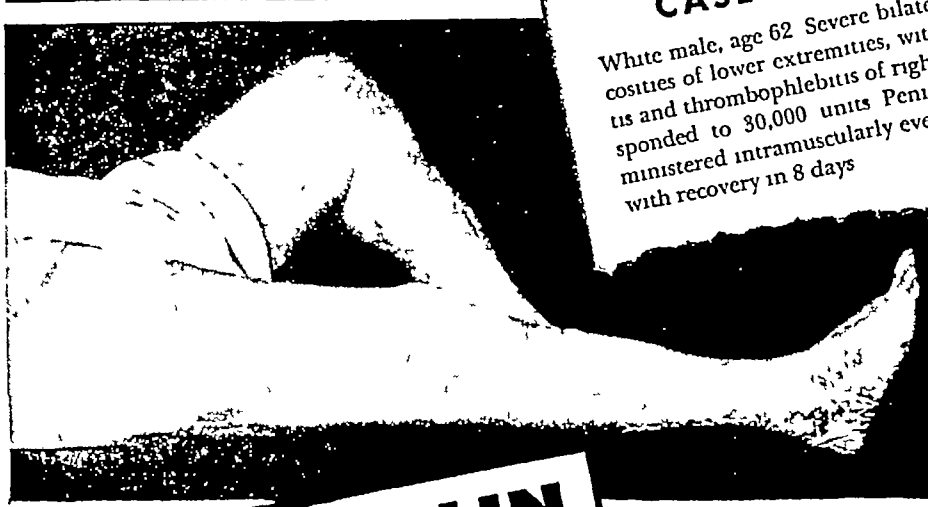
When illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number Drawings or graphs should not be larger than 12 × 16 inches, and must be made with jet black India ink on white paper *Do not use typewriter for lettering* The smallest lettering on 8 × 10 inch copy should be no less than 1/8 inch high. Cross-section paper (white with black lines) may be used, but should not have more than 4 lines per inch If finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer divisions. In the case of finely ruled paper, only blue-lined paper can be accepted. Lettering and all markings must be large enough to be readable after reduction Mail rolled or flat, never fold. Photographs should be very distinct and show clear black and white contrasts. They must be on glossy white paper Avoid round and oval photographs.

Whenever possible "crop" photographs, i.e., mark portion that can be excluded when reproduced. Crop marks should be on *margin* of photographs *Do not run pencil lines through photographs*

It is important to mark the top of the illustration on the back, also its number as referred to in the text, thus, Fig. 1, 2, and the name and address of the author

Legends should be typewritten on one sheet of paper and attached to the illustrations





CASE HISTORY

White male, age 62 Severe bilateral vari cosities of lower extremities, with cellulı tis and thrombophlebitis of right leg Re- sponded to 30,000 units Penicillin, ad ministered intramuscularly every 3 hours with recovery in 8 days

PENICILLIN in CELLULITIS

Serious local infections such as cellulitis due to hemolytic streptococcic infections—with or without bacteremia—respond rapidly and dramatically to Penicillin

Initial dosage of 15,000 to 20,000 units is advised. Constant intravenous injection of an isotonic sodium chloride solution follows, allowing administration of 5,000 to 10,000 units every hour, or 120,000 to 240,000 units in a twenty four hour period. If this method is found inadvisable, 20,000 to 40,000 units may be injected intramuscularly every three or four hours.*

Bristol Penicillin, because of its low toxicity and freedom from pyrogens, its absolute sterility and standard potency, provides dependable therapeutic action.

For additional current literature on the clinical uses of this potent antibiotic, refer to your issues of the BRISTOL PENICILLIN DIGEST

*Keefer C. S et al., New Dosage Forms of Penicillin, J.A.M.A. 128: 1161 (Aug. 18) 1945

BRISTOL
LABORATORIES
INCORPORATED

Other products of Bristol Laboratories include high-type parenteral medications such as Epinephrine Hydrochloride, Liver Injection, Estrogenic Substance in Oil, and Phenobarbital Sodium.

SYRACUSE 1, NEW YORK

Formerly Cheplin Laboratories Inc.

FRIED & KOHLER, Inc.

"True to Life"

Artificial Human Eyes

Especially Made to Order by Skilled Artisans





Comfort, pleasing cosmetic appearance and motion guaranteed Eyes also fitted from stock by experts. Selections sent on memorandum Referred cases carefully attended

FRIED & KOHLER, Inc.

Specialists in Artificial Human Eyes Exclusively

665 Fifth Avenue
(near 53rd Street)

New York, N Y
Tel Eldorado 5-1970

"Over Forty Years devoted to pleasing particular people"

MIGRAINE



"Emotional states, such as frustration, resentment, hostility and humiliation, associated with abrupt changes in the pace of living together with physical fatigue, activate the migraine mechanism"*

*Simons, D J, and Wolff, H G (The Management of Chronic Diseases of the Nervous System) M Clin N Am, p 434, March, 1944

'TABLOID'
'Empirin' COMPOUND

In bottles of 100 and 500 • *Acetophenetidin gr 2½* • *Caffeine gr ½* • *Acetylsalicylic Acid gr 3½* • *Also 'Tabloid' 'Empirin' Compound with Codeine Phosphate gr ⅛, gr ¼, and gr ½* • *'Tabloid' and 'Empirin' are Registered Trademarks*

BURROUGHS WELLCOME & CO (U S A) INC, 9 & 11 EAST 41st STREET, NEW YORK 17

More pleasure to you, Doctor!

THREE nationally known research organizations recently reported the results of a nationwide survey to discover the cigarette preferences of physicians and surgeons

Physicians all over the United States were asked the simple question "What cigarette do you smoke, Doctor?" The question was put solely on the basis of *personal preference as a smoker*

The thousands and thousands of answers from these physicians in every branch of medicine were checked and re-checked The result

> **More physicians named Camel as their favorite smoke than any other cigarette. And the margin for Camels was most convincing**

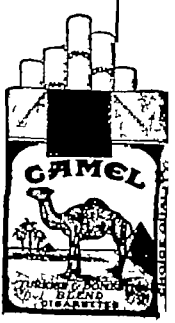
Certainly the average physician is busier today than ever before and is deserving of every bit of relaxation he can find in his day by-day routine a cigarette now and then if he likes And the makers of Camels are glad to know that physicians find in Camels that extra margin of smoking pleasure that has made Camels such a favorite everywhere.



According to this recent nationwide survey

More Doctors Smoke Camels

than any other cigarette



NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 JANUARY 15, 1946 NUMBER 2

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK *Publication Office* 20TH AND NORTHAMPTON STS., EASTON, PA *Editorial and Circulation Office* 292 MADISON AVE., NEW YORK 17, N Y *Change of Address* NOTICE SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS Twenty-five cents per copy—$2.00 per year *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa , under the Act of August 24, 1912.*

CONTENTS

SCIENTIFIC ARTICLES

An Effective Control Program for Rabies, *Robert H Broad, M D* , and *Alexander Zeissig, D V M* 167

The Possibility of Exterminating Mammary Carcinoma in Mice by a Simple Preventive Measure, *Ludwik Gross, M D* 172

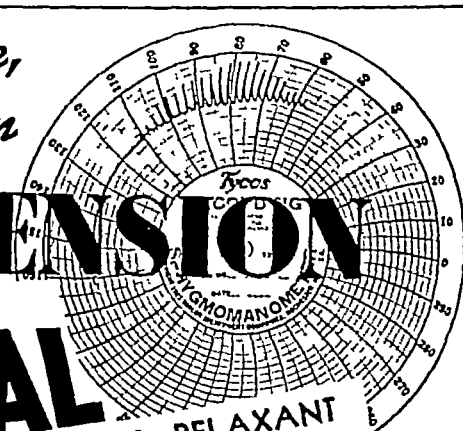
Thrombophlebitis and Phlebothrombosis, *Lawrence L Hobler, M D , F A C S* 177

Destructive Granuloma of Bone in the Skull, *Mardoqueo I Salomon, M D* , and *Charles L Engelsher, M D* 183

[Continued on page 118]

Over 15 Years of Effective, Smooth, Safer Control in

HYPERTENSION



DIURBITAL

• VASODILATOR • CARDIOTONIC • DIURETIC • RELAXANT

DIURBITAL directly relaxes blood vessels, lowers pressure gradually, substantially more safely than nitrites and cyanates. Improving nutrition of heart and relieving it of oppressing fluid enhances myocardial tone. Gentle sedation allays nervousness, headache, vertigo, etc.

DIURBITAL—A MORE COMFORTABLE LIFE for Patients with HYPERTENSION • ANGINA PECTORIS • MYOCARDITIS • DROPSY • ARTERIOSCLEROSIS WITH EDEMA

DIURBITAL* Tablets (enteric coated) each contain Theobromine Sodium Salicylate 3 grs ; Phenobarbital ¼ gr ; Calcium Lactate 1½ gr Bottles of 25 and 100 tablets.

*Trademark Reg. U S. Pat. Off.

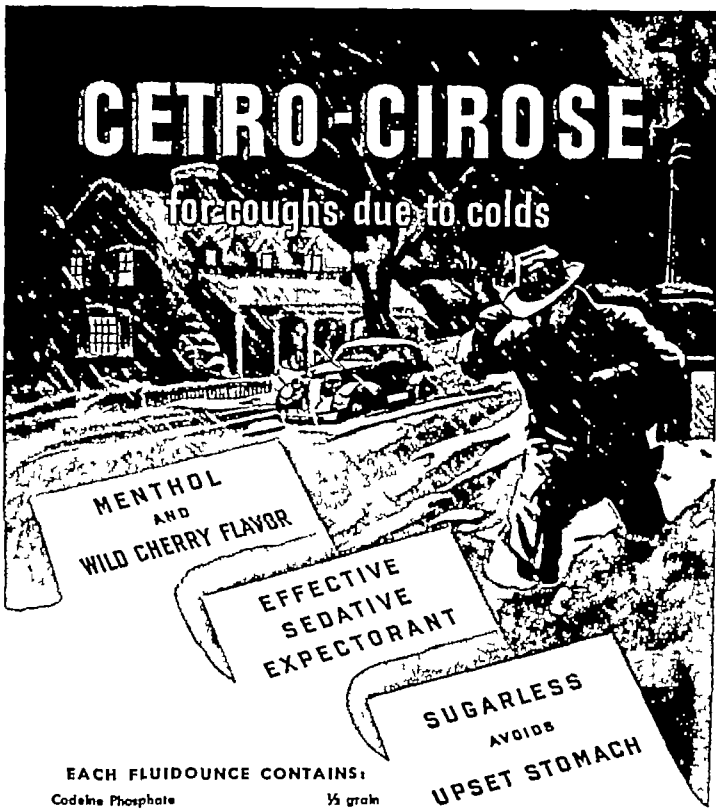
SAMPLE AND LITERATURE UPON REQUEST.

GRANT

GRANT CHEMICAL COMPANY, INC

95 Madison Ave., New York 16, N. Y.

Specialties for Diseases of the Heart and Blood Vessels



EACH FLUIDOUNCE CONTAINS:

Codeine Phosphate	½ grain
Chloroform	1½ minims
Alcohol	1½ per cent
Fluidextract of Ipecac	1 minim
Glycerin	*240 minims*
Potassium Guaiacolsulfonate	8 grains
Sodium Citrate	18 grains
Citric Acid	6 grains

Supplied in pint and gallon bottles

Wyeth

REG. U. S. PAT. OFF.

WYETH INCORPORATED • PHILADELPHIA 3 PA

CONTENTS—*Continued from page 116*

An Extreme Case of Alkalosis with Necropsy Findings, *Arthur A Fischl, M D*, and *Irene Garrow, M D* 184

ANNUAL MEETING

Minutes of the House of Delegates—1945 189
(*Concluded from the January 1 issue*)

EDITORIAL

Promises 161

Frozen Foods 165

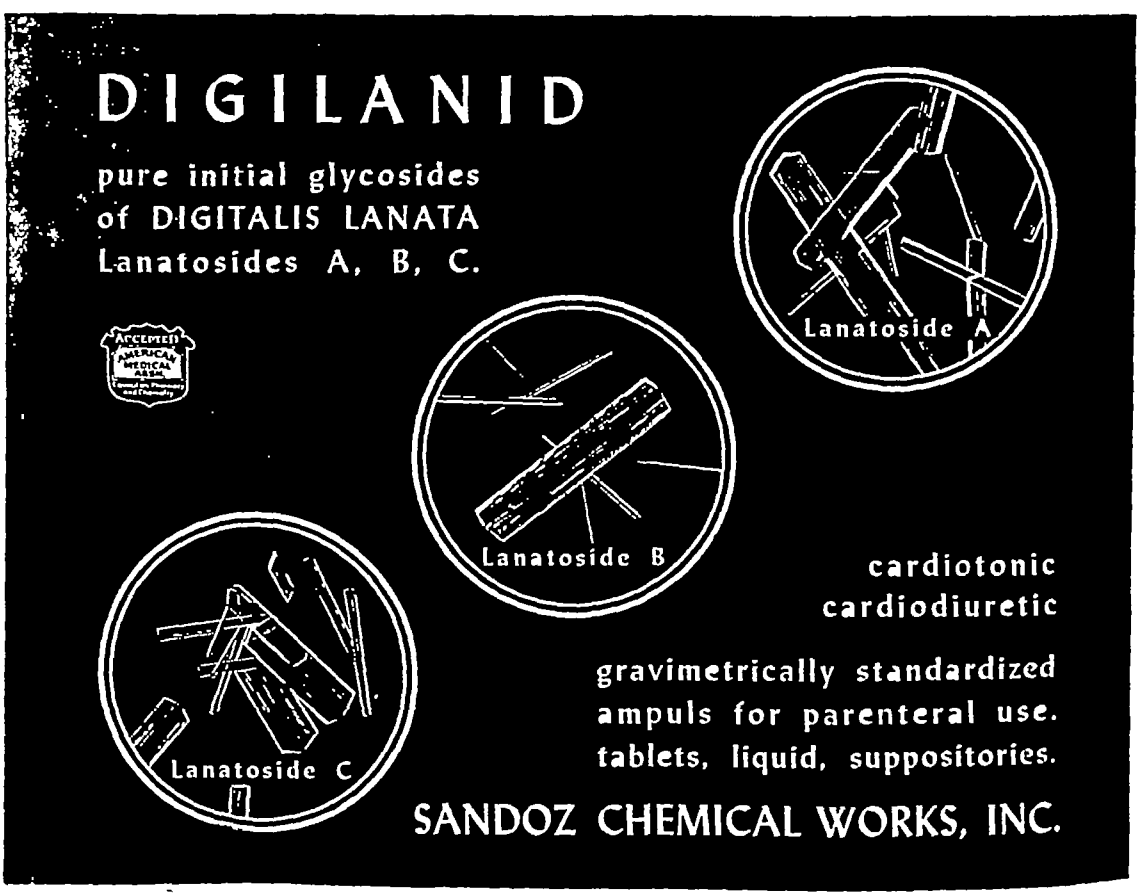
Cobra Venom in the Treatment of Angina Pectoris 166

GENERAL FEATURES

Postgraduate Medical Education 200
Medical News 202
Necrology 208
Health News 212

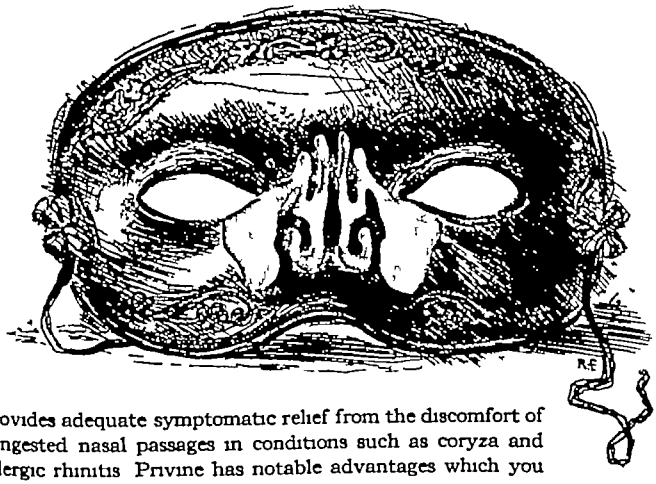
MISCELLANEOUS

Control of Barbiturates 219
Indications for Penicillin 220
State Society Officers 120, 122, 124



. . .remove the mask of nasal congestion!

PRIVINE HYDROCHLORIDE



provides adequate symptomatic relief from the discomfort of congested nasal passages in conditions such as coryza and allergic rhinitis Privine has notable advantages which you and your patients will appreciate

- **Dramatic promptness of action**
- **Prolonged vasoconstriction.**
- **Non-interference with ciliary activity**
- **Absence of irritation**

Privine, accepted by the A M.A. Council on Pharmacy and Chemistry, is offered in two concentrations 0 1 per cent, recommended for adults only, 0 05 per cent for children, also found effective in many adult cases Your pharmacy can supply Privine in bottles of 1 oz and 16 ozs

PRIVINE Trade Mark Reg U S Pat Off and in Canada



Steroid Hormones Fine Pharmaceuticals

CIBA PHARMACEUTICAL PRODUCTS, INC

SUMMIT NEW JERSEY

In Canada CIBA COMPANY LIMITED MONTREAL

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	EDWARD R. CUNNIFFE, M D , Bronx
Past-President	HERBERT H BAUCKUS, M D , Buffalo
President-Elect	WILLIAM HALE, M D , Utica
Second Vice-President	STEPHEN R. MONTEITH, M D , Nyack
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR , M D , Forest Hills
Treasurer	KIRBY DWIGHT, M D , New York
Assistant Treasurer	JAMES R. REULING, JR', M D , Bayside
Speaker	LOUIS H BAUER, M D , Hempstead
Vice-Speaker	F LESLIE SULLIVAN, M D , Scotia

TRUSTEES

GEORGE W KOSMAK, M D , *Chairman* New York 28

JAMES F ROONEY, M.D.	Albany	WILLIAM H. ROSS, M.D	Brentwo
ALBERT A GARTNER, M D	Buffalo	JOHN J MASTERSON, M D	Brookl

COUNCIL

EDWARD R. CUNNIFFE, M D	Bronx	WALTER P ANDERTON, M.D	New Yo
WILLIAM HALE, M D	Utica	KIRBY DWIGHT, M.D	New Yo
HERBERT H BAUCKUS, M D	Buffalo	LOUIS H BAUER, M D	Hempste
GEORGE W KOSMAK, M.D		New York	

Term Expires 1946	*Term Expires 1947*	*Term Expires 1948*
CARLTON E WERTZ, M D Buffalo	FLOYD S WINSLOW, M.D Rochester	OLIVER W H. MITCHELL, M.D Syracuse
RALPH T TODD, M D Tarrytown	J STANLEY KENNEY, M.D. New York	MAURICE J DATTELBAUM, M Brooklyn
CHARLES M ALLABEN, M D Binghamton	HARRY ARANOW, M.D Bronx	DAN MELLEN, M D Rome

[See pages 122 and 124 for additional Society Officers]

Hematinic Iron-Liver Concentrate
B Complex Vitamins

THI-FER-HEPTUM
(Capsules — Ampules)

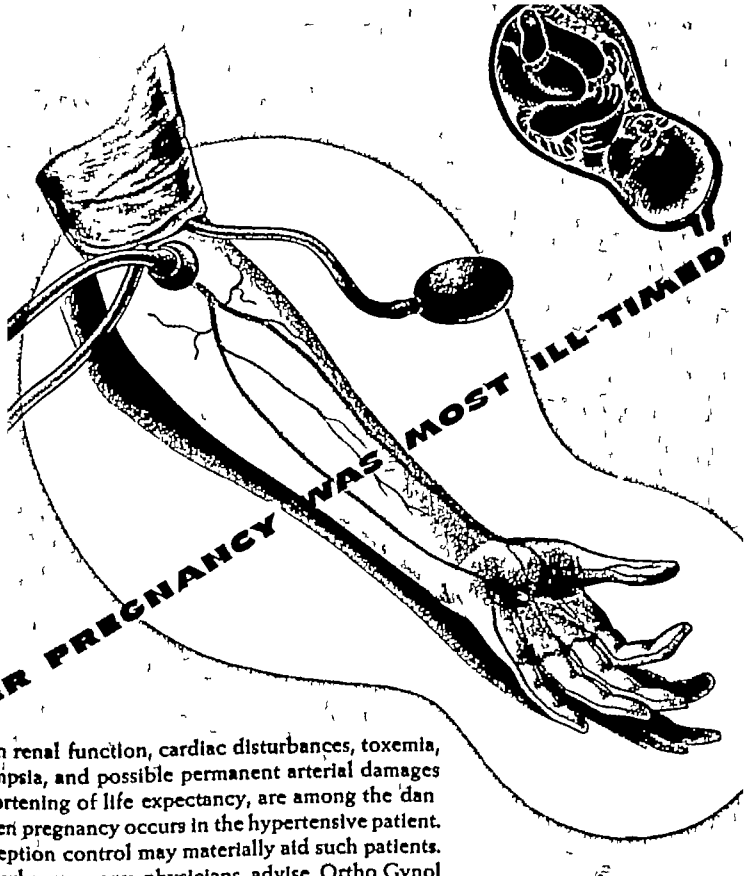
Each capsule contains Ferr. Sulf 2 grs.; Liver Conc. 7.5 grs.; vitamin B_1 135 U.S.P. units; B_2 0.6 mg.; nicotinamide 5 mg. Each 1 cc. (ampule) represents anti-anemic fraction of 100 grams fresh liver, with 30 mgm iron peptonate; 10 mg vitamin B_1.

More rapid hematopoiesis wi rapidly absorbed Iron Sulfat hematinic Liver Concentrate, Complex Vitamins B_1, B_2 and Nic tinamide. A more rounded di for the red blood cell in seconds

ANEMIAS

Capsules. bottles of 50 and 10
Ampules· (intramuscular), box of 12, 25 and 100

FOR LITERATURE ON THI-FER-HEPTUM WRITE DEPT. N.
CAVENDISH PHARMACEUTICAL CORP.
25 West Broadway • New York 7



Breaks in renal function, cardiac disturbances, toxemia, preeclampsia, and possible permanent arterial damages with shortening of life expectancy, are among the dangers when pregnancy occurs in the hypertensive patient. Conception control may materially aid such patients. That is why so many physicians advise Ortho Gynol Vaginal Jelly Council accepted, its rapid spermicidal effect, freedom from irritation, and esthetic acceptability especially commend it to physician and patient alike.

ortho-gyno

VAGINAL JELLY

ACTIVE INGREDIENTS: Ricinoleic acid, 0.
boric acid 3.0%, oxyquinoline sulfate 0.02

Copyright, 1948, Ortho Products, Inc., Linden, New

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D , Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L EDWARDS, M D , Hudson
Fourth District
FRANK F FINNEY, M D , Malone
Fifth District
DAN MELLEN, M D , Rome
Sixth District
CLIFFORD F LEET, M D , Horseheads
Seventh District
HOMER J KNICKERBOCKER, M D , Geneva
Eighth District
PETER J DI NATALE, M D , Batavia

NEW YORK STATE JOURNAL OF MEDICINE

Publication Committee

GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON, M D

[*Address all communications to above address*]

LEGAL DEPARTMENT

Counsel WILLIAM F MARTIN, ESQ 30 Broad Street, New York 4 Attorney THOMAS H CLEARWATER, ESQ Telephone HAnover 2-0670

AUTHORIZED INDEMNITY REPRESENTATIVE

HARRY F WANVIG, 70 Pine St , New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER

ROBERT R HANNON, M D , 100 State St , Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION

DAVID J KALISKI, M D , 292 Madison Ave., New York 17 Telephone MUrray Hill 3-9841

DIRECTOR, PUBLIC RELATIONS BUREAU

DWIGHT ANDERSON, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

GEORGE P FARRELL, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

Uniform Satisfaction

Schieffelin
BENZESTROL
(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

Clinicians agree that Schieffelin BENZESTROL is a significant contribution to therapy in that it is both estrogenically effective and singularly well tolerated, whether administered orally or parenterally.

"In our hands it has proved to be an effective estrogen when administered either orally or parenterally and much less toxic than diethylstil bestrol at the therapeutic levels" (Taliman, M R —Am. Jour Obstet. & Gynec 46, 534, 1943)

"During the last two years I have used the new synthetic estrogen Benzestrol in patients in whom estrogenic therapy was indicated The results have been uniformly satisfactory" (Jaeger, A. S Journal Indiana State Med. Assn 37, 117, 1944)

Schieffelin BENZESTROL is indicated in all conditions for which estrogen therapy is ordinarily recommended and is available in tablets of 0.5, 1 0, 2 0 and 5 0 mg , in solution in 10 cc. vials, 5 mg per cc , and vaginal tablets of 0.5 mg strength.

Literature and Sample on Request,

Schieffelin & Co.
Pharmaceutical and Research Laboratories
20 COOPER SQUARE • NEW YORK 3, N Y

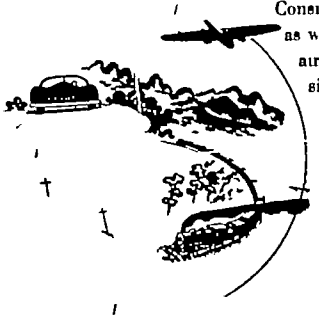
Vasano

FOR TRAVEL SICKNESS

Investigators in the medical corps of the United States Navy, the British Royal Navy, the air forces and elsewhere have demonstrated that hyoscine (scopolamine), whose effects are afforded by VASANO, is the best single agent for the treatment of all forms of travel sickness [1-4]

VASANO, Schering's hyoscine and hyoscyamine preparation, brings to civilian practice the proved benefits of this war time therapeutic advance.

Consistently most effective for seasickness as well as a "potent preventive of airsickness" hyoscine causes no harmful side effects in recommended dosage.



Adult Dose: Two tablets or one suppository 1 to 2 hours before departure, repeated in 3 to 4 hours if necessary. A total of four tablets in 24 hours should not be exceeded. VASANO Tablets are supplied 12 to a box; Suppositories 10 to a box

1. Halliday, H. E.; McArdle, B., and Trotter, W. R.: Lancet, 1:127, 1944.
2. Hill, J. G. W., and Geest, A. L.: Brit. M. J. 2:6, 1943.
3. A Critical Study of Seasickness Remedies No. 1. Royal Naval Medical Bulletin 24:3, 1943. Abstracted, Bulletin of War Medicine 18:194, 1944.
4. Lilienthal, J. L.: J. Aviation Med. 16:59, 1945.

Trade Mark VASANO—Reg. U. S. P. t. Off.

Schering CORPORATION • BLOOMFIELD, N. J.
IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL.

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

SECTION OFFICERS

1944–1945

ANESTHESIOLOGY

Milton C Peterson, *Chairman* — New York
Robert B Hammond, *Vice-Chairman* — White Plains
Rose M Lenahan, *Secretary* — Buffalo

DERMATOLOGY AND SYPHILOLOGY

Clarence H Peachey, *Chairman* — Rochester
E William Abramowitz, *Secretary* — New York

GASTROENTEROLOGY AND PROCTOLOGY

Stockton Kimball, *Chairman* — Buffalo
Descum C McKenney, *Vice-Chairman* — Buffalo
Harry E Reynolds, *Secretary* — Schenectady

INDUSTRIAL MEDICINE AND SURGERY

Russell C Kimball, *Chairman* — Brooklyn
Philip L. Forster, *Secretary* — Albany

MEDICINE

Frederick W Williams, *Chairman* — Bronx
Harold F R. Brown, *Vice-Chairman* — Buffalo
George E. Anderson, *Secretary* — Brooklyn

NEUROLOGY AND PSYCHIATRY

Albert B Stewers, *Chairman* — Syracuse
E. Jefferson Browder, *Secretary* — Brooklyn

OBSTETRICS AND GYNECOLOGY

Charles J Marshall, *Chairman* — Binghamton
Charles A Gordon, *Secretary* — Brooklyn

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Harold H Joy, *Chairman* — Syracuse
Maxwell D Ryan, *Secretary* — New York

ORTHOPEDIC SURGERY

Robert M Cleary, *Chairman* — Buffalo
Joseph Buchman, *Secretary* — New York

PATHOLOGY AND CLINICAL PATHOLOGY

Fred W Stewart, *Chairman* — New York
Ellis Kellert, *Vice-Chairman* — Schenectady
M J Fein, *Secretary* — New York

PEDIATRICS

Carl H Laws, *Chairman* — Brooklyn
Albert G Davis, *Vice-Chairman* — Utica
George R. Murphy, *Secretary* — Elmira

PUBLIC HEALTH, HYGIENE, AND SANITATION

Joseph P Garen, *Chairman* — Saranac Lake
Henry B Doust, *Vice-Chairman* — Syracuse
Frank E Coughlin, *Secretary* — Albany

RADIOLOGY

Alfred L. L Bell, *Chairman* — Brooklyn
Lee A. Hadley, *Vice-Chairman* — Syracuse
Raymond W Lewis, *Secretary* — New York

SURGERY

Beverly C Smith, *Chairman* — New York
Stanley E Alderson, *Secretary* — Albany

UROLOGY

George E. Slotkin, *Chairman* — Buffalo
John K. deVries, *Vice-Chairman* — New York
Archie L. Dean, Jr, *Secretary* — New York

SESSION OFFICERS

1944–1945

HISTORY OF MEDICINE

T Wood Clarke, *Chairman* — Utica
Judson B Gilbert, *Vice-Chairman* — Schenectady
Claude E Heaton, *Secretary* — New York

PHYSICAL MEDICINE

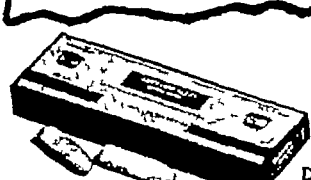
Walter S McClellan, *Chairman* — Saratoga Springs
Albert Richard Hatfield, Jr, *Secretary* — Utica

CHEST DISEASES

Nelson W Strohm, *Chairman* — Buffalo
Grant Thorburn, *Secretary* — New York

"very satisfactory in securing prompt and prolonged relief" in bronchial asthma, says Dees (J Allergy 14:492, 1943) of Aminophyllin rectal suppositories.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry



Very satisfactory are...

DUBIN AMINOPHYLLIN RECTAL SUPPOSITORIES (0.36 Gm. each)

Dubin Aminophyllin (theophylline ethylenediamine) also in Tablets, Ampuls, Powder for rapid action in many indicated cardio-respiratory conditions.

TABLETS, gr. 1½ (0.1 Gm.); grs. 3 (0.2 Gm.) AMPULES, 2cc. (½ grs.); 10 cc. (3½ grs.); 20 cc. (7½ grs.)

H. E. DUBIN LABORATORIES, Inc., 250 East 43rd St., New York 17, N.Y.



In Estrogenic Therapy TOLERANCE

One of the important advantages of "Premarin" lies in the fact that it is exceptionally well tolerated. Although highly potent "Premarin" rarely produces unpleasant side effects—a statement which finds ample corroboration in the extensive bibliography In "Premarin" the physician will find a medium for estrogenic therapy which is noted for its therapeutic effectiveness. "Premarin" is derived exclusively from natural sources and its administration is usually followed by what is invariably described by the patient as a general feeling of well being.

ESSENTIALLY SAFE HIGHLY POTENT ORALLY ACTIVE
NATURALLY OCCURRING WATER SOLUBLE
WELL TOLERATED IMPARTS A FEELING OF WELL-BEING

"Premarin" *conjugated estrogens (equine)*
Reg U S Pat Off
TABLETS

Available in 2 potencies No. 866 (the YELLOW tablet) in bottles of 20, 100 and 1,000 tablets.
No. 867 Half-Strength (the RED tablet) in bottles of 100 and 1,000 tablets.

Ayerst

AYERST, McKENNA & HARRISON LTD., 22 East 40th Street, New York 16, N. Y.



QUICK RELIEF FOR

SORE CHAPPED LIPS



Mitigates discomfort of lips parched by fever or exposure Contains intimate mixture of mineral oils and waxes — is non-irritating, protective, hypo-allergenic

For over 80 years the original

LIP POMADE

LipAde

Copr 1945 R&G

For Doctor's Personal Use

D

ROGER & GALLET

500 Fifth Ave , New York 18, N Y

Gentlemen:

Please send me without obligation your Roger & Gallet Lip Ade, in the handy, pocket-size, *metal* tube

DR._____

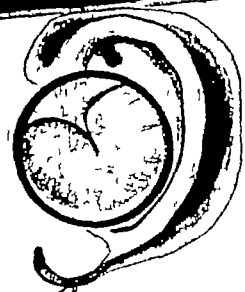
ADDRESS_____

CITY STATE

INDEX TO ADVERTISERS

Alkalol Company	140
Anglo-French Laboratories, Inc	162
Ar-Ex Cosmetics, Inc	134
Arlington Chemical Company	211
Ayerst, McKenna & Harrison Ltd	125
Dr Barnes Sanitarium	221
George A Breon & Company	215
Brewer & Company, Inc	134
Brigham Hall Hospital	221
Brunswick Home	221
Burroughs Wellcome & Co	114
S H Camp and Company	138
Cavendish Pharmaceutical Corp	120
G Ceribelli & Co	158
Ciba Pharmaceutical Products, Inc	119, 3rd cover
Crane Discount Corporation	134
Doho Chemical Corporation	127
Drug Products Co , Inc	217
H E Dubin Laboratories, Inc	124
Eaton Laboratories, Inc	203
Falkirk in the Ramapos	221
Fried & Kohler, Inc	113
Gold Pharmacal Co	146
Gradwohl Laboratories	158
Grant Chemical Company, Inc	116
Halcyon Rest	223
Holland-Rantos Co , Inc	207
Interpines	221
Knox Gelatine Co , Inc.	213
Eli Lilly & Company	160
Louden-Knickerbocker Hall, Inc	223
M & R Dietetic Laboratories, Inc	144
McNeil Laboratories Inc	142
Maltbie Chemical Company	145
The Maltine Company	2nd cover
The Maples Inc.	221
The S E Massengill Company	128
Mead Johnson & Company	4th cover
Merck & Co , Inc.	205
National Confectioners' Association	136
National Oil Products Co	156
New York Medical Exchange	223
Northwest Institute of Med Tech	223
Numotizine, Inc	209
Nutrition Research Laboratories	149
Ortho Pharmaceutical Corp	121
Paine Hall	223
Pediforme Shoe Co	146
Z H Polachek	223
Rees-Davis Drugs, Inc	130
R J Reynolds Tobacco Co	115
Wm S Rice, Inc	152
Riedel-de Haen, Inc	163
Riverlawn Sanitarium	223
J B Roerig & Company	132–133
Roger & Gallet	126
Sandoz Chemical Works, Inc	118
Saratoga Springs Authority	224
Schering Corporation	123
Schieffelin & Co	122
Julius Schmid, Inc	148
G D Searle & Co	139
Sinclair Pharmacal Co , Inc	134
Specific Pharmaceuticals Inc	201
E R Squibb & Sons	165
Frederick Stearns & Company	137
The Tarbonis Company	154
Charles B Towns Hospital	221
Twin Elms	221
Upjohn Company	150
Van Patten Pharmaceutical Co	159
Myron L Walker Co Inc	151
Walker Vitamin Products, Inc	158
William R. Warner and Co , Inc	131
West Hill	223
Westwood Pharmacal Corp	143
White Laboratories, Inc	135, 140–141, 147
Whittaker Laboratories, Inc	134
Winthrop Chemical Company, Inc	157
Wyeth Inc	117, 129

Medications of Choice FOR THE SPECIFIC INVOLVEMENT



Auralgan

in ACUTE OTITIS MEDIA

Symptoms

Pain, fever edema, leucocytosis sense of fullness and impaired hearing

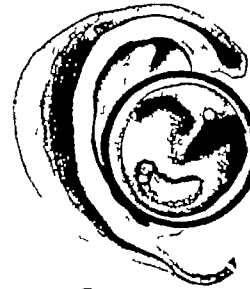
Treatment

Relief of pain and inflammation—*Auralgan.*

Action

Decongestant, analgesic, bacteriostatic.

Scientific data and reprints of clinical studies reporting upon the use of Otosmosan available on request.



Otosmosan

in CHRONIC SUPPURATIVE OTITIS MEDIA

Symptoms

Persistent discharge, often foul smelling, usually no toxemia, no pain, no fever

Treatment

Otosmosan.

Formula

SULFATHIAZOLE 10% - UREA 10% - In GLYCEROL (DOHO)

Action

Deodorizes the discharge, liquifies unhealthy granulations, bacteriostatic, permits normal epithelial ization.

Complimentary quantities for clinical trial

THE DOHO CHEMICAL CORPORATION

New York 13, N Y • Montreal • London

All the Factors Involved in Raising the Hemoglobin Level



IN secondary anemia, administration of iron alone rarely proves sufficient to promote rapid hemoglobin restoration Clinical experience has shown that the efficacy of anemia therapy is measurably improved by supplying B vitamins in adequate amounts, in addition to highly available iron

Livitamin presents B-VITAMIN *FACTORS naturally occurring in fresh* liver concentrate and rice bran, fortified with synthetic thiamine, riboflavin, niacinamide, pyridoxine, and pantothenic acid, IRON in highly available colloidal form, virtually free from untoward influence upon the gastrointestinal tract; FRESH LIVER (as liver concentrate), containing the liver-fraction in which the recognized anti-anemia principle is found

When blood loss or destruction is excessive (hemorrhage, severe infections, etc), when there is an increased demand upon blood-forming organs as in pregnancy, or when nutritional deficiencies result in hypochromic anemia, Livitamin supplies effective therapy directed against the various mechanisms involved in the anemia syndrome



Livitamin (a highly palatable liquid) is supplied in 8-oz bottles

THE S. E. MASSENGILL COMPANY
Bristol, Tenn.-Va.

LIVITAMIN

NEW YORK • SAN FRANCISCO • KANSAS CITY

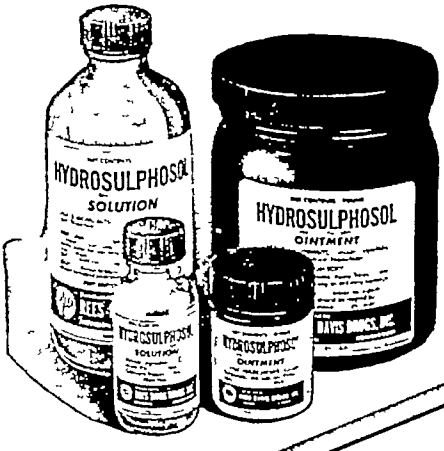
SEMCO



WYETH INCORPORATED PHILADELPHIA 3 PA

A Fundamental Approach
TO SULFUR METABOLISM

HYDROSULPHOSOL



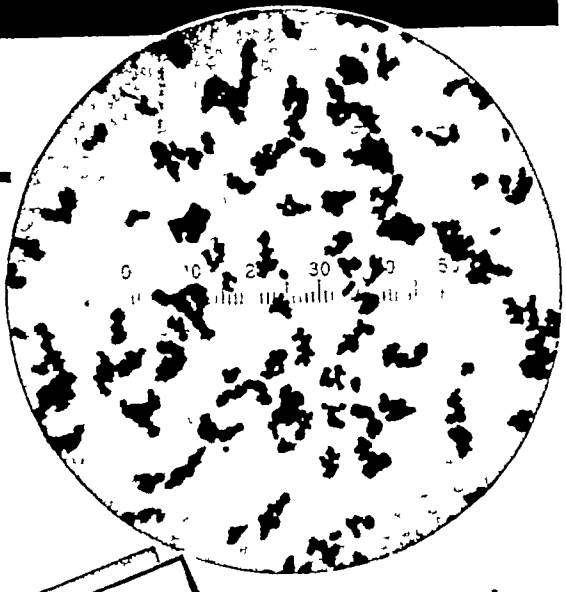


Illustration showing flowers of sulfur magnified 82X small divisions = 10 microns The size of the colloidal sulfur particle in Hydrosulphosol is estimated at 1/1000 of a micron or 1/10,000 of the small division particle illustrated

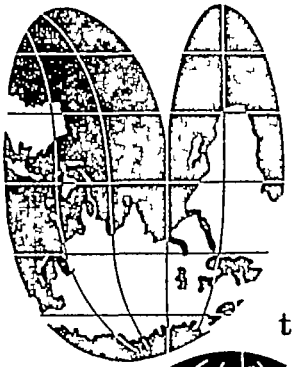
A true solution of sulfur bearing compounds resulting solely from the reduction of flowers of sulfur by a catalytic process In aqueous solution, it is capable of releasing its unusually high concentration of sulfhydryl ion in readily utilizable form . . without evidence of toxic reaction

Its therapeutic importance may best be evaluated by the fact that the —SH radical of the cysteine forms the active group in glutathione, alone of reported importance in connection with tissue oxidations

Hydrosulphosol is indicated in the management of burns, ulcers and pathological conditions in which sulfur metabolism is a clinical consideration

Reprints of scientific papers by authoritative investigators available on request

Rees-Davis Drugs, Inc.
MERIDEN, CONNECTICUT



terra firma



The management of hemorrhoids rests on solid therapeutic grounds when it achieves relief without resort to dangerous local narcotization or anesthetization. ANUSOL® Hemorrhoidal Suppositories contain neither anesthetic nor narcotic agents and so do not mask the symptoms of more serious rectal pathology Quick, safe relief is attained by the removal of inflammatory pressure on the nerve endings. Burning and itching are soothingly abated while demulcent protection guards against the complications of bleeding and infection.

Schering & Glatz, Inc , a subsidiary of

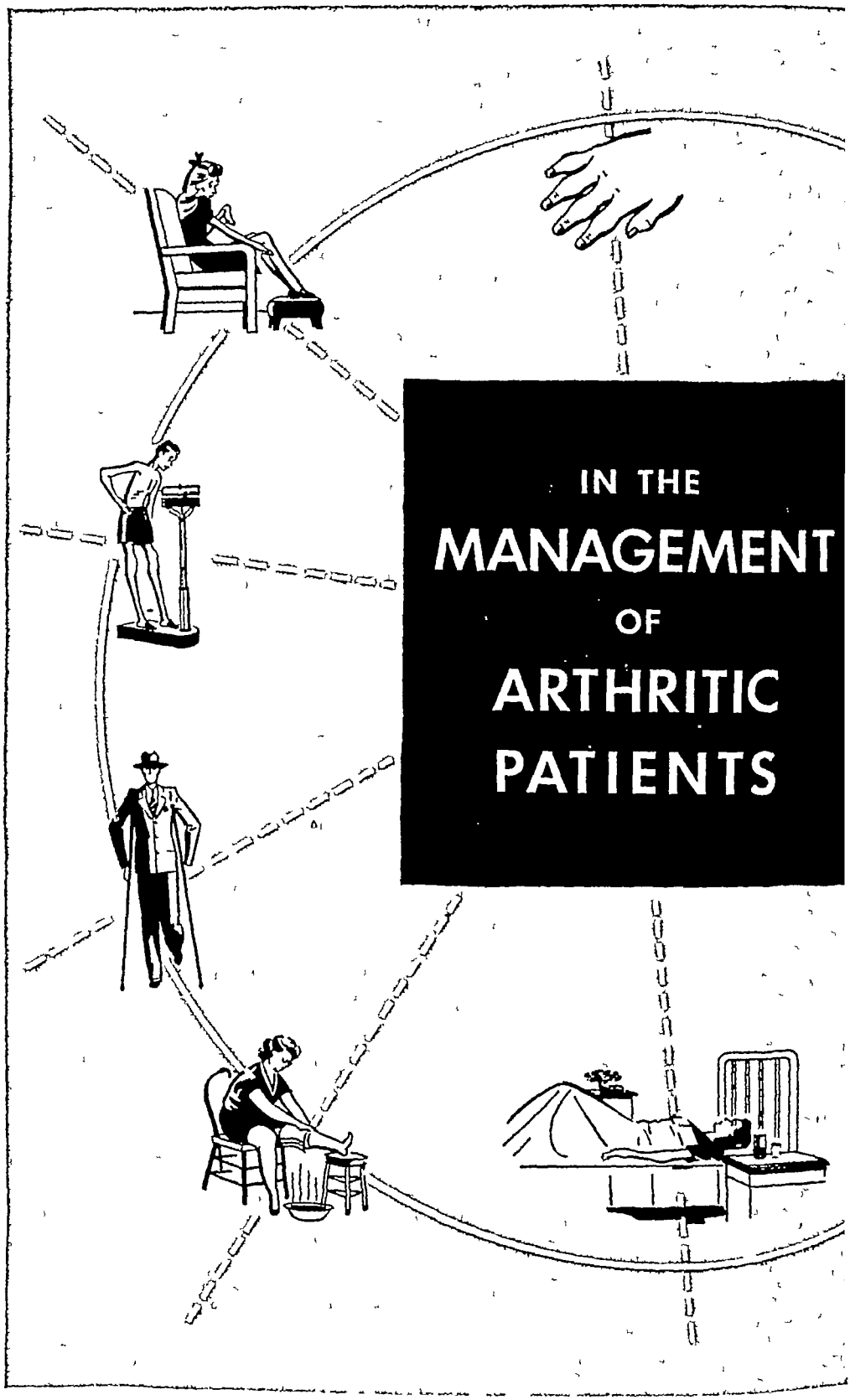
William R WARNER and Co. Inc. 113 WEST 18TH STREET NEW YORK 11, N Y

'anusol'

®Trademark Reg U. S. Pat. Off

Boxes of 6 and 12 suppositories

Hemorrhoidal Suppositories



IN THE MANAGEMENT OF ARTHRITIC PATIENTS

In the 1943 edition of *Nutrition and Diet in Health and Disease*, McLester emphasizes the importance of large amounts of all the essential vitamins in the treatment of chronic rheumatoid arthritis. He states that "Vitamins in abundance should be provided"

*"Vitamins in abundance should be provided"



Most rheumatologists recognize this need for all the vitamins, in addition to any specific requirement, in the management of the arthritides Clinical investigations emphasize the systemic nature of chronic arthritis and reveal that better results were obtained when in addition to massive doses of vitamin D adequate amounts of the other vitamins were administered.

For the physician's convenience in prescribing these vitamins, and to assure greater patient cooperation, Darthronol supplies in one capsule adequate amounts of all the known essential vitamins in addition to 50,000 U S P units of vitamin D

Each Capsule Contains

Vitamin D (Irradiated Ergosterol)	50,000 U.S.P. Units
Vitamin A (Fish-Liver Oil)	5 000 U.S.P. Units
Ascorbic Acid	75 mg
Thiamine Hydrochloride	3 mg
Riboflavin	2 mg
Pyridoxine Hydrochloride	0.3 mg
Calcium Pantothenate	1 mg.
Niacinamide	15 mg.
Mixed Natural Tocopherols (Equivalent in biological activity to 3 mg of Alpha Tocopherol)	3.4 mg

J. B. ROERIG & COMPANY
836 Lake Shore Drive Chicago 11 Illinois

DARTHRONOL *for the Arthritic*

a **ROERIG** *Preparation*

THESODATE Brewer's



The ORIGINAL ENTERIC-COATED TABLET OF THEOBROMINE SODIUM ACETATE

to control frequency and severity of attacks in CARDIOVASCULAR AND RENAL DISEASES *and to prevent* EDEMA

Clinical experience and studies have proven the value of Theobromine Sodium Acetate in certain Cardiovascular and Renal Diseases In Angina Pectoris, used adequately, it permits more work by the individual without developing precordial pain or distress As one of the most effective Xanthine Vasodilators it helps increase the available blood supply to the heart and kidneys to increase the efficiency of these organs

It has also been found an effective aid in treating and preventing Edema of Cardiac or Renal origin The enteric coating (especially developed for Thesodate) permits larger doses without the drug's contact with the Gastric Mucosa

AVAILABLE IN
various potencies with
or without Phenobarbitol
Literature on request

BREWER & COMPANY, INC. *Worcester Massachusetts*
Pharmaceutical Chemists Since 1852

RELIEVES MANY NASAL CONDITIONS

BOROLEUM

Contains Menthol, Camphor Eucalyptol, Methyl Salicylate, Boric Acid, and Petrolatum

SINCLAIR PHARMACAL CO., Inc.
72 CORTLANDT STREET
New York 7 N Y

AND MINOR SKIN IRRITATIONS

POST WAR COLLECTIONS

Our Post War Plan is a friendly aid to patients in paying past due medical bills as they change from war pay to peace pay Protect your fees by acting now Write Our local auditor will call and tell you all about it

CRANE DISCOUNT CORPORATION
230 W 41 St New York 18 N Y

COOPER CREME

No Finer Name in Contraceptives

ACCEPTED AMERICAN MEDICAL ASSN.

Active Ingredients: Sodium Oleate 0.67% Trioxymethylene 0.04%

WHITTAKER LABORATORIES, INC. NEW YORK 19, N. Y.

FREE SAMPLE

DR. _____
ADDRESS _____
CITY _____
STATE _____



ROUGH HANDS
FROM TOO MUCH SCRUBBING?

Soften dry skin with AR EX CHAP CREAM! Contains carbonyl diamide, shown in hospital test to make skin softer, smoother, and even whiter! *Archives of Derm. and S, July, 1943* FREE SAMPLE.

AR-EX CHAP CREAM

AR-EX COSMETICS, INC., 1036 W. VAN BUREN ST., CHICAGO 7, ILL.



Acceptable
EFFECTIVE LOCAL ANALGESIA
for the sore, irritated throat

In the management of sore, irritated throat in children, *effectiveness* in providing prolonged topical analgesia at the site of irritation, plus *ready acceptance*, are most advantageously joined in—

Dillard's Aspergum

Obviously resistance is negligible when children are given an agreeably flavored tablet of gum to chew

When Aspergum is chewed a copious flow of acetylsalicylic acid laden saliva is brought into immediate and prolonged contact with all pharyngeal areas including those seldom reached, even intermittently, by sprays or irrigations.

The rhythmic stimulation of muscular action helps greatly to relieve local spasticity and stiffness.

Supplied in packages of 16 moisture proof bottles of 36 and 250 tablets

Ethically promoted—not advertised to the laity White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7 N J

*Fantus, B.: The Technic of Medication, Chicago American Medical Association, 1938 p 5

ON THE *Nutrients Contained* IN CANDIES

Theoretically speaking, any food which contributes in some measure, to the satisfaction of all nutritional requirements, fills a worthwhile place in the human dietary Many candies —in fact the majority of the kinds and types of candy consumed in the United States — fall into this category.

In the manufacture of many types of candies milk, butter, eggs, fruits, nuts, and peanuts are quantitatively important ingredients,* contributing their contained nutrients to the finished confections To this extent therefore, they provide biologically adequate protein, valuable fat, quickly available carbohydrate, B-complex vitamins, and essential minerals

The amounts of these nutrients contributed by candies compare favorably with those contained in weight-equivalent quantities of many commonly eaten desserts Hence candies, eaten in reasonable amounts, as desserts and as between-meal snacks (especially when quick replenishment of expended energy appears advantageous), merit recognition as a desirable food in the daily diet

*In 1943 the candy industry used 125,000 tons of nuts and peanuts 10 000 000 pounds of fruits, 6,000,000 pounds of eggs 400 000,000 pounds of dairy products, as well as 400,000,000 pounds of chocolate products.

THE NUTRITIONAL PLATFORM OF CANDY

1 Candies in general supply high caloric value in small bulk.

2. Sugar supplied by candy requires little digestive effort to yield available energy

3 Those candies, in the manufacture of which milk, butter, eggs, fruits, nuts, or peanuts are used, *to this extent* also—

a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids;

b) present appreciable amounts of the important minerals calcium, phosphorus, and iron,

c) contribute the niacin, and the small amounts of thiamine and riboflavin, contained in these ingredients.

4 Candies are of high satiety value, eaten after meals, they contribute to the sense of satisfaction and well being a meal should bring, eaten in moderation between meals, they stave off hunger

5 Candy is more than a mere source of nutriment — it is a morale builder, a contribution to the joy of living

6 Candy is unique among all foods in that it shows relatively less tendency to undergo spoilage, chemical or bacterial.

This Platform Is Acceptable for Advertising in the Publications of the American Medical Association

COUNCIL ON CANDY
OF THE
NATIONAL CONFECTIONERS' ASSOCIATION
1 North La Salle Street • Chicago 2, Illinois



For the Uphill Haul

The correction of chronic constipation is an uphill haul which succeeds only when patients *willingly* stay with the prescribed regime They are more likely to stay with Mucilose—a highly purified concentrated source of intestinal bulk. Doses are accordingly smaller* easier to take more economical and more measurably effective

*Tests of leading psyllium-type preparations show that Mucilose produces five times more bulk per gram than the average of the others. (Gray H., and Talaiter, M. L.: Am. J. Digest. Dis. 8:186, 1941.)

Mucilose

Highly Purified Hemicellulose

FOR INTESTINAL BULK

MUCILOSE is a highly purified hemicellulose of Plantago leaflament. Hydrophylic it absorbs approximately 50 times its weight of water to form a bland lubricating bulk which gently stimulates peristalsis. Hypoallergenic—free from irritants—nondigestible—nonabsorbable.

INDICATED in the treatment of both spastic and atonic constipation, and as an adjunct to dietary measures for the control of constipation in aged, convalescent and pregnant patients those with hemorrhoids, and with erratic dietary habits.



DOSAGE: One or two teaspoonfuls once or twice daily along with ample liquids to insure maximum bulk formation. *Unflavored*—Mucilose mixes well with any fluid ..weet or salty to suit any taste. Placed on the tongue and washed down with water or eaten along with other foods, Mucilose—because it contains no diluents—has no flavor to be disguised.

SUPPLIED in 4 oz. bottles and 16 oz. containers. Also available as Mucilose Granules—a dosage form which is preferred by some patients.

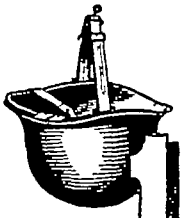
Frederick Stearns & Company

Division

DETROIT 31 MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY AUSTRALIA AUCKLAND, NEW ZEALAND

Trade-Mark Registered Reg. U.S. Pat. Off.



1946

ARMOR AND ARMAMENTARIUM

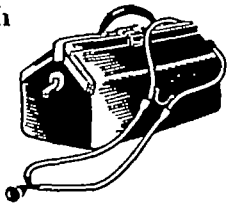
Guns are silent and grass grows in the foxholes, but there can be no peace treaty in the endless war on mankind's immortal enemy—Disease Home comes the physician from his lifesaving on the battlefields of man-made death abroad to march again beside his colleagues who have so valiantly held the casemates of health at home

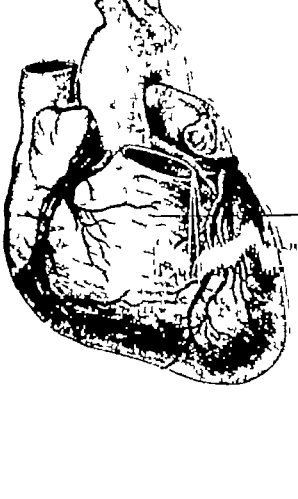
Battle front and home front, boulevard and dirt road, the mighty facilities of the medical center and the challenge of practice in the lonely farmhouse—all are the front line trenches in humanity's continuing crusade to tame cannibal protoplasm There is no discharge in that war

The first cry of pain in the world was the first call for a physician It has been answered as it echoed down the centuries, it will be answered in the unrolling years of the future.

As this questioning year of 1946 opens with the world convalescing from malignant political disease, we would like to claim the privilege of welcoming the thousands of physicians returning from unparalleled service on war fronts—of saluting those who shouldered such heavy burdens at home—of expressing the confidence that the traditional unity of the profession armed with new and potent weapons will drive the front lines of the war on disease ever forward

We know that we are joined in this expression by all organizations which seek to play their roles, large and humble, as institutions of supply to those "bound by the covenant and oath, according to the law of medicine." S H CAMP AND COMPANY, Jackson, Mich





reduce the load

More efficient heart muscle function is permitted when the cardiac burden of the decompensated heart is decreased. The promotion of diuresis is an important factor in breaking the vicious circle of congestion, edema and the resultant increased circulatory resistance

AMINOPHYLLIN (Searle) produces a gratifying increase in glomerular filtration without appreciable increase in tubular reabsorption In appropriate dosage, its therapeutic action is equally effective whether given orally or parenterally This permits the administration of Aminophyllin (Searle) both in acute emergencies and in chronic congestive heart failure

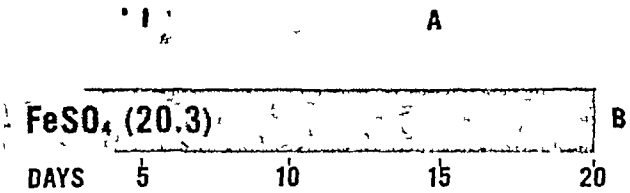
Aminophyllin (Searle) contains at least 80% anhydrous theophyllin G D Searle & Co , Chicago 80, Illinois.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

A NEW AND DEFINITE ADVANCE

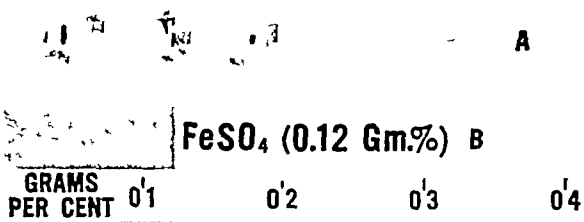
RAPIDITY OF CLINICAL RESPONSE (Days)



(A) Completely effective therapeutic (return to normal blood values) was obtained in an average of 13.7 days of Mol Iron therapy

(B) Ferrous sulfate therapy failed to produce normal hemoglobin values after an average of 20 3 days.

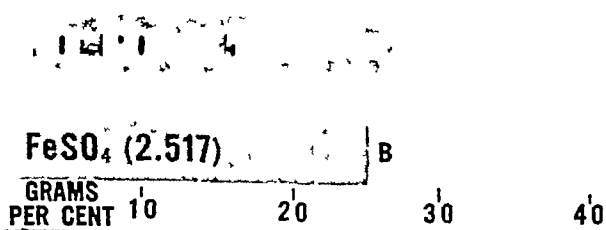
AVERAGE DAILY HEMOGLOBIN INCREASE (Gm. Per Cent)



(A) The group treated with Mol Iron averaged a daily hemoglobin increase of 24 per cent (0 36 Gm. per cent)

(B) The group treated with ferrous sulfate showed an average daily gain of hemoglobin of 0 83 per cent (0 12 Gm per cent)—a response about one-third as effective.

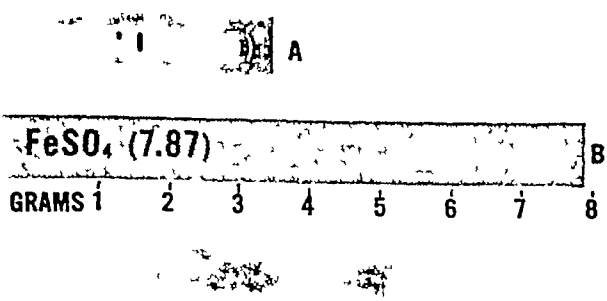
TOTAL HEMOGLOBIN INCREASE (Gm. Per Cent)



(A) The total hemoglobin increase (in age of 13 7 days) averaged 31 per Gm per cent) in the Mol-Iron treated

(B) A mean gain of only 17 per cent (" per cent) hemoglobin resulted in an period of 20 3 days during which rous sulfate treated group was

THERAPEUTIC INTAKE OF BIVALENT IRON (Gm.)



(A) The Mol-Iron treated group re average total of 3 528 Gms. of to produce the sought for result normal blood values)

(B) While an average ingestion of 7 of bivalent iron failed to achieve an response in the ferrous sulfate treated

in Treating Iron-Deficiency Anemias

A specially processed, co precipitated complex of molybdenum oxide (3 mg) and ferrous sulfate (195 mg)

White's MOL-IRON TABLETS

Available clinical evidence indicates that, in hypochromic anemia, the therapeutic response to this highly effective synergistic combination—as compared with equivalent dosage of ferrous sulfate alone—has unusual advantages

1 NORMAL HEMOGLOBIN VALUES ARE RESTORED MORE RAPIDLY, INCREASES IN THE RATE OF HEMOGLOBIN FORMATION BEING AS GREAT AS 100% OR MORE IN PATIENTS STUDIED

2. IRON UTILIZATION IS SIMILARLY MORE COMPLETE

3 GASTRO INTESTINAL TOLERANCE IS NOTABLY SATISFACTORY—even among patients who have previously shown marked gastro intestinal reactions following oral administration of other iron preparations.

INDICATED IN: Hypochromic (iron-deficiency) anemias caus by inadequate dietary intake or impaired intestinal absorpti of iron, excessive utilization of iron, as in pregnancy and lact tion, chronic hemorrhage

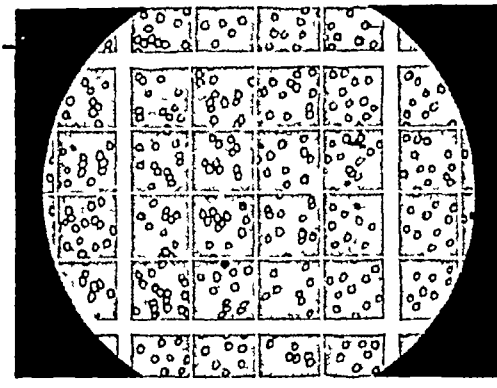
DOSAGE One or two tablets three times daily after meals

Available in bottles of 100 and 1000 tablets Ethically pr moted—not advertised to the laity

PHARMACEUTICAL White LABORATORIES, INC. MANUFACTURERS

Number 3 of a Series

IN ANEMIA OF CHRONIC BLOOD LOSS





In the management of chronic blood loss, therapy designed to support red cell and hemoglobin formation is essential Iron must be supplied to correct hypochromia, liver and the B vitamins bolster an overworked bone marrow in the production of red cells. The combination is more effective than iron alone.

HEPATINIC

presents iron in readily assimilable ferrous form, together with Crude (Unfractionated) Liver Concentrate and Vitamin B Complex

Crude (Unfractionated) Liver Concentrate is prepared so that it retains the erythropoietic and nutritional principles of whole liver, which are lost in the highly refined concentrates Furthermore, it is subjected to enzymatic digestion to provide maximum assimilation and prompt therapeutic response

The appealing and palatable taste of Hepatinic assures patient acceptance and particularly recommends the product for pediatrics

FORMULA: Each fluidounce Elixir Hepatinic contains

Ferrous Sulfate 12 gr , Crude (Unfractionated) Liver Concentrate (equivalent to 660 gr fresh liver) 60 gr Thiamine Hydrochloride 2 mg , Riboflavin 4 mg., Niacinamide 20 mg , together with pyridoxine, pantothenic acid, choline, folic acid, vitamin B_{10}, vitamin B_{11}, biotin, inositol, para amino-benzoic acid, and other factors of the vitamin B complex.

Bottles of one pint and one gallon Tasting samples on request

McNeil Laboratories
INCORPORATED
PHILADELPHIA, PENNSYLVANIA

NEW... EFFECTIVE THERAPY in VAGINITIS - CERVICITIS

with

Westhiazole Vaginal

In Single Dose Disposable Applicators

for CONVENIENCE SIMPLICITY DAINTINESS

Please Write for Literature and Sample



FORMULA
10% Sulfathiazole
3% Lactic Acid
1% Acetic Acid
in Polyethylene Glycol Base

Westwood PHARMACAL CORP.
BUFFALO 2, N. Y.



No food (except breast milk) is more highly regarded than Similac for feeding the very young, small twins, prematures, or infants who have suffered a digestive upset. Similac is satisfactory in these special cases simply because it *resembles breast milk so closely*, and normal babies thrive on it for the same reason. This similarity to breast milk is definitely desirable—*from birth until weaning.*

A powdered modified milk product especially prepared for infant feeding made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, coconut oil, corn oil, and cod liver oil concentrate

One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

SIMILAC

M & R DIETETIC LABORATORIES, INC

SIMILAR TO BREAST MILK

COLUMBUS, 16, OHIO



TO "Streamline" CREOSOTE THERAPY

Rx Calcreose

PALATABLE • WELL TOLERATED • THERAPEUTICALLY EFFECTIVE

The development of CALCREOSE (Maltbie) has, in deed, "smoothed the rough spots" in creosote therapy so frequently provocative heretofore of nausea and distress • Moreover, CALCREOSE (calcium creosotate) exerts bactericidal and bacteriostatic action up to *three times as great* as that of creosote • Thus, in providing all the well known benefits of creosote in a *pleasant* and *palatable* form, CALCREOSE proves highly effective in many bronchial and respiratory affections lessening cough, diminishing expectoration, reducing its purulency and deodorizing sputum. Also it tends to stimulate the appetite and improve the patient's general condition

AVAILABLE: As tablets (4 gr.) in bottles of 100, 500 and 1000 COMPOUND SYRUP CALCREOSE in pint or gallon bottles.



Calcreose

THE MALTBIE CHEMICAL COMPANY • NEWARK, NEW JERSEY

Rx Pediforme FOOTWEAR



for THE ENTIRE FAMILY

Pediforme Shops are not "Ladies' Shops" or "Men's Shops" or "Infant's Shops"—they are equipped to serve your patient of any age and either sex

From the prenatal care of the mother's feet to rocking chair age, there is Pediforme footwear available to supplement your treatments, or, to fill your prescription for preventing foot troubles

Our seven busy shops are evidence that the confidence of the profession continues to be justified

Convenient sources.

MANHATTAN, 34 West 36th St.
BROOKLYN, 288 Livingston St.
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, L I, 241 Fulton Ave
NEW ROCHELLE, 548 North Ave
In New Jersey
EAST ORANGE, 29 Washington Pl.
HACKENSACK, 299 Main St.

1896 ALKALOL 1946

For 50 years ALKALOL has been making and holding friends

THE ALKALOL COMPANY, TAUNTON, MASS.

---

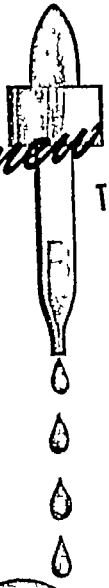
in whooping cough

Elixir Bromaurate

GIVES EXCELLENT RESULTS

Cuts short the period of the illness and relieves the distressing spasmodic cough Also valuable in Bronchial Asthma In four-ounce original bottles. A teaspoonful every 3 to 4 hrs Contains one-half grain Gold Tribromide in one fluidounce. Alcohol 2½% by volume

GOLD PHARMACAL CO **NEW YORK**



A *new* DEVELOPMENT IN TOPICAL OTOLOGIC THERAPY

Presenting a stable, non irritating solution of sulfanilamide, urea and chlorobutanol in a glycerin vehicle of unusually high hygroscopic activity Otomide offers these definite clinical advantages

IN VIVO ANTIBACTERIAL POTENCY—not inhibited by pus.

POTENTIATED ANTIBACTERIAL ACTIVITY—urea sulfanilamide mixture more effective than either drug used independently [1]

WIDE FIELD—effective in BOTH acute AND chronic otologic infections. Active against sulfonamide-resistant bacteria.[2]

TOLERANCE—freedom from alkalinity—virtually obviates local irritation.

ANALGESIA—effective chlorobutanol analgesia without impaired sulfonamide activity

1. Tsuchiya, H. M. et al.: Proc. Soc. Exp. Biol. and Med., 50:262, 1942.
2. Strakosch, E. A. and Clark, W. G.: Minn. Med. 26:276, 1943. Brown, C. et al.: Am. J. Surg., to be published.



WHITE LABORATORIES, INC. PHARMACEUTICAL MANUFACTURERS NEWARK 1, N. J.

The Preference is Overwhelming

A comprehensive report published in *Human Fertility*[1] shows an overwhelming preference by experienced clinicians for the "Diaphragm and Jelly" method of conception control.

The report covering 36,955 new cases shows that the diaphragm and jelly method was prescribed for 34,314, or 93%.

On the evidence supplied by competent clinicians we continue to suggest that for the optimum in protection the physician should prescribe the combined use of a vaginal diaphragm and spermatocidal jelly

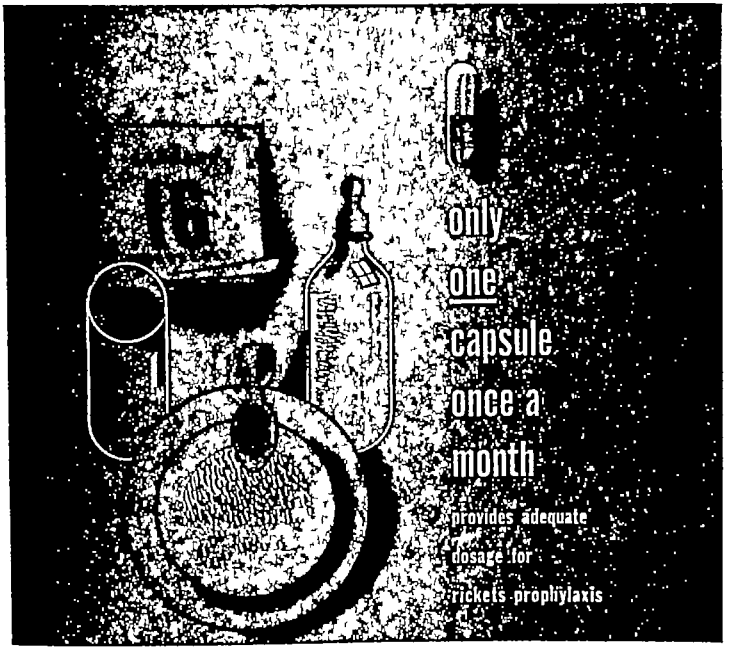
When you specify "RAMSES"* a product of highest quality is assured.

Gynecological Division
JULIUS SCHMID, INC.
Established 1883
423 West 55th Street New York 19, N Y

1 Human Fertility, 10:25, March 1945.



*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.



Each capsule of Infron Pediatric contains 100,000 U S.P Units of vitamin D—Whittier Process—especially prepared for pediatric use

Infron Pediatric is readily miscible in the infant's feeding formula, milk, fruit juices, or water, and can also be spread on cereal

Infron Pediatric is economical—each package contains 6 capsules—sufficient dosage for 6 months Available at prescription pharmacies

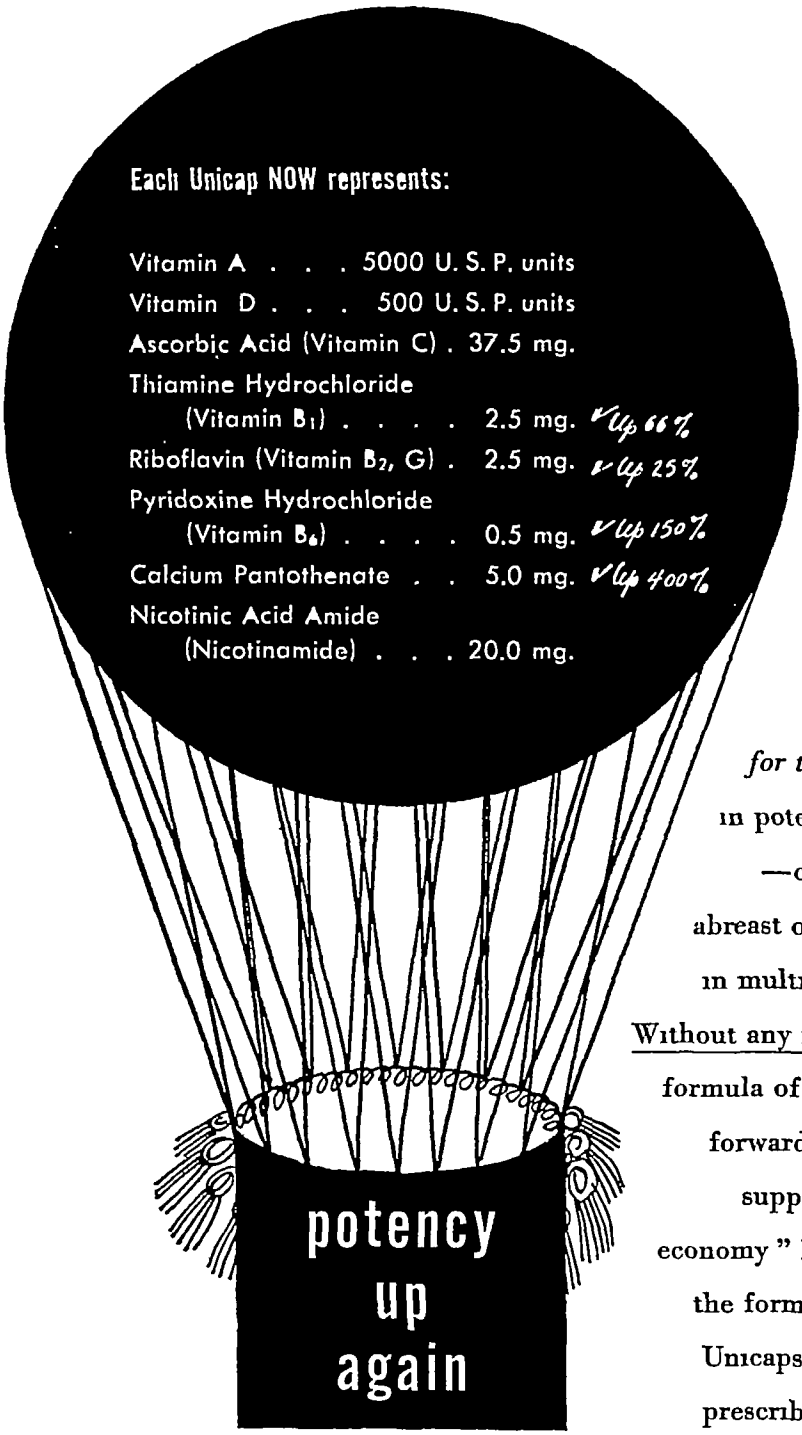
ETHICALLY PROMOTED

Infron
Pediatric



Infron is the registered trademark of Nutrition Research Laboratories

NUTRITION RESEARCH LABORATORIES · CHICAGO



STILL KEEPING A PROMISE

" that Unicaps will always be a good value — an excellent formula at a low price "

POTENCY UP AGAIN

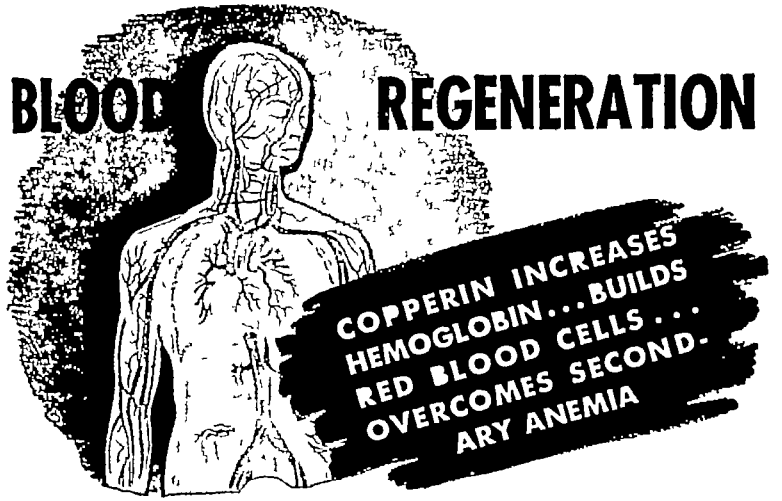
for the fifth time! An increase in potency—the fifth of its kind —continues to keep Unicaps abreast of the latest developments in multivitamin supplementation Without any increase in price, the new formula of Unicap* Vitamins carries forward the concept of "effective supplementation at unexcelled economy " Because of the potency of the formula and other advantages, Unicaps remain the preference of prescribers, just as their economy makes them the preference of the users Unicap Vitamins are available in bottles of 24, 100, 250 capsules

*Trademark Reg U S. Pat. Off

Upjohn
KALAMAZOO 99, MICHIGAN

UNICAP VITAMINS

FINE PHARMACEUTICALS SINCE 1886 • FIGHT INFANTILE PARALYSIS — JANUARY 14 31



Before Copperin appeared, massive iron doses were inflicted on the anemic Most of the iron was not utilized The excess, excreted fecally, produced gastrointestinal irritation and upset—thus defeating the original purpose of the clinician

Copperin represents a scientific conception of iron needs in secondary anemia The iron content per capsule is small — 32 mgm — but wholly adequate The potent catalytic agent, copper sulphate, makes ALL the iron available for regenerative processes.

There is rapid replacement of hemoglobin and new red cells This is markedly manifested in treating the hypochromic anemia of children, the "milk anemia" of infants, hemorrhagic anemia following blood donation; pregnancy anemia, chlorosis and anemia of middle aged women.

In two strengths Copperin "A" for adults, Copperin "B" for children

Professional samples gladly sent on request

MYRON L WALKER CO INC
Mount Vernon • New York



COPPERIN
WATER-SOLUBLE
NON-CONSTIPATING

WHEN YOU NEED A GOOD SUPPORT FOR REDUCIBLE HERNIA—may we suggest the advantages of "custom-made" Protection, designed to meet the described needs of each particular case? Physicians, who know from experience, can tell you that Rice "custom-made" Supports for reducible HERNIA are truly different and that our methods are dependable With dozens of different styles, shapes and types of pads at our disposal and with a full realization of our responsibility to those who put their faith in us—we respectfully offer our services for your approval Descriptive literature and measurement charts on request.

WILLIAM S. RICE, Inc , (Lock Box 101), ADAMS, NEW YORK
BRANCH SUPPLY AND FITTING OFFICES
BUFFALO, N. Y.—ROCHESTER, N. Y.—PITTSBURGH, PA.

INDEX TO PRODUCTS

A-B-M-C Ointment (Wyeth Inc) 129
Acecoline (Anglo-French Laboratories) 152
Acidolate (National Oil Products Co) 156
Alkalol (Alkalol Co) 146
Aminophyllin (H E Dubin Labs , Inc) 124
Aminophyllin (G D Searle & Co) 139
Anusol (William R. Warner & Co) 131
Aspergum (White Laboratories, Inc) 135
Auralgan (Doho Chemical Corp) 127
Benzestrol (Schieffelin & Co) 122
Boroleum (Sinclair Pharmacal Co) 134
Calcreose (Maltbie Chemical Co) 145
Cetro-Cirose (Wyeth Inc) 117
Cooper Creme (Whittaker Laboratories, Inc) 134
Copperin (M L Walker & Co) 151
Creamalin (Winthrop Chemical Co) 157
Darthronol (J B Roerig & Co) 132–133
Degalol (Riedel-de Haen, Inc) 153
Digilanid (Sandoz Chemical Works, Inc) 118
Diurbital (Grant Chemical Co , Inc) 116
Elixir Bromaurate (Gold Pharmacal Co) 146
Empirin (Burroughs Wellcome & Co) 114
Ergotrate (Eli Lilly & Co) 160
Fluagel (George A. Breon & Co) 215
Hepatinic (McNeil Labs) 142
Hydrosulphosol (Rees-Davis Drugs, Inc) 130
Infron (Nutrition Research Labs) 149
Koromex Jelly (Holland-Rantos Co) 207
Liquid Peptonoids (Arlington Chemical Co) 211
Livitamin (S E Massengill Co) 128
Lorophyn (Eaton Laboratories Inc) 203
Mol-Iron (White Laboratories Inc) 140–141
Mucilose (Frederick Stearns & Co) 137
Myopone (Drug Products Co , Inc) 217
Numotizine (Numotizine, Inc) 209
Ortho-Gynol (Ortho Pharmaceutical Corp) 121
Otomide (White Laboratories, Inc) 147
Otosmosan (Doho Chemical Corp) 127
Penicillin (Merck & Co , Inc) 205
Penicillin (E R Squibb & Sons) 155
Premarin (Ayerst, McKenna & Harrison) 125
Privine (Ciba Pharmaceutical Products, Inc) 119
Profenil (Specific Pharmaceuticals Inc) 201
Proloid (The Maltine Company) 2nd cover
Ramses (Julius Schmid, Inc) 148
Sodascorbate (Van Patten Pharmaceutical Co) 159
Tarbonis (Tarbonis Company) 154
Thesodate (Brewer & Company) 134
Thi-Fer-Heptum (Cavendish Pharmaceutical Corp) 120
Unicap Vitamins (Upjohn Company) 150
Vasano (Schering Corp) 123
Vitamins (Walker Vitamin Products, Inc) 158
Westhiazole (Westwood Pharmacal Corp) 143

Dietary Foods

Candy (National Confectioners' Assoc) 136
Gelatine (Knox Gelatine) 213
Pablum & Pabena (Mead Johnson & Co) 4th cover
Similac (M & R Dietetic Labs , Inc) 144

Medical & Surgical Equipment

Artificial Eyes (Fried & Kohler, Inc) 113
Orthopedic Shoes (Pediforme Shoe Co) 146
Supports (S H Camp & Co) 138
Supports (Wm S Rice, Inc) 152

Miscellaneous

Cigarettes (Camel) 115
Cosmetics (Ar-Ex Cosmetics, Inc) 134
Lip Ade (Roger & Gallet) 126
Spring Water (Saratoga Springs Authority) 224

ACÉCOLINE — **emergency injections counter**

Peripheral Arterial Spasm

•

Allied Hypertensive Crisis

•

Peripheral Vascular Stenosis

Each ampoule contains acetylcholine hCl. (20, 50, 100 or 200 mg.), saligenin 40 mg., propylene glycol q.s. 1 cc. *Dose:* 100-200 mg. intramuscular or subcutaneous b.i.d.

Literature on request

ANGLO-FRENCH LABORATORIES, Inc., 75 Varick Street, New York 13, N. Y.

Specific Action

TO PROMOTE FAT DIGESTION

When fat digestion is impaired due to deficient bile secretion, and when fatty foods prove intolerable in the absence of gallbladder involvement, Degalol—the original, chemically pure deoxycholic acid —offers noteworthy advantages.

A constituent of human bile, it is the fraction chiefly concerned with fat emulsification, promoting the digestion and absorption of ingested food fats and the utilization of the fat-soluble vitamins.

In the dosage required, Degalol exerts little or no choleretic influence Thus it proves superior to ordinary bile salts which not only are less potent in their influence on fat emulsification, but—since they are required in higher dosage—produce side actions which are frequently undesirable The powerful choleretic influence of the bile salts, for instance, is definitely to be avoided in catarrhal jaundice, though fat digestion and vitamin absorption are to be enhanced.

DOSAGE

One or two 1½ gr tablets t. i. d. Supplied in boxes of 100 sanitaped 1½ gr tablets. Available on prescription thru all pharmacies

When fatty foods lead to postprandial distress and epigastric pain, Degalol frequently proves specific. In suspected or frank deficiency of fat-soluble vitamins D, E and K and carotene, the administration of Degalol together with the vitamins is indicated.

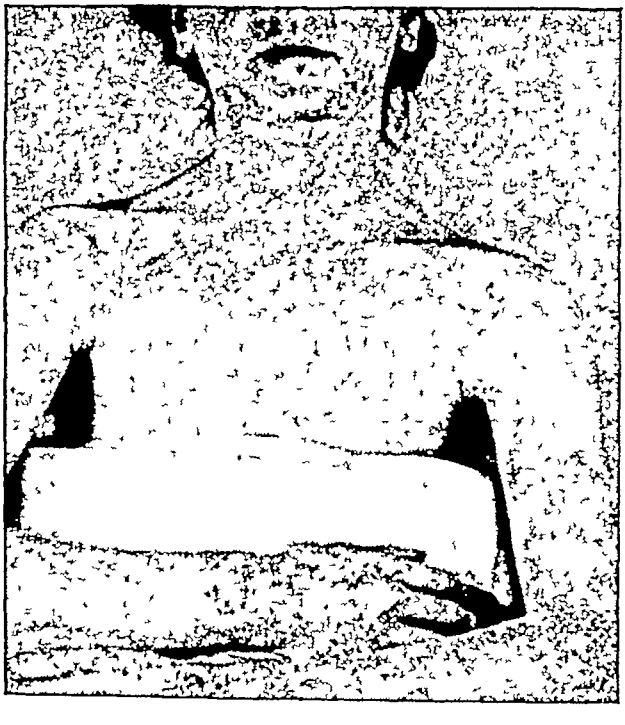


CHEMICALLY PURE DEOXYCHOLIC ACID

Riedel - de Haen, Inc. • New York 13, N. Y.

Atopic Eczema

IN MANY INSTANCES YIELDS



KNOWN also as neurodermatitis disseminata, atopic eczema is related to the hay fever-eczema-asthma syndrome Basically it consists of vascular hypersensitivity to a number of substances, the wide range of which makes therapy difficult Through the decongestant and stimulant properties of Tarbonis, atopic eczema responds in many instances Because of the beneficial action of its highly active tar, the local discomfort is mitigated and disappearance of the lesions is encouraged Elimination of the offending allergens, while usually difficult, should be attempted. Since Tarbonis is odorless, greaseless, and non-staining to clothes and skin, it may be employed continuously for a 24-hour application, thus assuring maximum therapeutic benefit

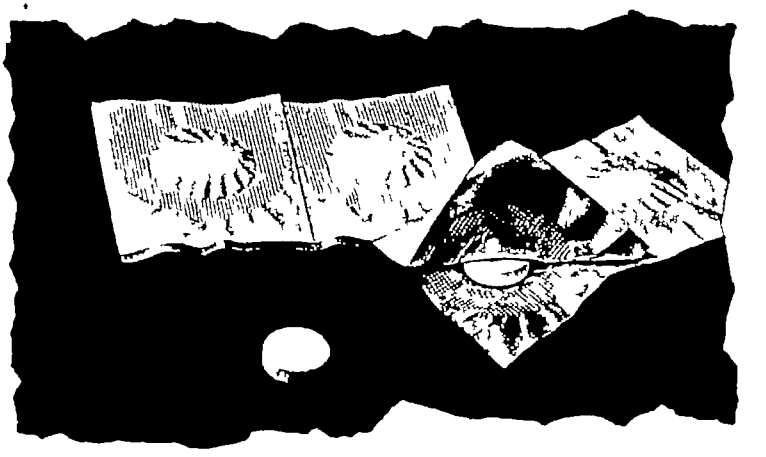
Tarbonis presents all the therapeutic advantages of crude coal tar with none of the drawbacks of the latter It is colorless, odorless, greaseless, does not stain linen or skin Tarbonis contains 5% Liquor Carbonis Detergens extracted from carefully selected tar by a unique process, retaining all beneficial factors of tar and eliminating the irritants Menthol and lanolin are also incorporated in the vanishing cream base, making for a preparation of unusual pharmaceutical elegance. Tarbonis is specifically indicated in eczema (including the infantile and atopic varieties), psoriasis, ringworm, occupational dermatoses, folliculitis, seborrheic dermatitis, intertrigo, pityriasis, varicose ulcers, contact dermatitis, lichen planus, ulcus hypostaticum.

THE TARBONIS COMPANY
4300 Euclid Avenue
Cleveland 3, Ohio

TARBONIS
REG U S PAT OFF

Do you know

ABOUT THESE CONVENIENT NEW FORMS OF PENICILLIN?



TABLETS PENICILLIN CALCIUM SQUIBB are individually and hermetically sealed in aluminum foil to prevent deterioration from moisture. Hence physicians can prescribe precisely the number needed without fear of potency loss. Penicillin destructive gastric juices are buffered by 0 5 gm of trisodium citrate in each tablet. Tablets Penicillin Calcium Squibb provide 20,000 units, making oral therapy feasible for many conditions which heretofore could be treated only by repeated parenteral injections.

Squibb also has available these new convenient forms of penicillin:

TOPICILLIN CHEWING TROCHES

20,000 units penicillin calcium in a flavored paraffin base, each troche individually wrapped Box of 6

TOPICILLIN OINTMENT

General purpose ointment containing 1,000 units penicillin calcium per gram in a base of petrolatum, anhydrous lanolin, beeswax and peanut oil. Tube of 14.5 Gm. (½ oz.)

TOPICILLIN OINTMENT OPHTHALMIC

1,000 units penicillin calcium per gram in a base similar to general purpose ointment, but with consistency adjusted to ophthalmic use. Tube of 3 6 Gm. (⅛ oz.)

DELACILLIN

Penicillin calcium in peanut oil with beeswax, 300,000 units per cc. 1-cc. and 10-cc. vials.

SQUIBB *Penicillin Products*

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

IMPROVED CLEANSING

without HARSH SCRUBBING



in Acne Vulgaris

Better cleansing in acne vulgaris was successfully attained when Acidolate—replacement for soap—was used as the skin cleansing agent in over 400 acne vulgaris patients during a period of four years [1]

Acidolate, the original and only sulfated-oil detergent with a background of extensive clinical research, offers the following advantages as a skin cleanser in acne vulgaris —

1 Achieves thorough and better cleansing by gentle massage instead of harsh scrubbing.
2 Removes excess sebum as well as other fatty materials and loosens epithelial debris.
3 Seems to lessen formation of new comedones and facilitates removal of those that do form.
4 The acidity of Acidolate (pH 6 25) approximates that of normal skin and does not change the protective action of sweat
5 Renders the skin receptive to the action of prescribed therapeutic agents.
6 Insures the patient s cooperation because of early, favorable response to the "Acidolate Massage cleansing technique.
7 Contains no alkalis no irritating fatty acids of low molecular weight and no allergenic substances.
8 Water miscible, Acidolate rinses off readily with hot or cold, hard or soft water

Printed instruction sheets for use of Acidolate by acne vulgaris patients available to physicians on request.

Other indications *When soap is contraindicated,* as in dermatitis venenata, eczema, seborrhea, etc., when soap is *inadequate* as in removing residual ointments

Supplied in
8 oz. and gallon bottles

LITERATURE AND SAMPLE ON REQUEST

Distributed for NATIONAL OIL PRODUCTS CO *by*

RARE CHEMICALS, INC.
Harrison, New Jersey

1. Swarts, J H and Blank, I H J A M A 125:30 (May 6) 1944

83J

ACIDOLATE

"Acidolate" Reg. U. S. Pat. Off.

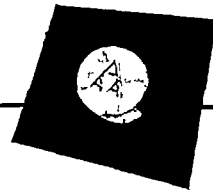
DYSPEPSIA

the most common gastric disturbance

"Dyspepsia due to hyperchlorhydria is the most common of all gastric disturbances. By prescribing Creamalin for the control of hyperacidity, the physician is assured of prolonged antacid action without the danger of alkalosis or acid rebound. Through the formation of a protective coating and a mild astringent effect nonabsorbable Creamalin soothes the irritated gastric mucosa. Thus it *rapidly relieves gastric pain and heartburn*

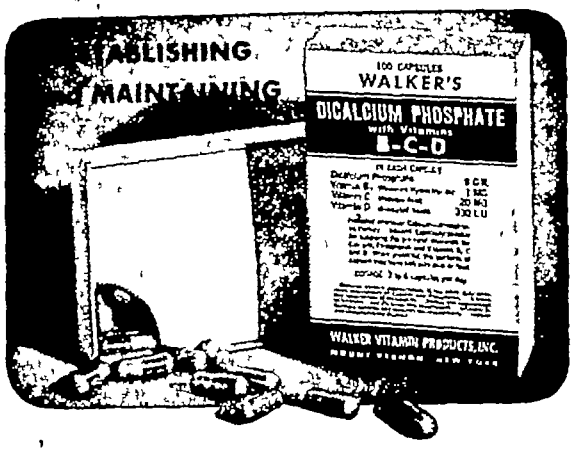
CREAMALIN

TABLETS



CONVENIENT • EFFECTIVE • PALATABLE

WINTHROP CHEMICAL COMPANY INC
PHARMACEUTICALS OF MERIT FOR THE PHYSICIAN
NEW YORK 13 N Y WINDSOR ONT



CALCIUM-PHOSPHOROUS *Balance*

The need for maintaining a favorable calcium-phosphorus balance throughout pregnancy and lactation is generally recognized Important links in promoting satisfactory mineral metabolism and the health of cellular and intercellular tissue elements are supplied by vitamins B_1, C and D. Pre- and post-natally the need for these vitamins is greatly increased.

WALKER'S
DICALCIUM PHOSPHATE
***with* VITAMINS B_1, C *and* D**

fully meets the need for a product which will supply these dietary supplements in a form readily acceptable to the patient Supplied as capsules or tablets

Available through all prescription pharmacies You assure quality when you specify a Walker product.

Walker

VITAMIN PRODUCTS, INC.
MOUNT VERNON, NEW YORK



FOR MEN AND WOMEN!

A WORTHWHILE CAREER IN LABORATORY TECHNIQUE

THE GRADWOHL SCHOOL OF LABORATORY TECHNIQUE is an ethical school, manned by competent ethical physicians and technologists and enjoys a high rating among the medical profession. Graduates placed in desirable positions in 1943 Gradwohl graduates are recognized as expert technicians.

Course includes—Clinical Pathology Hematology; Serology; Applied Bacteriology; Basal Metabolism; Blood Chemistry; Electrocardiography; Parasitology Tissue Cutting and Staining and X Ray Technique,

ENROLL NOW for priority 12 months course; 6 months internship. Classes start Jan., March, July, Sept., Oct.

31st Successful Year

Write for Free Catalog

GRADWOHL SCHOOL OF LABORATORY TECHNIQUE

Under the Personal Supervision of
R. B. H. Gradwohl, M. D., Sc. D., Director
3514 Lucas Av. St. Louis, Mo.

BRIOSCHI

A PLEASANT ALKALINE DRINK

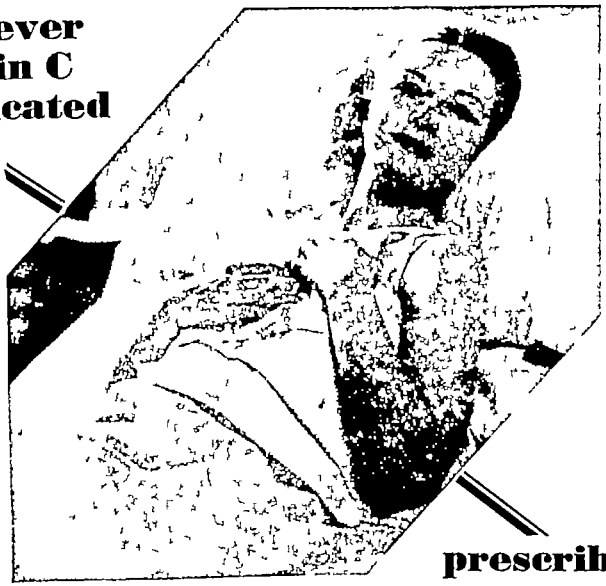


Actively alkaline. Contains no narcotics, no injurious drugs. Consists of alkali salts, fruit acids, and sugar, and makes a pleasant effervescent drink.

Send for a sample

G. CERIBELLI & CO.
121 VARICK STREET NEW YORK

Whenever Vitamin C is indicated



prescribe

SODASCORBATE

In surgery, in convalescence, in pregnancy and lactation, in infectious diseases—in scores of clinical and pathologic states—vitamin C is being prescribed more widely every day

And every day, more and more physicians are avoiding certain of this vitamin's undesired side and after-effects—gastric irritation, acid shift and laxative action—by prescribing SODASCORBATE, the *improved* vitamin C therapy

SODASCORBATE (sodium ascorbate) corrects vitamin C deficiencies surely swiftly safely It has many advantages over ordinary ascorbic acid particularly where this therapy must be continued over long periods, or where massive doses of vitamin C are required

The average dose for adults and children over 12 years is one tablet three times daily, or as indicated by the condition. For children under 12 one-half tablet. This may be dissolved in milk for babies and young children

Supplied in bottles of 40 and 100 tablets as well as in "hospital-size bottle containing 500 tablets. For professional samples and covering literature, sign and mail the coupon.



"NEW HORIZONS IN VITAMIN C THERAPY"

This 32 page monograph contains much interesting and valuable information on vitamin C therapy Brief concise authoritative. Most comprehensive bibliography Mail the coupon for your copy

VAN PATTEN PHARMACEUTICAL C

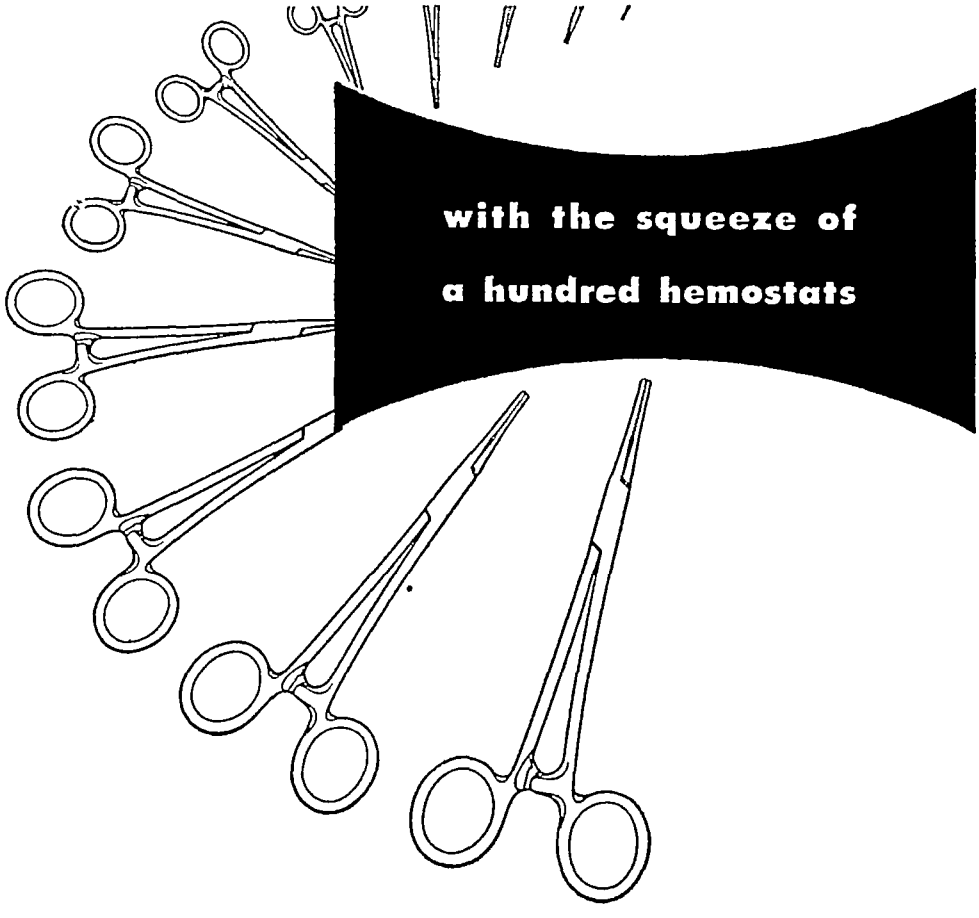
500 N Dearborn Chicago 10 Ill. NY

Please send professional samples of SODASCORBATE Tabl and 32 page monograph "New Horizons in Vitamin C Therap

Dr _____

Address _____

Town _____ State _____



'ERGOTRATE' (Ergonovine Maleate, U S P , Lilly), when injected intravenously, assures quick contraction of the postpartum uterus and tight compression of blood vessels at the placental site 'Ergotrate' minimizes blood loss at delivery, protects against postpartum hemorrhage, lessens the possibility of postpartum infection Also available in tablets for oral administration

Lilly

ELI LILLY AND COMPANY • Indianapolis 6, Indiana, U S A

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1945 by the Medical Society of the State of New York

GEORGE W KOSMAK, M.D., *Managing Editor*
LAURANCE D REDWAY, M.D *Assistant Managing and Literary Editor*
NORMAN S MOORE, M.D., Ithaca, *Assistant Literary Editor*
DWIGHT ANDERSON, *Business Manager*
ANNE MERRILL, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M.D., *Chairman*
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M.D
WALTER P ANDERTON, M.D

VOLUME 46 JANUARY 15, 1946 NUMBER 2

Editorial

Promises

In a preceding issue of the JOURNAL we commented upon President Truman's recent message calling for a national health program as a part of an expanded Social Security project. Naturally, this is a matter for the people finally to decide, we hope on the merits of the proposal itself Security has to be paid for in one way or another, and the mere payment of the price does not guarantee either the quality of the product or its durability, nor the satisfaction of the customers with what they have purchased

As to the medical aspects of the program, about which it might seem doctors could speak with a degree of authority surely greater than most laymen and many politicians, the medical profession can act only in an advisory capacity to the public. And even in this capacity it can only lead the horse to water We can advise against socializing the medical profession, we can document that advice by numerous references to the experiences of other countries, all unsatisfactory, not perhaps by their standards but by ours, we can point out the benefits derived from private enterprise as against governmental control and management, we can show that "free" medical care is never free, that somebody pays for it in the end, but we cannot compel the public to listen to us

On the other hand, backed by the power of the public purse, there is little that the proponents of socialized medicine cannot promise Governor Saltonstall of Massachusetts, in a recent address at Town Hall, in New York, stated this very bluntly when he declared, "Don't have the Government make promises that it cannot live up to," and characterized the program as "a difficult one that has to be approached with care" Although measures of this kind have previously been before the public, it is questionable how much attention has been accorded them, especially by those groups which would be directly involved in the proposals No matter how these are presented by proponents of such measures, the general interpretation is that by their adoption, *free* medical care is to be given. The accessory devices relating to deductions from pay envelopes, to the red tape involved both for

patient and physician, to possible and very likely increased general taxation and to many other features, are not given sufficient thought in contrast to the glorious promises held out It is usually some time after the promises are made, after the voters have left the polls, that the citizen feels the cold hand of the government tax collector clutch his pocket, his business, his pay envelope, and enmesh his heirs and assigns forever

Promises are one thing, performance quite another Promises are the stock in trade of the politician and legitimately so, but in the case at least of the practice of medicine he can carry out his promises to the voters only by the *performance* of the doctors under the system he proposes It is difficult enough to guarantee one's own performance under most circumstances, to guarantee that of another person or of another group, even that of a profession governed by as rigid ethical principles as the doctors', would be no mean accomplishment True, it can be compelled by statute to a certain extent, as by the Public Welfare Law or the Workmen's Compensation Law, but in these instances there is more or less acceptance of the principle by the medical profession as a whole, and such systems are on a state level for the most part The recent experiences of New Zealand with its compulsory 'health' insurance and the thorny path being traveled in Great Britain by the doctors and the Labor Government are cases in point where national systems of medical care under governmental auspices are involved

For the information of our readers, we quote, *in extenso*, from a London correspondent,[1] since the question of the operation of a National Medical Service is now under discussion by the British Medical Association and the Labor Party

"The Labour Party has long been in favour of a National Medical Service, and some years ago it declared itself to be in favour of a whole-time salaried service Those in power are not fools and they realise the enormity of their present tasks in the rehabilitation and postwar reconstruction of Britain and the world They realise that without the good will of the majority of any affected group of the community their task is a hopeless one

"It is likely therefore—indeed the Minister of Health has said so—that the medical profession will be extensively consulted in regard to any scheme which is placed before Parliament, and so far as possible the profession's wishes will be met It seems likely that the first stage will be to provide free treatment for all in the following way Every person will be entitled to the services of a family physician of his or her choice. The family physicians, or, as we call them, the general practitioners, will be remunerated by a capitation fee for every patient on their list of patients But the government is also toying with another idea, the health centre. At a health centre a number of family physicians will be centred, and there will be such facilities as x-ray, special clinics, etc

"At such clinics or health centres the doctors will be remunerated by salary Thus there will be salaried and nonsalaried doctors competing with one another As regards hospitals, there are in this country voluntary and local authority or municipal hospitals It is likely that the Government will nationalise the municipal hospitals and enter into contract with the voluntary hospitals so that the latter are paid a certain sum for each service rendered to a patient treated on behalf of the State Later the voluntary hospitals may be taken over but not at first

"The public health services are at present maintained by local municipal authorities A form of regionalisation is visualised, and the administrative control of all medical services in the region will be vested in a regional committee On the regional committees and on the central committee the medical profession, the ancillary services, and the public (the patients) will be represented

"What is the profession's attitude towards all this? It is very difficult to determine When the late government issued its proposals the British Medical Association issued through the Institute of Public Opinion (Gallup Poll) a questionnaire This was sent to 53,728 doctors. 25,435 replies were received On the basis of these 39 per cent of the profession was favourable and 53 per cent unfavourable, the remainder being uncertain It is interesting to note that the figures from doctors in the services differed quite markedly from the general view Thus the figures show that doctors in the services were 53 per cent in favour and 41 per cent against. What effect would a national medical service have on doctors?

"In general, one can say that it would make the life of the junior less precarious and the life, or rather the latter part of the life, of the senior less remunerative That applies equally to specialists and general practitioners

"Until the present government announces its

[1] Letter of October 18, 1945

scheme including its financial terms, it is impossible to make any further statement The most important things are (1) How is the service to be administered, (2) What are the financial terms, (3) What prospects will there be for individual initiative and advancement?

"The profession is fully determined that, so far as possible, bureaucracy and politics, whether local or national, shall be kept out of the service, and that the profession shall be adequately represented in the management of the service"

According to a recent article in the *American Magazine*[1] for January, 1946, President Truman's recommendation that Congress establish a system of compulsory health insurance under the social security setup is supported by 60 per cent of a group of physicians and experts in public health work polled by the *American Magazine*

Ninety-nine per cent of the experts polled believe that the American people should be protected by some form of health insurance, but 40 per cent feel that the insurance should be private and voluntary rather than compulsory and under government operation Of the men and women authorities polled, more than half of them were physicians, some in private practice, others in public health work, in hospitals, universities, industries, and group health systems.

While the social and economic authorities (those without M D 's) favored compulsory insurance 75 to 25 per cent, the experts who are physicians divided almost exactly 50–50, according to the magazine

The majority of the experts believe that at least 40 per cent of the American people are receiving inadequate medical service and five out of six would have insurance payments cover both doctor and hospital costs "Even the other one sixth go beyond hospital service alone," says the magazine "They would include doctors' services of especially high cost, such as surgical costs"

In line with President Truman's recommendation, nine out of ten experts would let patients decide for themselves what physicians they would go to

Those favoring compulsory insurance under government operation argue that it will provide medical care to all at a price they can afford, it will spread the cost so widely that it won't be overloaded with people of very low incomes or by those who are poor health risks, and that the quality of service will be more uniformly maintained, since minimum standards will be established and supervised on a nation-wide basis Moreover, they think such a plan "will provide an efficient system which combines the care of insured persons with broad tax-supported services and programs for preventing disease

Those supporting a voluntary system contend that it will provide higher quality service and encourage medical progress They argue that government administration will be incompetent, inefficient, bureaucratic, will be run "politically" and "regiment" doctors and patients, will limit the initiative of doctors, and generally stifle medical progress and lower the standards of medical care

Among those polled were A J Altmeyer, chairman of the Social Security Board, Reginald M Atwater, Executive Secretary, American Public Health Association, A. C Bachmeyer, director of clinics, University of Chicago, Dean A. Clark, medical director, Health Insurance Plan of Greater New York, Morris Fishbein, editor, the *Journal of the American Medical Association*, S R. Garfield, medical director, Permanente Foundation Hospital, Oakland, California, Frederick D Mott, chief medical officer, Farm Security Administration, Louis S Reed, U S Public Health Service, Richard H Shryock, University of Pennsylvania, Harvey B Stone, private medical practice, Baltimore, Senators James E Murray, Montana, and Robert F Wagner, New York, and Franz Goldman, Yale University In Chicago on December 2, 1945[2]

"The first annual conference of presidents and other officers of state medical societies, to which delegates from all forty-eight states were invited, adopted a resolution calling for state-wide health programs 'based on the free choice of purveyors of health care' and urged also that a secretary of public health and medical welfare be added to President Truman's Cabinet

"Dr Philip K. Gilman, of San Anselmo, California, president of the California Medical Association, condemned President Truman's

[1] News Release of December 3 1945. Results of a poll of experts conducted by Dr Arthur Kornhauser of the Bureau of Applied Social Research Columbia University

[2] Herald Tribune, Dec. 3 1945.

proposed national system of health insurance as compulsory and 'bureaucratic'

"'We find our profession attacked on a broad front by politicians under the leadership of the highest elected official of our country, the President,' Dr Gilman declared

"Dr Joseph H. Howard, of Bridgeport, Connecticut, president of the Connecticut State Medical Society, also said President Truman's bill 'is socialized medicine' and asserted the measure's provision for 'free choice of physicians' includes 'only those physicians who are participating in the program'

"Arthur J Altmeyer, of Washington, chairman of the Social Security Board, defending President Truman's program, told the physicians that 'the medical profession cannot achieve the objective without the help of the government'"

New York Medicine,[4] commenting on the President's Health Program, says

"None of these proposals is strictly new The hospital and health center construction program for example, is already before Congress in the "Hill-Burton Bill" and is supported by both the American Medical Association and the national hospital organizations

"Several other principal features of the President's program will unquestionably be endorsed by the medical profession The most seriously controversial proposal, of course, is that recommending a federally financed national compulsory health insurance system

"As the public, both lay and professional, has a right to ask for candor and explicit details in the legislation to be offered, so, also, should we demand a show of honesty and realism in calculating the costs, financial and otherwise, involved in such an enormous experiment

"On this point, the *New York Times* offers a word of caution, suggesting that with at least one hundred million people insured, the demand for medical service will expand to an enormous degree, with the result that the cost of insured medical care may well amount to $4,000,000,000 annually rather than the $2,800,000,000 estimated by the President

"'Add the cost of building and operating the proposed hospitals and medical centers at Federal and State expense, and last, money allowances when sickness or disability prevents a man from working, and no one knows what the ultimate figures may be,' the *Times* points out

"'The hard facts must be faced,' continues the *Times* editorial, 'that we have a national debt which may well reach nearly $300,000,000,000, and that even this country's riches are not inexhaustible The small business man is the one who will suffer most by increased levies, whether they are imposed directly on his income or indirectly in the form of contributions His margin of profit is in many cases already so small that it will be harder than ever for him to survive'

"Insurance experts have pointed out that the present social security system is being maintained on an actuarially insecure base, due to the refusal of Congress to increase the rate of contribution beyond the original 1 per cent level that still obtains The normal rate originally contemplated to be in effect by 1945 would be 2½ per cent Some insurance actuaries assert that the level rate of contribution necessary to furnish the benefits provided by the Social Security Act is now actually nearer to 5 per cent than 2½ per cent

"If the American people really want socialized medicine, we may be sure that they will ultimately get it There is no point, however, in trying to 'sell' them socialized medicine under a phony label, nor should these goods be advertised for prices which won't meet the cost of production We do not ask the public to take our word for it that this kind of socialized medicine will not be good for them All we ask is that the public shall have an opportunity carefully and completely to examine the case, that beautiful promises shall be embodied with precise language, and that the views of medical men be given equal consideration with those of politicians in the ultimate decision

Mark Sullivan, writing in the *Herald Tribune*,[5] says

"The President's health program can become socialized medicine or remain free Which turn it takes depends on how the measure is written, after debate in Congress, and how the system is administered

"One test will be how and to whom the government pays the money for health insurance In Social Security the government pays direct to the beneficiary, and he uses it as he freely chooses If in health insurance, likewise, the government pays direct to the beneficiary, the beneficiary will be free to choose his own doctor, and doctors will have no cause for complaint in that respect. But if the government is to make the payments to doctors, government would in that case choose the doctors, or set up categories of doctors acceptable to it It would have much control over doctors, their fees, their standards of practice, and their relations with patients And with control over doctors would go control over patients By watching this and other tests, Congress, in writing the details of the measure, can

[4] Vol. 1, No 23, Dec 5, 1945

[5] December 9, 1945

achieve the benefits of health insurance without the dangers which doctors and others fear"

We could wish that it was as simple as all that. Oversimplification of a vast and complex problem can be as harmful to a workable solution as anything we can think of Fair debate of the whole question with adequate representation of the medical profession and of the public, with full publicity, is the next step

Frozen Foods

The last few years, even with wartime restrictions, have witnessed a large expansion in the field of frozen foods. While news releases and editorial comment in the press have announced the inauguration of new community locker plants, little information has reached the public concerning the comparative nutritive value of frozen foods. Mothers are asking the family physician more and more about feeding the family from the family locker Now that developments of much greater magnitude are in the production stage and will reach the consumer within the next few months, the alert doctor will become familiar with the trend and keep informed on facts regarding frozen foods, especially the nutrition and public-health features. Fortunately, the latter aspects have received considerable attention in recent studies

The loss of nutrients has been studied in blanching, freezing, storage, and cooking The freezing process retains more nutritive value than any other method of preservation. The losses during storage of frozen products are small The blanching and cooling prior to freezing vegetables, however, result in a considerable loss of vitamin C and significant losses of some of the other vitamins and water-soluble minerals Because frozen foods require much less cooking than fresh products, the loss of nutrients from cooking is considerably less. The net result is that frozen foods may have as high a nutritive value when they reach the table as they do when cooked fresh For example, frozen peas cooked after a year's storage may have as much vitamin C as the same product cooked within seventy-two hours after picking

Frozen vegetables are not as subject to deterioration in color and flavor in cooking as are fresh products In fact, greater palatability is an important factor in consumer preference for many frozen foods, compared with the corresponding canned products or even the fresh products as purchased in the market.

The public-health aspects of frozen foods have been authoritatively discussed in a report by a Committee of the Public Health Association.[1] This report points out that while freezing causes a large decrease in the micro-organisms present, it does not sterilize food and, further, that thawed products are more prone to spoilage than similar fresh products Thus the report states, "The same or greater care should be taken in handling foods prior to freezing as is given in handling similar foods which are consumed without freezing or storage" Regulations which should govern the operation of storage-locker plants are discussed A finding of special interest noted in this report is that the temperature commonly employed in cold-storage lockers and farm freezers kills trichinosis organisms

As new developments in freezing and storage are extended into individual homes, it becomes of special importance that there be a thorough understanding of the conditions or precautions necessary in the preparation of food for freezing and the conditions of storage Particularly, there is danger that frozen food may be held too long at too high a temperature, such as exists in the freezing compartments of many ordinary refrigerators Frozen foods should not be held above 15 F for more than a few weeks, because some micro-organisms can develop at this temperature To avoid deterioration in palatability, the storage temperature must be lower Taste and appearance will remain practically unchanged for a year at 0 F and

[1] Report of Committee on Foods of American Public Health Association, Am. J Pub. Health (Supplement) 33: 77 (1940)

for six months at 10 F , but only for a much shorter period at higher temperatures

The new developments should prove of special benefit to the nutrition and health of rural people Fresh fruits and vegetables as they are gathered from the garden can be preserved for out-of-season use, and a meat supply with its original flavor and other qualities can be constantly at hand A more nutritious and better balanced year-round diet should result Suburban and village people with vegetable gardens can similarly benefit Improved products in the markets and the new small storage units for the home may also mean a large increase in the use of frozen foods by the city dweller and a better diet accordingly Costs of products, equipment, and services will be large factors in determining the future expansion in the consumption of frozen foods

Detailed information on the freezing of foods can be found in the bulletin by Masterman and Lee,[2] and on their preparation for the table in the publication by Fenton [3]

[2] Masterman Nancy K , and Lee Frank A Cornell Extension Bulletin 611, June, 1945 (Temporarily out of print)

[3] Fenton, Faith Cornell Extension Bulletin 628, December, 1943

Cobra Venom in the Treatment of Angina Pectoris

With the increasing prevalence of cardiovascular disease, the control of the pain in patients suffering from angina pectoris assumes increasing importance In a recent study Freedberg and Riseman[1] have attempted to evaluate the therapeutic value of cobra venom They review the literature since Monae Lesser, in 1929, first suggested its use for the control of pain and find 14 reported cases of angina pectoris treated by the injection of cobra venom "with uniformly good results" They point out that in all of these cases the benefits were evaluated by the clinical history alone

"It has been repeatedly demonstrated that when judged by the clinical history, beneficial results can be obtained with the use of placebos as frequently as with other medication, so that objective studies are necessary The present study was undertaken as part of an objective evaluation of methods of treatment in this condition, which has, up to the present, included approximately seventy different therapeutic measures"

For this study 12 patients were divided into three groups Group 1 consisted of those who, following the sublingual administration of 0 3 mg of nitroglycerin, were able to do 100 per cent more work than was possible without medication Group 2 patients were able to do approximately 50 per cent more work after taking nitroglycerin Group 3 patients failed to respond to any of the usual methods of treatment, including nitroglycerin

The daily intramuscular injection of venom in doses of 1 to 2 cm was beneficial in 7 of the 12 patients studied However, in patients in the 1 and 2 groups nitroglycerin was, with one exception, considerably more effective

"On the other hand, in 3 of the 5 patients comprising Group 3 the injection of cobra venom resulted in a significant increase in ability to do work In 2 of these patients cobra venom is the only drug out of fifty-seven tested to date that has enabled them to do more work or has resulted in demonstrable clinical improvement The increase in ability to do work under standardized conditions was paralleled by a decrease in the frequency of attacks in daily life"

In contrast to the effect of nitroglycerin, cobra venom did not prevent the electrocardiographic changes induced by exercise .Its action is, therefore, not that of coronary vasodilatation The authors' conclusion is, "Cobra venom apparently acts by preventing the patient from experiencing the sensation of pain It is, therefore, comparable to the surgical procedures designed to interrupt sensory nervous pathways and should, we believe, be reserved for patients in whom surgery is contemplated but who may possibly avoid it by the use of this medication."

[1] Freedberg, A Stone, and Riseman, Joseph E F New England J Med 233 462–466 (Oct. 18) 1945

AN EFFECTIVE CONTROL PROGRAM FOR RABIES

ROBERT H BROAD, M.D., Ithaca, New York, and ALEXANDER ZEISSIG, D.V.M., Ithaca, New York

(Health Officer, Ithaca, and Associate Professor of Bacteriology, New York State Veterinary College, Cornell University, Ithaca)

AN EDITORIAL on "Rabies Control" appeared in the NEW YORK STATE JOURNAL OF MEDICINE,[1] in which, among other things, some of the necessities of a rabies control program were outlined. An opportunity to put some of these recommendations into practice has presented itself in the case of Tompkins County. Since the results, up to the time this is being written, have been very gratifying, it was felt that an account of what was done might prove valuable to others faced with the same problem.

Preoutbreak Activities

Early in the spring of 1945, it was realized that the County of Tompkins was in the path of a spreading wave of rabies. The greatest threat seemed to be from areas to the south where cases of this disease were numerous. In February a group of the faculty of the New York State Veterinary College at Cornell University, realizing the possibility of this menace appearing locally, initiated a program to inform veterinarians, physicians, and the lay public of the known facts regarding the disease. After considerable deliberation a group of veterinarians and public-health officers decided upon a program of action to avert, if possible, the necessity of having to deal with this disease. This self-appointed committee invited city and county administrative officers to meet with it and consider the problem. The situation was presented by the Health Officer of the City of Ithaca, supported by the other members of the volunteer committee. Their proposals were favorably received by the county and city officials with the result that certain protective measures were initiated in an effort to shield the community and get it ready for the storm should it strike. The following recommendations were put in force. (1) It was decided to enforce more rigorously the night quarantine on dogs of the Department of Agriculture and Markets. It was felt that to the extent that this regulation was complied with there would be fewer dogs in circulation, at least during the hours of darkness. To implement this regulation each Town Board in the county agreed to appoint at least one town dog warden to supplement the work of the county dog warden. (2) The dog wardens of the county were instructed to pick up and dispose of all unwanted stray dogs. It has been well established that this class of dog is one of the principal disseminators of rabies. (3) It was agreed to alert the public regarding the potentialities of rabies so as to prepare them for the problem with which they might soon be faced. Vaccination of dogs as a preventive measure was discussed but it was felt to be too early to secure public cooperation. (4) Individuals were requested to report all dog bites to the family physician or health officer, and to have them properly treated. (5) The procedures to be employed should rabies make its appearance in Tompkins County were discussed. Among other things these included a Rabies Advisory Council and a public vaccination program as indicated in the editorial cited above.

The institution of the protective measures just outlined had a very beneficial effect. Through the educational work which was done by means of radio talks, addresses before service clubs and other groups, the public was prepared to accept some of the inconveniences necessitated by the proximity of this disease. Not only was there greater compliance with the night quarantine, but also many unwanted dogs were eliminated. Furthermore, many persons restrained the activities of their dogs as a protective measure. Finally, large numbers of dogs were privately vaccinated against rabies. Naturally, some of these procedures, particularly that of picking up stray dogs which were claimed as pets by groups rather than individuals, met with criticism. However, as soon as the necessity for what seemed like cruelty or overzealousness on the part of persons charged with protecting public health was explained and understood, this criticism subsided. We believe that the control measures instituted and the preparatory educational work which accompanied them made possible the snuffing out of the disease when it finally did make its appearance. This occurred during the latter part of June. Two dogs developed rabies within a few days of one another.

Presumably some stray rabid dog or other animal was responsible for both of these cases although the original animal was never found. Subsequently, a rabid fox was killed by a dog just outside the City of Ithaca. To date, there have been no additional cases.

[1] New York State J. Med. 45: 1639 (Aug. 1) 1945.

Procedures at the Time of the Outbreak

When rabies struck Tompkins County in June we had the machinery to combat it ready to spring into action Not the least of these weapons was an educated public As soon as the diagnosis was established, and without waiting for certification from the Commissioner of Health, we asked the local radio station to make spot announcements that rabies had appeared in the City of Ithaca and to request dog owners not to allow their pets to run loose They were requested instead to have them on a leash while on the streets The response to this request was phenomenal We were totally unprepared for the practically universal public compliance which followed The dogs disappeared from the streets For several days there was much barking and yipping emanating from the homes of dog owners In three or four days this racket ceased as the dogs became used to the idea Meantime, dogs which were encountered on the streets were on leash, and it was gratifying to observe that even the children were doing their part, as evidenced by groups of them with the neighborhood pet tied to the other end of a piece of clothesline

The first case of rabies happened to be discovered on a Saturday On Monday the general plan of control was presented to the city and county officials along with other interested persons at a meeting called for that purpose The group agreed that, regardless of the fact that under the law the Town Health Officer is the controlling official, active participation of all groups concerned would be necessary if success was achieved Furthermore, most towns and cities encompass an area which is too small for control measures to be effective The multiplicity of control units, that is, towns, might result in lack of uniformity in procedure leading to public confusion and dissatisfaction Under such an arrangement there is also apt to be much duplication of effort and facilities, which increases the public expense On the basis of these facts the group decided to pool the resources of the entire county The plan which follows is, therefore, drawn up on a county basis We see no reason, however, if a town were faced with a similar problem, why it would not prove equally valuable for such a control unit A résumé of the plan and its method of operation follows

A Rabies Advisory Council

Attempts to control rabies are frequently accompanied by accusations that this, that, or the other group has invented rabies to suit its own ends Certain groups may also be accused of exploiting the situation for their personal gain Where such is the case we do not believe that the individual or group should be shielded. On the other hand, it was felt that false accusations in these respects should be convincingly answered It would be better yet if they never arose One of the most important features of the plan proposed, therefore, was a "Rabies Advisory Council," on which were represented all of the elements of the community which would be concerned in the eradication program In addition to forestalling unjust criticism, this council was the source of many a constructive suggestion as well as being the means of bringing back to its constituency an understanding of what we were trying to accomplish

We believe that it was invaluable in creating public confidence in the procedures decided upon and in facilitating compliance therewith The Council consisted of

1 The District State Health Officer, Chairman
2 One of the town health officers
3 The city health officer
4 The County dog warden
5 Two dog owners
   (*a*) A representative of the ordinary pet owners
   (*b*) A representative of the Tompkins County Kennel Club
6 A representative of the Board of Supervisors

This council sponsored all of the publicity which appeared in the local papers on the subject of rabies It served in the same capacity in respect to a public vaccination program We feel that this sponsorship helped to "sell" both programs

Public Education and Public Relations

Public education, to the point where the people understand the nature of the problem, and harmonious relations between the public and those attempting to control rabies are the backbone of any effective program Therefore, it was agreed that the publicity campaign should be frank and correct in all respects It is also important that differences of opinion or bickerings about methods or procedure should not be aired in public because they divert attention from the main objective The second important feature of the plan which we proposed provided for a person through whom all material relating to rabies which appeared in the press of the county in all radio releases, and in talks before groups was cleared The cooperation of the editors of newspapers in this matter was solicited and obtained We might mention that in the beginning we had an unfortunate experience or two along this line When we understood the problems of the reporters and editors in fitting copy into a certain space, and they in turn under-

stood the necessity for accuracy and completeness, which was vital to us, there was no further difficulty To further facilitate smooth cooperation we agreed to supply material in finished form at regular intervals This lightened the work of the reporters and editors and assured us that the material which appeared was what we wanted it to be.

The official notice of certification was accompanied by an article in the local daily on interpretation of the law and the responsibility of the dog owner thereunder Posters explaining the fundamentals of the law were displayed in conspicuous places throughout the county The public was also advised to consider all dog bites as those of potentially rabid animals The importance of early treatment of such wounds was stressed and the people were urged to report immediately to the family physician to have it administered Bitten persons were also asked to try to remember enough about the dog responsible so as to provide the health officer with information leading to his identification This initial article was followed at one- or two-day intervals by others on "Animal Rabies," "Human Rabies," and "Vaccination Against Rabies."

Rabies publicity must meet some peculiar demands It would be unfortunate to have a plethora of articles at the time of the outbreak followed by a dearth which would allow public interest to lag On the other hand, such publicity can be overdone to the extent that the public becomes bored and indifferent. We, therefore, set out to prepare a short column each week under the caption, "The Fight Against Rabies." This column was short and to the point. By means of it we slapped people on the back when a good job was being done and prodded them where things seemed to be lax. We made announcements in connection with the vaccination program which the Council sponsored. We pointed out what was happening elsewhere. These weekly bits served to sustain interest in the subject. Since certification lasts at least six months after the last case is found, such sustained interest is a necessity

Quarantine

Of the two classes of methods in the control of rabies, the most important is the interruption of the cycle of infection by quarantine It is necessary to establish such a state, not only where the disease is known to have occurred but also in the surrounding area. Dogs with the furious form of rabies have been known to travel twenty miles or more from their homes The only way that such an animal can be prevented from infecting others during such a journey is to endeavor to convince dog owners in an area where the disease does not exist of the necessity of keeping their pets in isolation before the disease arrives. If this can be done, the rabid dog finds no other dog to bite. Such cooperation can be achieved only through an effective educational program

It is desirable to appoint extra dog wardens, if necessary, in advance of the appearance of the disease. Such individuals can do much toward eliminating uncared-for dogs prior to an outbreak, whereas, after the disease appears, they are indispensable, to insure compliance with the regulations. Such individuals should be selected because of their ability to deal courteously yet firmly with the public. Immediately following notice of quarantine, animals apprehended by the dog wardens were returned to their owners with a warning However, if a dog were found at large a second time, the owner was summoned into court and fined After about ten days the procedure was changed in that any dog caught at large was taken to the pound The owner was then informed that it was necessary for him to obtain a release from the court before his dog could be returned. As the public became educated along these lines, fines were imposed for first offenses These were usually $3 00 Subsequent offenses brought larger fines, or the offender might be placed on bail until the dog was properly confined or disposed of

Dog wardens were supplied with nooses and other equipment for catching and handling dogs found at large Nooses were also supplied to city police for emergency use The City of Ithaca provided its warden with a truck to be used for patrol and for transportation of captured dogs to the pound It was necessary to enlarge the pound facilities to accommodate the extra volume. It should be pointed out that in this matter, also, it was decided that it would be more economic and more satisfactory to have a single pound for the entire county

The justices of the peace and the Ithaca City Judge agreed upon uniform procedure to be followed in the case of violators of the quarantine. This insured equality and uniformity of treatment throughout the county

Dogs suspected of being affected with rabies and dogs known to have been bitten by a rabid dog must be especially provided for in an effective control program These two classes of dogs might be referred to as seven-day dogs and four-month dogs, respectively In the case of the seven-day dogs it is desirable, if practicable, to confine them in a suitable place, in order to determine whether they are infected with rabies, or are suffering from some condition with which it may be confused The rabid dog will die within one week of the onset of symptoms. In most

instances death will occur about the third day Allowing the rabid dog to die has another advantage If death occurs naturally, the chances of finding Negri bodies in impression preparations or sections seems to be increased Hence, much time may be saved in establishing the true diagnosis, and this information can then be applied in deciding upon the proper course of treatment of persons who may have been bitten In the case of a dog known to have been bitten by a rabid dog, the most radical and probably the safest procedure is to destroy the animal In the Tompkins County outbreak six dogs and three cats known to have had contact with rabid animals were destroyed during the ensuing week This action no doubt had a great deal to do with the failure of additional cases of rabies to appear in the City of Ithaca It may be of interest to note that despite the fact that one of the original cases of rabies appeared in a section of low economic status, it was necessary to take court action to destroy a dog in only one instance The alternative to destroying dogs known to have been exposed to rabies is to hold them in suitable quarters for a period of at least four months The present law provides that this shall be done at the expense of the owner, if he elects this alternative From our experience we believe that the holding of both seven-day dogs and four-month dogs for observation should be at public expense If either of these procedures becomes a matter of private expense to the owner, he will refrain from reporting such suspicious symptoms or exposure, thereby hamstringing the control program The reporting of exposures is particularly important since such dogs, suddenly showing symptoms of the disease, may bite members of the owner's family or be responsible for creating secondary foci of infection in an untold number of other animals

Vaccination

Vaccination is a weapon which has a valuable, though secondary, role in controlling rabies It is, however, considered by many to be an indispensable adjunct to quarantine The benefits of a program of mass vaccination to the dog owner are no greater than those derived by the general public It was the feeling of the Advisory Council that unless the cost to the dog owner were little or nothing, clinics for the vaccination of dogs would not serve a sufficient number to make their establishment worthwhile An appropriation for the establishment of free vaccination clinics was, therefore, requested at a meeting of the Board of Supervisors held the week after the cases of rabies made their appearance The Board appropriated $4,000 to be used for the purchase of vaccine, defraying the cost of administration, and other necessities arising out of the rabies control program The legal basis for this action was Section 12, Subdivision 28-C of the County Law The Tompkins County Board of Supervisors justly deserves commendation for their farsightedness and their assumption of responsibility for the public welfare and the protection of the livestock of the county

Prior to the initiation of the vaccination program the public was repeatedly informed of the importance of vaccination both as a means of protecting the individual dog and in preventing the development of an epidemic However, it was cautioned that until the "area was designated" a vaccinated dog had no privileges and could not be allowed to run at large Ten clinics were conducted in the City of Ithaca and twenty clinics in nineteen places throughout the county over a period of two weeks At these clinics a total of 3,312 dogs, or approximately 58 per cent of the county dog population, was vaccinated To insure each dog owner's being notified, postcards were sent each licensed owner requesting him to bring his dog to a designated clinic at a certain hour In addition, notice of the time and place of holding clinics was published in the daily paper and those persons not receiving cards were advised to bring their pets to the clinics nearest them for vaccination Volunteers addressed and mailed the appointment cards and assisted at clinics Firemen in the fire stations, which were used in many cases as clinics, set up tables and assisted in other ways The participating veterinarians, who were paid on a fee-per-clinic basis, definitely earned their money Two veterinarians were in charge of each clinic The procedures were so streamlined that the injection of vaccine, the fastening of vaccination tags, the making out of vaccination certificates, and the recording of the necessary information were so speedily accomplished that at some clinics 175 dogs were processed in a two-hour period Each owner was given a small handbill, a replica of which follows

Your dog has been vaccinated against rabies. The desired immunity will not develop for at least one month, and he should, therefore, be kept away from other dogs for this period of time or longer

Should your dog have been bitten by a rabid animal before he was vaccinated, the vaccine may not prevent him from having rabies

Rabies vaccination does not give 100 per cent protection but does give immunity to a sufficient number of dogs to make the procedure worth while If any dog develops rabies after vaccination it is not necessarily the fault of the vaccine or the veterinarian who gave it

The privileges of the vaccinated dog are at all times subject to the rulings of the State Commissioner of Health

The Tompkins County Rabies Advisory Council

The effectiveness of this program cannot be accurately measured, because we have no way of knowing what would have happened had the steps which we carried out not been taken For the past six months no new cases of rabies have come to our attention We feel, therefore, that the public money was spent well The cost of vaccination per dog, including the material, its administration, and incidental expenses, was about $0 60 Approximately two months after having been certified all of Tompkins County was designated by the Commissioner of Health as an area in which vaccinated dogs would be allowed to run at large Thus there have been six months of quarantine and four months during which vaccinated dogs have been running at large without a case of rabies having occurred We feel that the public is grateful for the aggressive program which was initiated and feel that it is to be congratulated because without its intelligent cooperation the results just mentioned would not have been obtained

---

ANSWER TO MUSCLE RIDDLE

The question of how living muscles contract and relax seems to have been answered by research by Prof A. de Szent-Gyorgyi, of Hungary, winner of the Nobel Prize for his isolation of vitamin C

The muscle research, finished by Prof de Szent-Gyorgyi during severe persecution by German and Hungarian Nazis was reported in full at a meeting of the Hungarian Society for Natural Sciences the first public act of scientific life after Hungary's liberation.

Discovery of a previously unknown protein and its role in muscle contraction were reported by Prof de Szent-Gyorgyi. He and his collaborator, Bruno Straub, named this protein actin.

Under certain conditions, actin forms filaments consisting of globular particles arranged in a string like the beads of a rosary These actin filaments or strings of beads unite with another previously discovered muscle protein, myosin Rod-shaped particles of myosin cling together side by side and at their ends adhere to the globules of the actin string.

When a potassium salt is added, the myosin is precipitated The consequent shrinkage bends the actin string toward the side of the shrinking myosin. The shortening which follows is seen as muscle contraction.

The myosin particles are attached to the actin string in a spiral pattern which much resembles a winding staircase, the actin particles forming its axis and the myosin particles its steps. Through muscular contraction, the complete system assumes the shape of a corkscrew

The cross-striation of voluntary muscles of the body is due to this spiral arrangement of the clusters of myosin-actin systems of which the muscle fibers are composed, Prof de Szent-Gyorgyi reports.

This has been proved by rotating the muscular fibrils under the microscope. During such rotation, the cross striation moves along the axis of the fiber This explains the difference between cross-striated muscle, such as that in the arms, and smooth muscle such as that of the heart. Inside smooth muscle, the actin-myosin systems are less closely packed and thus neighboring actin-myosin spirals differ in their phases

The three known conditions of muscles, relaxation, contraction, and rigor mortis, are accounted for by Prof de Szent-Gyorgyi's findings. Like myosin, actomyosin is precipitated by potassium chloride. If this reaction is performed in the presence of another chemical, adenosintriphosphate, the actomyosin not only precipitates but contracts.

This precipitation and contraction is limited to a very narrow range of salt concentration, outside of which the actomyosin splits into actin and myosin. Furthermore, the range of concentration depends also on the adenosintriphosphate concentration. Very slight variations of either cause a transition of the dissociated (relaxed) system into the contracted one

Relaxation of muscles corresponds to the dissociated actin-myosin system. Contraction of muscles corresponds to the associated one, while rigor mortis corresponds to the salt precipitation of actomyosin through decomposition in the absence of adenosintriphosphate.

Actin was discovered during investigation of what happened during a mistake, as scientists considered it, in extracting myosin from muscles.

The consistency of myosin differs considerably according to the duration of the process of extracting it. Short extraction yields a thin fluid Prolonged extraction produces a jelly Previous researchers usually discarded the jelly-like product, believing it to be the result of having "spoiled" the process of extraction.

Prof. de Szent-Gyorgyi, however, prepared filaments from the jelly-like product and immersed them in a muscle "soup," that is, a boiled extract of muscle tissue. The filaments from the "spoiled' extraction contracted vigorously Prof de Szent-Gyorgyi thus reproduced the vital function of muscle in the test tube and made it accessible for analysis.

Prof de Szent-Gyorgyi's results seem to open new vistas for explaining the nature of wave excitation and the mechanism of neural action. They represent a new approach to one of the oldest and most important problems of biology He has been invited by the Soviet government to give a number of lectures in Moscow about his fundamental researches.—*Science News Letter, July 14, 1945*

THE POSSIBILITY OF EXTERMINATING MAMMARY CARCINOMA IN MICE BY A SIMPLE PREVENTIVE MEASURE

Its Practical Implication for Human Pathology

LUDWIK GROSS, M D , New York City

(Chief, Research Unit, Veterans Administration Hospital, New York)

MIDDLE-AGED or old female mice occasionally develop breast tumors that are microscopically typical adenocarcinomas These tumors grow slowly but progressively, and infiltrate the surrounding tissues Eventually they may grow through the skin and ulcerate If untreated, they may attain considerable dimensions Metastatic tumors may ultimately develop in the adjoining lymph nodes, in other breast glands, or in the lungs When removed surgically, these tumors have a tendency to recur either at the same site or in distant organs Briefly, the mammary carcinoma in the female mouse appears to be a disease essentially similar to breast cancer in woman

At first it was believed that mammary carcinoma developed in mice "spontaneously," and that each tumor represented an individual entity, completely independent, and with no direct relation whatever to similar mammary neoplasms in other mice It was observed several years ago, however, that female descendants of mice suffering from mammary carcinoma quite often develop similar breast tumors [1-4] When descendants of parents who had died from tumors were mated among themselves in several successive generations, pedigreed families of mice resulted, in which practically all females developed mammary carcinoma upon reaching approximately one year of age [5-8] Pregnancy accelerated the development of breast tumors in these mice [9,10] In certain families, virgin females usually did not develop breast tumors, while those that had had litters as a rule died from breast carcinomas [9] The removal of the ovaries early in life could prevent the appearance of breast tumors in mice [11] Lung carcinomas frequently developed in older animals of these "tumor families "[9 12]

A series of fundamental experiments performed by the Staff* of the Roscoe B Jackson Memorial Laboratory, at Bar Harbor, Maine, on the "inheritance" of tumors in mice[13-15] formed the basis on which one of the most brilliant discoveries of modern medicine was made in 1936 by Bittner [16] In his studies[9,17-23] it was demonstrated that mammary carcinoma is transmitted in mice from mothers to their offspring through milk, and that the development of mammary tumors in female descendants of mice suffering from breast carcinomas could be prevented by isolating the newly born animals from their potentially cancerous mothers immediately after birth, and transferring them for the purpose of nursing to lactating females whose milk was free from the cancer agent These experiments were immediately confirmed and extended by Andervont and his colleagues at the National Cancer Institute in Bethesda, Maryland, and by many others [10 24-29] It was also soon demonstrated that mice of families free from tumors often develop mammary carcinomas following ingestion in early infancy of milk from foster mothers carrying the tumor agent [25-28 30] Further experiments demonstrated[20 27] that the mysterious tumor agent, present in the milk of animals that develop breast tumors, is so small as to pass without difficulty through Berkerfeld filters that retain all visible microbes The tumor agent can be inactivated by heating to the temperature of 56 C for thirty minutes

The tumor agent causes symptoms of disease, i e , typical carcinomas of the mammary glands, in females of susceptible families of mice The susceptibility to this agent is, however, apparently much more common than it might have appeared only a few years ago In recent experiments Andervont and Bryan[27] used ordinary albino mice of unknown parents, such as are furnished by dealers to various laboratories, within twenty-four hours after such market mice had thrown their litters, half of each litter was given for the purpose of nursing to females of a pedigreed high-tumor line (C3H), i e , to animals that are known to carry in their milk the carcinoma agent Over 80 per cent of animals that ingested the tumor agent developed breast carcinomas before they reached 1 year of age, whereas none of their sisters that had been nursed, as controls, by their own mothers died from tumors

Thus, mammary carcinomas develop late in the life of susceptible animals that ingested the tumor agent early in infancy, i e , at the nursing

Published with the permission of the Medical Director of the Veterans Administration, who assumes no responsibility for the opinions expressed or the conclusions drawn by the author

* The following individuals were on the staff[15] of the laboratory at the time, and contributed to the results published J J Bittner, E Fekete, C V Green, C C Little, J M Murray, W S Murray, and L C Strong

age In other words, animals susceptible to tumors and actually carrying the tumor agent do not display any symptoms of disease during their youth and early adult life They appear to be in perfect health and show no symptoms of tumors until they reach the tumor age, which is approximately 9 to 12 months for the mammary carcinoma of mice While in perfect health, however, these animals disseminate the invisible tumor agent, passing it through their milk to the next generation, i e., to their offspring, which, in turn, again transmit it to the next succeeding generation before they also perish from tumors The tumor agent may also pass through one or several successive hosts without causing any symptoms of tumors. A mouse may transmit the disease to her offspring and die before she has a chance to develop a tumor, or she may live her entire life span without ever showing symptoms of the disease And yet she may disseminate the tumor agent not unlike those mice that actually die from the neoplasms

These observations were so startling as to appear almost unbelievable at first sight. And yet they were true, were promptly confirmed in various laboratories, and had to be accepted at their face value Our entire approach to the problem of cancer had to be modified The following conclusions appeared unavoidable

1 Mammary carcinoma of mice is *not* a "spontaneous" disease. Each tumor can be traced to another similar neoplasm, the causative agent responsible for the development of the new growth having been transmitted from one individual to another of successive generations through the milk of lactating females

2. The agent that is able to reproduce mammary carcinoma in susceptible mice is filterable, and can be destroyed by heat. This agent is specifically pathogenic for certain hosts, and produces specific symptoms of disease It has, therefore, the characteristics of a virus [26 27]

3 The tumor agent can be acquired by ingestion, in early infancy, at the nursing age. On the other hand, the development of tumors can be prevented by isolation, in early infancy also, of the newly born animals from their tumor-agent carrying mothers. Hence, it is difficult to avoid the conclusion that mammary carcinoma of mice truly belongs to the broad group of communicable diseases.[31]

4. Most of the individuals carrying and disseminating the tumor agent are in perfect health. Thus, the tumor agent does not always cause symptoms of disease. It remains latent most of the time and in most of the cases. It causes fatal symptoms of disease, when activated by age, hormonal influence, and probably an array of other as yet obscure factors

5 The invisible tumor agent is transmitted from one individual to another of successive generations, i.e , from parents to their offspring, thence to the offspring of the offspring, again to the progeny of these offspring, and so forth, indefinitely, from one generation to another The term "vertical epidemic" has been suggested to designate this type of transmission of a pathogenic agent [31] It differs from that of the common communicable diseases, such as smallpox or measles, by the conspicuous fact that transmission occurs among individuals of successive generations, i e., "vertically," whereas in the case of smallpox, measles, or many other communicable diseases, individuals carrying the pathogenic agent transmit it to other susceptible individuals of the same generation, i e., "horizontally "

Vertical transmission of a pathogenic, invisible virus, causing symptoms of disease in descendants of diseased parents, may sometimes simulate inheritance, though in reality there is a fundamental difference between heredity and vertical transmission of parasitic agents

It is worth emphasis that vertical transmission of pathogenic agents is not limited to tumors, and that similar phenomena have long been observed in various diseases of plants and of insects Thus, the virus of the mosaic disease in the Duke of York variety of potato is transmitted from one generation to another as long as these potatoes are planted by their tubers, but can be immediately separated from these hosts by planting the seeds which do not contain the virus [32] Vertical transmission of the mosaic-disease virus has also been observed in various other plants [33] In insects, Pasteur demonstrated that the invisible virus of the silkworm disease called "pébrine" is transmitted from one generation to another through the eggs[34,35], the chain of transmission, however, can be interrupted by carefully selecting healthy from diseased moths, and using only eggs from healthy parents for the purpose of breeding Many other insect diseases that are transmitted vertically from one generation to another have been found [36] More and more observations become available suggesting that various rickettsial and spirochetal parasites are being transmitted vertically, from one generation to another, in certain insect hosts, such as the tick.[37–40]

For the casual observer there is a fundamental difference between a vertical and a horizontal transmission of a communicable disease. Cases of successive transmission of measles, smallpox, diphtheria, or other common communicable diseases that attack hosts within the same generation can be readily traced by the human observer, even though symptoms of disease may occasionally not develop in one or several intermediary

carriers On the other hand, the vertically transmitted agent of mammary carcinoma can hide for one or several generations without causing any symptoms of disease, it can submerge, and reappear after years, giving the casual observer the impression of a "spontaneous" disease Theoretically, it is possible to assume that breast cancer could kill the greatgrandmother, then skip the grandmother, mother, and so forth, only to reappear perhaps in the greatgranddaughter in its usual form of a typical breast carcinoma In reality, the tumor agent does not skip any of the individuals through which it passes They all carry the tumor agent, though many of them never show any symptoms of tumors Because, however, the mammary carcinoma agent can cause no symptoms, and because it is transmitted vertically, it may actually submerge for one, two, or more generations of hosts disappearing entirely from the sight of the most patient observer Years, and in man perhaps even a century or two, may sometimes elapse between cases of disease that have been caused by transmission of the same pathogenic agent The task of unveiling the pattern of vertical transmission of pathogenic agents appears almost superhuman, especially in hosts that have a comparatively long span of life Thus, the time factor may prove the most formidable obstacle in further studies on the epidemiology of tumors in man [31]

The vertical transmission of mammary carcinoma in mice has been demonstrated beyond any reasonable doubt The fundamental question arises whether malignant tumors in man may also be caused by pathogenic, invisible agents, transmitted vertically from one generation to another.

Systematic studies extending over several successive generations in man, similar to those of Warthin,[41] but performed on a large number of families, and covering a sufficient period of time, are necessary There are indications suggesting that certain tumors, at least, may be transmitted vertically from one generation to another, in man, not unlike breast cancer in mice It has been observed repeatedly that malignant tumors may develop occasionally in several members of the same family [31,41–45] In particular, the development of breast cancer in several members of certain families has been observed and studied in woman [46–52] Broca[46] reported the following case a woman died from breast cancer, her four daughters all died of tumors (2 breast carcinomas), of the sixteen grandchildren, eight died with neoplasms (5 breast carcinomas) Finney reported a family[48] in which the mother, four daughters, and three nieces had all been operated upon for cancer at the Mayo Clinic, all but one had cancer of the breast Handley[49] reported four sisters with breast cancers, their mother and grandmother also died of tumors Leschcziner[50] treated a woman for breast cancer, her three daughters all died of breast carcinomas. In Körbler's case[50] five of seven children of apparently healthy parents developed tumors One of the tumorous daughters had three daughters all of whom developed cancers of the breast Two granddaughters of this patient also developed breast carcinomas Wood and Darling[51] reported a family in which breast cancer or other tumors developed in numerous members of four successive generations three sisters of the third generation had breast carcinomas

It is true that in many instances women have been observed to develop breast cancers, though no similar or other tumors had been, at least to the patient's knowledge, observed in their ancestors It should be kept in mind, however, that the communicability of the tumor agent can be established only when accurate records are available for members of several successive generations Without such records, the tumor may appear to develop "spontaneously" In most instances, no reliable information is available concerning the cause of death of most of the family members of preceding generations of tumor patients The patient may, or may not, know the cause of death of her parents, infrequently, she may even remember the cause of death of one or two of her grandparents, perhaps even that of one of her greatgrandparents, but rarely, if ever, can information be obtained beyond this point. The information concerning one single preceding generation may be in many instances considered reliable, all further information, however, is, as a rule, incomplete, and not entirely dependable For that reason, it does not seem possible to evaluate at this time the probability of vertical transmission of tumors in man

Let us assume, however, as a working hypothesis at least, that breast cancer of women is not fundamentally different from mammary carcinoma in mice If this assumption is correct, breast cancer in woman is caused by an invisible agent which may be acquired in early infancy through the milk of the nursing mother Speaking with every reserve, it is possible to foresee that artificial feeding may be able to prevent the development of breast cancer in woman. There is no way of determining whether an expectant mother is carrying the hypothetic tumor agent, except by finding out whether there have been any tumor cases among the members of her immediate family, such as brothers or sisters, or, most important of all, whether there had been any tumors in her ancestors It should be emphasized that mice carrying the tumor agent are in perfect

health at the time they nurse their babies, they may develop tumors later in life, or they may never show any symptoms of tumors although they may be perfectly able to transmit the tumor agent to their offspring

Furthermore, it should be kept in mind that no more than a few hours of breast feeding may suffice to transfer the tumor factor from the mother to her offspring Thus breast feeding should be in such cases abandoned *from birth*, and artificial feeding substituted Artificial feeding of one single generation may suffice, since it has been demonstrated that the chain of the vertical transmission of mammary carcinoma in mice could be interrupted by foster nursing of one single generation of animals A history of any tumor appearing in a woman's ancestors, or members of her immediate family, should be therefore sufficient to warrant artificial feeding *from birth*, of this woman's children By this simple preventive measure, the development of breast cancer could be perhaps prevented in the next generation of these women

Even the most optimistic anticipations, however, could not expect a complete disappearance of all malignant tumors in man following artificial feeding of one or two generations Breast cancer may disappear, perhaps, following such a preventive measure, if breast tumors in women develop under conditions similar to those causing mammary carcinoma in mice. Other tumors, however, such as lung carcinomas, bone sarcomas, or intestinal neoplasms, may have other ways of transmission, if such transmission occurs at all

It should be emphasized that even the most radical conclusions based on experimental data thus far obtained do not warrant the assumption that *all* descendants of individuals developing tumors will eventually perish from neoplasms Current experimental data suggest only that the majority of descendants of tumor-parents will carry a latent tumor agent, and that this agent may become activated, and eventually produce tumors in some of these individuals In the laboratory animals, the development of such tumors in the carriers may be prompted by certain conditions, such as selective inbreeding by brother-to-sister mating, frequent pregnancies (forced breeding), application of certain carcinogenic compounds, etc. Under natural conditions of life, however, many, if not most, of the latent carriers will probably never show any symptoms of tumors.

We are only at the beginning of the long road leading to the ultimate conquest of tumors Accurate records of the cause of death of all persons, but especially those of cancer families, for at least several successive generations, are absolutely essential for the study of natural transmission of cancer in man It may well take centuries before the epidemiology of tumors in man will be definitely established, if such natural transmission of human cancer exists at all. In the meantime, however, over 160,000 people in the United States alone die each year of tumors. Of these, conservatively speaking, 25,000 to 30,000 are women perishing from breast carcinomas The simple preventive measure of artificial feeding of one single generation of man may save the lives of many thousands of women who otherwise would perhaps be earmarked to perish from breast tumors. The results of this experiment may not be known before the next generation reaches the tumor age, i e , after forty or sixty years. On the basis of data obtained in mice, however, it appears justified to recommend that such a preventive measure at least be tried, even though no sufficient evidence is as yet at hand to prove that breast cancer in woman is truly identical with mammary carcinoma in mice. In spite of the lack of such evidence, however, experimental data thus far obtained appear encouraging enough to warrant such a preventive measure in man The risk is minimal, if any The reward may be tremendous, and measured in human lives.

It is also worth remembering that heating to the temperature of 56 C for thirty minutes will inactivate the tumor agent in mice.[22] It is therefore reasonable to assume that pasteurization of woman's milk will also inactivate the cancer agent, if such agent is present in human milk at all A brief boiling of human milk, such as is routinely practiced in certain milk banks,[24] would serve the same purpose Thus, feeding of pasteurized or boiled human milk could be safely substituted for artificial feeding

The experiment in man appears well worth a trial [19 21,25]

Summary

Recent experiments leave no doubt that mammary carcinoma of mice, a disease very similar to, if not identical with, breast cancer in women, is communicable from one generation to another through the milk of nursing mothers Animals transmitting the disease appear to be in perfect health at the time they nurse their offspring, and do not display any symptoms of tumors until they reach the "tumor age" The agent transmitted in milk and responsible for the development of tumors has the characteristics of a virus it is filterable, and can be destroyed by heat The development of mammary carcinoma can be entirely avoided in susceptible mice by preventing the newly born animals from nursing their potentially cancerous mothers, and transferring the offspring for the purpose of nursing

to females whose milk is free from the cancer agent

A working hypothesis is advanced suggesting that human tumors may be similar to those of mice, and that breast cancer of women may perhaps be communicated from one generation to another through the milk of nursing mothers The nursing women may be in perfect health at the time they transmit the disease, and yet they may carry the tumor agent, and be therefore responsible for the development of breast cancers in their daughters later in life It is therefore suggested that women of families with any malignant tumors in their ancestry refrain entirely from nursing their children Since no more than a few hours of breast feeding may suffice to transmit the tumor agent, breast feeding should be abandoned in such families *from birth*, and artificial feeding substituted Feeding of pasteurized human milk should also be considered, a brief boiling of human milk, such as is routinely done in certain milk banks, would serve the same purpose

This simple preventive measure may save many human lives The results will not become evident, however, until the next generation reaches the tumor age

130 West Kingsbridge Road

References

1 Slye, M Am. J Cancer 15 2675 (1931)
2 Dobrovolskaia-Zavadskaia, N Compt. rend. Soc de biol. 103 994 (1930)
3 *Idem* 107 466 (1931)
4 *Idem* Radiology 18 805 (1932)
5 Staff of Roscoe B Jackson Memorial Laboratory, Biology of the Laboratory Mouse, Philadelphia, Blakiston Co , 1941, p 497
6 Strong, L C Genetics 20 586 (1935)
7 *Idem* J Hered 27 21 (1936)
8 *Idem* Cancer Research 2 531 (1942)
9 Bittner, J J Pub Health Rep 54 380 (1939)
10 Andervont, H B , and McEleney, W J Pub Health Rep 53 777 (1938)
11 Loeb, L. J M Research 40 477 (1919)
12 Andervont, H B Pub Health Rep 54 1158 (1939)
13 Murray, W S , and Little, C C Am. J Cancer 27 516 (1936)
14 *Idem* 37 536 (1939)
15 Staff of Roscoe B Jackson Memorial Laboratory Science 78. 465 (1933)
16 Bittner, J J Science 84 162 (1936)
17 *Idem* Am J Cancer 27 519 (1936)
18 *Idem* J Nat Cancer Inst 1 155 (1940)
19 *Idem* Tr & Stud , College of Physicians, Philadelphia 9 129 (1941)
20 *Idem* Science 95 462 (1942)
21 *Idem* Cancer Research 2 710 (1942)
22 *Idem* Cancer Research 3 441 (1943)
23 *Idem* 4 159 (1944)
24 Andervont, H B J Nat. Cancer Inst 1 147 (1940)
25 *Idem* 2 307 (1941)
26 *Idem* 3 359 (1943)
27 Andervont H B , and Bryan, W R. J Nat Cancer Inst. 5 143 (1944)
28 Andervont, H B , and McEleney, W J J Nat. Cancer Inst 2 13 (1941)
29 Hagedoorn, A L , and Hagedoorn-Vorstheuvel La Brand, A C Nederl tijdschr v geneesk. 81 4938 (1937)
30 DeOme, K. B Am. J Cancer 40 231 (1940)
31 Gross, L Cancer Research 4 293 (1944)
32 Gratia, A Nature des Ultravirus, p 109–157, in Levaditi, C , and Lépine, P Les Ultravirus des Maladies Humaines, Paris, Maloine, 1938, p 1182
33 Kunkel, L O Virus Diseases of Plants, pp 335–363, in Rivers, T M , Ed Filterable Viruses, Baltimore, Williams & Wilkins Co , 1928, p 428
34 Pasteur, L. Compt rend Acad d sc 61 506 (1865)
35 *Idem* 63 126 (1866)
36 Glaser, R W Virus Diseases of Insects, pp 279–326, in Rivers, T M , Ed , Filterable Viruses, Baltimore, Williams & Wilkins Co , 1928, p 428
37 Francis, E Pub Health Rep 53 2220 (1938)
38 Parker, R. R , and Spencer, R. R. Pub Health Rep 41 1403 (1926)
39 Phillip, C B , and Jennison, W L. Pub Health Rep 49 386 (1934)
40 Spencer, R R , and Parker, R R. Pub Health Rep. 39 3027 (1924)
41 Warthin, A S Cancer Research 12 249 (1928)
42 Macklin, M T Canad M A J 27 182 (1932)
43 Paulsen, J Ztschr f Krebsforsch 21 119 (1924)
44 Power, J H Brit. M J 2 154 (1898)
45 Williams, W R. Brit. M. J 2 1612 (1898)
46 Broca, P Traité des Tumeurs, vol 1, Des Tumeurs en Général, Paris, P Asselin, 1866, p 595, vol 2, Des Tumeurs en Particulier, 1869, p 540
47 Burkard, H. Deutsche Ztschr f Chir 169 166 (1922)
48 Finney, W P Proc Staff Meet., Mayo Clin. 7 383 (1932)
49 Handley, W S Brit M J 2 113 (1938)
50 Körbler, J Ztschr f Krebsforsch 40 271 (1934)
51 Leschcziner, H Med Klin 13 580 (1917)
52 Martynova, R. P Am. J Cancer 29 530 (1937)
53 Wood, D A., and Darling, H. H. J Cancer Research 3 509 (1943)
54 Watson, M L. Am J Nursing 41 672 (1941)
55 Woglom, W H. Modern Trends in Cancer Research, Cancer Teaching Day, Oneonta, Schenectady, N Y State Dept. of Health, 5 39 (1944)
56 Little, C C Personal communication to the author

PSYCHOSOMATICS

When, in 1822, William Beaumont, a native of Lebanon, Connecticut, exercised his Yankee ingenuity by holding a pannikin under Saint Martin's gastric fistula and catching the drippings, he was selling the world no wooden nutmeg He was anticipating the work that Pavlov would do later with considerable refinement in technic—Pavlov, for instance, early abandoned the use of gunfire in producing his fistulas—and he was paving the way for the conclusions that Cannon would arrive at somewhat later on the bodily changes in pain, hunger, fear, and the various subsidiary emotions.

Beaumont, in other words, laid the groundwork for a scientific approach to the study of mind and matter, and the influence of the former over the latter—a reality empirically accepted and never for an instant doubted by Bishop Berkeley, the homeopaths, the mesmerists, Elisha Perkins, and the followers of Mary Baker Eddy

Except for a few ardent and credulous cults, however, and a numerically less imposing group of psychologically and scientifically minded physicians, it has required for the population at large a second world war and a popular pictorial magazine to acquaint the people with the actuality of psychosomatics

It is time for the public to tire of chasing vitamins, as a cat chases its tail, having it always with him but never catching up with it—the matter of vitamins was practically settled, as we are beginning to learn, with the discovery of food But the psychic origin of peptic ulcer is something new over which to agonize

The thought that a cold in the head, an attack of asthma, or a cardiovascular crisis may have its inception in the imagination is, for many, a novel idea with which to toy *New England J M , May 10, 1945*

THROMBOPHLEBITIS AND PHLEBOTHROMBOSIS

LAWRENCE L. HOBLER, M D , F A C S , Elmira, New York

IN RECENT years, a large amount of investigation in thrombophlebitis and vascular disease has radically changed our conception of thrombophlebitis and its treatment The purpose of this paper is to review the present conception of thrombophlebitis and to discuss the various methods of treatment

Intravenous clotting is of great significance because of its grave potential dangers as regards both life and subsequent disability Tragic consequences of pulmonary embolism following recovery from an operative procedure and a persistent disability not infrequently resulting from thrombophlebitic processes are of concern to all physicians, but particularly to surgeons.

Definition

It is important from etiologic, prognostic, and therapeutic standpoints to distinguish between the two major types of intravenous clotting thrombophlebitis and phlebothrombosis Ochsner and DeBakey[1] define thrombophlebitis as a partial or complete venous occlusion by an intravascular clot which is associated with and dependent upon inflammation of the vein wall They define phlebothrombosis as a partial or complete venous occlusion by an intravascular clot which is unassociated with inflammation, the clot remaining loosely attached to the vein wall The clotting in thrombophlebitis is the result of injury to the vascular endothelium from mechanical trauma, bacterial invasion, or chemical injury and results in a so-called white or inflammatory clot which is firmly attached to or into the vein wall In phlebothrombosis, the intravascular thrombus formation is due to venous stasis and to alterations in cellular and fluid constituents of the blood which increase the clotting tendency The clot is usually a result of a multiplicity of factors in which there is minimal damage to the vein wall, and results in the so-called red or agglutination clot which is loosely attached to the vein wall and has a long unattached tail On the basis of these differences in pathologic physiology lies the symptomatologic, prognostic, and therapeutic significance. In thrombophlebitis, the clot is strongly adherent and unless suppuration is present, rarely results in pulmonary embolism However, because of the inflammatory element, there is most likely to be an associated profound arteriolar spasm, resulting in edema which may be persistent and cause a prolonged disability

In phlebothrombosis the coagulum is loosely attached to the vessel wall and therefore is more likely to produce pulmonary embolism. Because it is a bland process, local symptoms are minimal and the condition is likely to be overlooked until symptoms indicating pulmonary embolism are present This may be too late for successful therapy

Incidence

The incidence figures of thrombophlebitis and embolism in various hospitals vary greatly and more recent analyses show that the incidence is decreasing Duryee[2] reports an incidence of thrombophlebitis of 0 44 per cent of over 100,000 patients admitted to the New York Post-Graduate Hospital, but notes that this hospital has no obstetric patients but an active vascular clinic

Evans[3] reports an incidence of 15 pulmonary embolisms in 550 major operations, 1.8 per cent, by Lahey Clinic surgeons in 1942

Cause

The factors involved in the production of intravenous clotting may be classified as predisposing and precipitating Predisposing factors are cardiovascular disease, advancing age, sex, seasonal variation, constitutional diathesis, obesity, debility, varicosities, excessive smoking, hematologic conditions, and foci of infection Precipitating conditions are tissue injury or trauma and circulatory retardation

Various authors[1,3] report that anywhere from 20 to 90 per cent of their patients with venous thrombosis have cardiac impairment. It has been shown repeatedly that the degree of prolongation of circulation time is directly related to the degree of cardiac impairment. The value of prophylactic treatment of cardiovascular disease has been adequately shown by a decrease in the incidence of venous thrombosis and mortality from pulmonary embolism to about 50 to 25 per cent of its previous incidence (Von Jaschke[1]—2,053 operations—1 75 per cent to 0 9 per cent) (Koenig[1]—2,000 operations—6.2 per cent to 0 95 per cent)

That age is a factor is shown by the fact that 60 to 85 per cent of the cases occur in those over the age of 40 years largely because of cardiovascular disturbances and circulatory retardation which predisposes to intravascular clotting In men, thrombophlebitis is most frequent at 50 to 70 years of age and in women at 40 to 60 years of age

Women are more subject to venous thrombosis

Read at the Thirty Ninth Annual Meeting of the Sixth District Branch of the Medical Society of the State of New York, Cortland, September 26 1945.

than men, in a ratio of 3 2, childbearing probably being the chief cause of this difference

Seasonal variation is more noticeable in colder climates, as the highest incidence occurs during the winter months The average incidence in the northern states is about two times that of southern states The vasospastic influence of exposure to cold increases circulatory retardation and predisposes to intravascular clotting The danger of postoperative chilling of extremities is to be noted

A constitutional diathesis to intravenous clotting definitely exists A definite familial history of such phenomena is often obtained The type of individual who is most susceptible to such an occurrence is the adipose, asthenic, weak-muscled, pale-skinned person who often has a marked vagotonia and psychic lability

That obesity is a factor in this disease has often been shown To illustrate, Snell[1] states that 30 7 per cent of his postoperative deaths in obese individuals were due to thromboembolism In 3,680 patients at the Mayo Clinic[4] undergoing intestinal operations, thromboembolism occurred in 3 2 per cent of those under 200 pounds and 7 1 per cent of those over 200 pounds

General debility is a factor, probably mainly by promoting circulatory stasis Varicose veins act similarly

Smoking has been shown to be a powerful vasoconstrictor One author recently tested skin temperatures and found an average decrease of peripheral skin temperature of six degrees after smoking Peripheral vasoconstriction acts by causing circulatory stasis

Hematologic disorders predisposing to thrombophlebitis consist of mainly the anemias, but polycythemia is also a factor In anemic states, especially posthemorrhagic anemia, the cellular elements are increased, especially the platelets The clotting time is markedly decreased and the anemia has a deleterious effect on the cardiovascular system, predisposing to circulatory stasis Malignant disease definitely predisposes to venous thrombosis The factors here are markedly increased blood coagulability, general debility, and localized pressure on veins

Hypothyroidism is a factor which acts through obesity and circulatory stasis due to poor cardiac and peripheral muscle tone Fungous infections of the feet are frequently the cause of phlebitis The postoperative period is a natural period for venous thrombosis to occur because of the multiplicity of factors which are inherent in that state Since the negative intrathoracic pressure is a factor in promoting venous return from the lower extremities, any decrease tends to reduce this flow Since shallow breathing is frequently caused by anesthesia and postoperative sedation, negative intrathoracic pressure is reduced] laparotomies, deep breathing is often difficult di to pain Ileus with increased intra-abdomin pressure tends to compress the abdominal vein and produce circulatory stasis Tight abdomina binders act similarly Venous return is also in fluenced by three other factors, one of which ha been previously mentioned Peripheral vasc constriction is very frequent in the postoperativ period because of trauma, anesthesia, and expo sure during surgery The second factor is skele tal muscle contraction The patient who is i from any cause but particularly in the postopera tive period tends to lie quietly and keep the lowe extremities inactive This produces venous sta sis and is probably one of the most important rea sons why postoperative thrombosis usually oc curs in the lower extremities The third factor i vascular stasis produced by normal anatomi structures and posture The inguinal ligament the adductor hiatus of the femoral vein, the origi of the soleus muscle, and the ligaments and ten dons at the ankle produce constriction of th femoral vein and its tributaries, predisposing t thrombosis in the plantar veins and the veins o the calf and thigh Posture has an importan relation to these anatomic structures Fowler' position, with the knees slightly bent, produces kinking of the popliteal vein This position also places the leg in a dependent position The calves of the leg tend to press upon the mattress, compressing the deep veins The purely supine position tends to produce vascular stasis because of the uphill course of the femoral vein to join the iliac vein at the pelvic entrance Two other anatomic points should be mentioned as favoring thrombosis in the left leg as contrasted to the right Due to embryologic development, the left common iliac is smaller and forms a more acute angle with the inferior vena cava than does the right common iliac vein The right common iliac artery crosses the left common iliac vein These two factors tend to produce greater venous stasis in the left leg than in the right Operative trauma in itself tends to produce venous thrombosis by direct trauma to veins and indirectly by causing changes in the blood constituents The albumin-globulin ratio is changed, the thrombocytes and leukocytes are more numerous, and their agglutinability is greatly increased Postoperative dehydration with hemoconcentration may be a factor

Clinical Manifestations

The clinical manifestations of thrombophlebitis are well known and will only be touched upon Classically there is fever, pain, and swelling of the involved extremity, leukocytosis, and increased sedimentation rate If superficial veins are in-

involved there is redness while if deep veins are involved the leg will be cold and pale For therapeutic reasons we will discuss briefly the mechanism of these symptoms The fever is probably due to inflammation in the wall of the vein, the pain was previously thought to be due also to the inflammation However, it has now been proved to be due to ischemia Prompt relief of pain following the establishment of normal blood supply through the extremity supports this contention. The edema previously thought to be due to venous obstruction is now known to be due to vasoconstriction and ischemia Relief of the ischemia reduces the edema dramatically

The symptoms of phlebothrombosis are often very minimal The patient is often restless and may have a sense of impending disaster, however, he has no pain, little or no fever, and usually no swelling The first symptoms are often referred to the pulmonary tract, with pleuritic type of pain, cough, dyspnea, cyanosis, hemoptysis, and shock Of diagnostic importance is an increasing pulse rate over a few days out of proportion to the temperature elevation Production of pain by squeezing the feet, dorsiflexion of the feet (Homan's sign), squeezing the calves, and palpating along the course of the femoral vein is indicative of the presence of a quiet venous thrombosis Whenever any of these signs are present or if a pulmonary embolism has occurred, phlebography may be done Phlebography or venography is indicated in any suspected thrombophlebitis or phlebothrombosis, also in all cases of pulmonary infarction, because Zink[1] has shown that in 70 per cent of cases with fatal pulmonary embolism there had been a previous nonfatal pulmonary infarct, the result of embolism.

The technic of phlebography is simple[4] The entire veins of both extremities are visualized by injecting 25 cc of 35 per cent diodrast solution into the dorsal vein of each foot The x-ray tube should be at least six feet distant and the film beneath the entire leg or legs A tourniquet is applied to the upper thigh immediately distal to the fossa ovalis, applied only tight enough to compress the superficial veins Approximately forty to sixty seconds after completion of the injection (injection at the rate of 1 cc per second) the x ray exposure is made, using soft-tissue technic. In this manner, the location and character of any filling defects can be determined and evaluated[5] and more appropriate treatment outlined

Treatment

The most important phase of treatment is in the prevention of these conditions or prophylactic treatment It is well stated that the greatest single factor favoring thrombus formation in the lower extremity is the sudden bed confinement of a previously ambulatory older person without the benefit of exercise or the aid of gravity in the maintenance of an efficient venous circulation The cardiac status should be elevated and treated particularly in the older age group The constitutional type should be watched for The obese patient should have preoperative reduction of weight if possible Varicose veins should be treated, if possible, in the preoperative period and in the postoperative period should have Ace number 8 bandages applied Smoking should be reduced pre- and postoperatively The patient's extremities, during and following surgery, should be kept warm Some authors routinely use a heat cradle The blood picture should be adequately treated preoperatively Fungous infections of the feet should be brought to a quiescent stage Postoperative hypopnea should be combated by the routine use of deep-breathing exercises, rebreathing into a bag, or carbon-dioxide inhalations In modern anesthesia a good preoperative basal anesthesia is desirable. The surgeon demands complete relaxation during a major surgical procedure, but the patient should not sleep for hours in a state of metabolic depression postoperatively before he reacts The routine use of metrazol or other stimulant postoperatively is to be commended, especially following intravenous sodium pentothal anesthesia Tight abdominal binders should not be used Dehydration should be avoided and fluid balance well maintained Ileus should be prevented or reduced as quickly as possible Active motion of the legs should be instituted early The patient should be gotten out of bed as soon as is compatible with his general condition and the surgery which has been done The gradual reduction of the postoperative bed confinement period in recent years has markedly decreased the incidence of thrombophlebitis as well as decreasing the disability period following surgery Fowler's position should be modified by having the legs elevated The latter will increase the amount of flexion of the thighs on the abdomen. Although it would appear that this would tend to constrict the femoral vein, actually the tension at the inguinal ligament lessens

Active Treatment—Active treatment of venous thrombosis of the extremities depends upon the type of process present and varies considerably in different clinics, but in general is divided into medical treatment and surgical treatment, or specifically anticoagulation therapy using heparin and dicumarol, vein ligation, and sympathetic ganglion or nerve block by paravertebral blocks, sacral blocks, or spinal anesthesia

These forms of treatment will be discussed individually but they all aim to (1) reduce the incidence of embolism, (2) decrease the clinical

symptoms of pain, fever, and edema; (3) reduce the period of total and partial disability

Anticoagulant therapy is the preferred treatment in most clinics, and Evans, of Boston (Lahey Clinic), has presented their program well [3 6 8] Prophylactically, for the past four years they have subjected patients with a previous postoperative or postpartum history of venous thrombosis or pulmonary embolism to anticoagulation therapy with dicumarol, beginning about three days after operation if there is no danger of hemorrhage

It should be mentioned that heparin or dicumarol has been proved effective[9] in causing the solution or disappearance of a thrombus, but only when given during the early stages of clot formation It has no effect when given after the clot has already organized, except in limiting an extension from the original thrombus

Heparin alone, however, is expensive for the patient and the administration tedious and laborious for the professional staff

Dicumarol, the active principle of spoiled sweet clover causing hemorrhagic disease of cattle, was isolated by Link at the University of Wisconsin[11] in 1941 Its action on the clotting mechanism is due to the lowering of the prothrombin content of the blood Whether this action is due to the inhibition of the formation of prothrombin in the liver or in the blood stream is unknown, but intravascular clotting is delayed when the prothrombin time is prolonged by dicumarol Dicumarol[10] has no consistent effect on the platelets, hemoglobin, red cell count, white cell count, capillary fragility, clot retraction, serum calcium, or fibrinogen The clotting time is prolonged only when the prothrombin time is reduced to low levels, usually about 40 per cent of normal

Regulation of Dosage —Evans[6] gives an initial dose of 300 mg of dicumarol for a patient below 120 pounds and 400 mg for one over 120 pounds A daily maintenance dose of 100 to 300 mg is administered, depending on the rapidity of the fall of the prothrombin time The average total amount required to maintain the prothrombin time below 75 per cent was 1,200 mg in eight days or 150 mg per day When the prothrombin time falls below 60 per cent or falls precipitously, the drug is discontinued These doses of dicumarol are given regardless of whether heparin is administered simultaneously Heparin administration in itself may cause a fall of prothrombin percentage to around 75 per cent of normal and does not necessitate stopping the dicumarol The administration of heparin is guided by the clotting time, done at least twice daily Heparin is given by continuous intravenous drip or intravenously every four hours, about 2 cc of heparin in 20 cc of saline, enough to keep the coagulation time between twenty and forty minutes

There is considerable difficulty in determining the amount of dicumarol necessary for effect and for its maintenance The latent period varies from one to six days so that in combined heparin-dicumarol therapy it may be necessary to administer heparin longer than the average two-day period With dicumarol, the prothrombin time may continue to drop as long as five days after the drug is discontinued

Dicumarol should not be given to patients with hepatic damage, especially if prothrombin percentage reduction has already occurred It is contraindicated in any case of hemorrhagic diathesis The morning prothrombin time should be determined before the daily afternoon dose of dicumarol is given Twice-daily determinations of the coagulation time of the blood are necessary to control the dosage of heparin Water-soluble vitamin K in 40 to 60 mg doses intravenously and repeated blood transfusions are the treatment for overdosage or secondary hemorrhagic states

In 56 patients with thrombotic emergencies treated with dicumarol with or without heparin by Evans from 1941 to 1943[6] two deaths occurred due to medication (hemorrhage), 8 cases (14 per cent) showed hemorrhagic phenomena, but in the 46 cases of thrombophlebitis, one benign and no fatal pulmonary embolism occurred. He feels, therefore, that this is the therapy of choice This opinion, in general, is also shared by Yahr, Reich, and Eggers, at Lenox Hill Hospital, New York City [11]

Evans uses paravertebral sympathetic procaine blocks only in cases of thrombophlebitis when signs of reflex arterial spasm are present, such as absent or reduced pulses, a white cold foot, or swelling

If the patient is over 50 years of age and has had a warning benign embolism, they consider venous ligation, but Evans feels that venous ligation may prove unnecessary except in rare cases of recurrent embolism occurring in spite of anticoagulant therapy

He further considers surgical venous ligation objectionable due to. (1) the additional operative procedure on a patient often very sick, (2) the added risk of an edematous leg, at least until collateral venous circulation is accomplished, (3) no opportunity to establish recanalization, (4) the necessity of ligating both sides, since it is often difficult to tell from which leg the embolism has metastasized unless the venogram has indisputably established this fact—and they frequently fail to do this, (5) the possibility that embolism has sprung from pelvic or abdominal veins, whether or not both legs are normal, (6)

the possibility that thrombosis may proceed above the level of ligation, and (7) the necessity and technical difficulty of tying the common iliac vein to get above the thrombus.[2]

Surgical Treatment.—In many clinics, the surgical treatment of venous thrombosis and embolism is still considered primarily the treatment of choice.

Takats, of the University of Illinois,[12] and Linton, of the Massachusetts General Hospital, Boston,[13] have recently summarized this viewpoint. Linton seldom does venography and mentions the frequent inaccuracies of this procedure. When the clinical chart shows a synchronous elevation of temperature, pulse, and respiration and minimal signs are found in the patient's legs, he feels a bilateral deep femoral-vein ligation is indicated. In 202 patients in whom a total of 280 femoral-vein ligations were done, there was no mortality due to the femoral-vein ligation. Only one died of subsequent fatal pulmonary embolism, and this embolus arose from the uninterrupted vein of the opposite, supposedly normal, leg. He uses anticoagulant therapy for patients with pulmonary infarction following femoral vein ligation. When thrombi were found in the femoral veins at operation, the iliac veins were aspirated of their thrombus by the insertion of a glass cannula. At first thought, this would seem a hazardous procedure, yet in none of 86 such patients did this dislodge a portion of the thrombus with embolism resulting. They use a large glass cannula almost the size of the femoral vein.

Serious sequelae following femoral vein interruption are rarely noted. Persistent edema is the most common one, but Linton claims it is no greater than if the phlebitis, especially of the femoral iliac group, had been allowed to run its natural course, and it is his opinion that the postoperative edema diminishes more rapidly after aspiration of the thrombus than if conservative treatment were followed. Postoperative follow-ups show that after one year there is little difference in the amount of edema whether the common femoral or superficial femoral vein had been interrupted. While 45 per cent exhibited some edema, the swelling was actually minimal and practically all the patients had discarded any form of supporting bandage or elastic stocking.

The patients, postoperatively, were allowed out of bed as soon as they became afebrile or their general condition permitted. This was frequently the following day. In 84 uncomplicated cases the average was four and a half days and the average number of days after ligation to discharge from the hospital was 8.4 days. Linton states that this relatively simple surgical procedure obviously offers a great saving in hospitalization as well as protection from possibly serious pulmonary embolism.

Fine[4] states that one out of every 17 to 20 patients with clinically recognizable thrombophlebitis of the deep veins of the lower extremities will die of pulmonary embolism, and he recommends dividing the femoral vein whenever signs and symptoms of thrombophlebitis of the lower leg exist or if a filling defect is demonstrable in the venogram.

Paravertebral Block.—Paravertebral sympathetic block is indicated primarily in the typical femoral thrombophlebitis when signs of arterial or venocapillary spasm are present, such as cyanosis, diminished pulsation, or intense stocking- or glove-like pain. There is an almost immediate decrease or relief of pain, the coldness and pallor of the tissues revert to normal, the edema decreases. The procedure is effective by producing vasodilatation and breaking the vasoconstrictor reflex arc.

The technic of paravertebral sympathetic block[14] is simple. Morphine and a short-acting barbiturate should be administered thirty to sixty minutes before the procedure. The patient is placed in a lateral decubitus position, the lumbar region is prepared and draped, and with 1 per cent procaine with epinephrine, skin wheals are made 4.5 to 5 cm. lateral to the upper part of the spinous process of the first, second, third, and fourth lumbar vertebrae. A 20-gage needle, 10 cm. long, is inserted so as to encounter the tip of each transverse process. The needle is then partially withdrawn and directed superiorly so that it passes between and beyond the transverse process, pointing slightly toward the midline. After inserting it about 4 cm. beyond the transverse process, it will strike the anterior lateral surface of the vertebral body in the retroperitoneal space and 10 cc. of 1 per cent procaine is deposited at each site. Within ten minutes the leg feels warmer, pain is decreased, arterial pulsations improve, and the patient has an area of hyposensitivity to pinprick from the iliac crest to just below the knee on the ipsolateral side. In some cases one treatment will suffice, but the treatments should be continued daily until temperature returns to normal and the symptoms subside. It is believed that vasospastic impulses can originate in a thrombophlebitic segment as long as fever persists.

Recently bromsalizol, a monobromhydroxybenzylalcohol preparation, has been suggested and used by Lee at Johns Hopkins.[15] Its anesthetic action is effective from three days to three weeks, and thus one injection usually suffices in a case of acute thrombophlebitis. It is totally nonirritating.

Other methods of producing sympathetic block

are continuous caudal[16] and spinal anesthesia The latter, the continuous spinal, although it should not be repeated, guarantees a complete sympathetic block, and if used initially serves as a proof of the effectiveness of subsequent paravertebral blocks, if indicated

Both sympathetic block and anticoagulant therapy have been used for the chronic stage of thrombophlebitis The results in general have been good with decrease of edema, healing of ulcers, and decrease in symptomatology

One thing about septic peripheral thrombophlebitis[17] we have not mentioned during this discussion The condition is most commonly associated with postpartum sepsis Clinically it is characterized by a high, more spiking temperature and a sicker-appearing patient Septic pulmonary emboli are more common in this condition, due to liquefaction of the clot The causative organism is frequently an anaerobic streptococcus Therapy should consist of penicillin and/or sulfadiazine If embolism occurs, vein ligation should be done This ligation should usually be of the common iliacs and ovarian veins

If necessary, the inferior vena cava should be ligated Sympathetic block and anticoagulant therapy are indicated here also

Summary

The causative factors and clinical manifestations of thrombophlebitis have been discussed

The various forms of treatment the prophylactic, the medical (anticoagulant therapy with combined heparin and dicumarol therapy), and the surgical (femoral-vein ligation and sympathetic ganglion block) have been presented

The most important phase of treatment is the prophylactic treatment Once embolism has occurred, active therapy must be instituted Various clinics differ in their preference for the medical or surgical therapy, but adequate therapy will definitely reduce the incidence of embolism, frequently a serious catastrophe, decrease the clinical symptoms of pain, fever, and edema, and reduce the period of total and partial disability

629 West Church Stree

References

1 Lewis D Practice of Surgery, Hagerstown, Md Prior Co vol 12, 1944
2 Duryee A W Bull New York Acad Med. 20 60 (Dec) 1944
3 Evans J A S Clin North America 20 53 (June) 1944
4 Barker N W, Nygaard, K. K., Walters, W, and Priestly, J T Proc Staff Meet., Mayo Clin. 16 3 (1941)
5 Fine, J, Frank, H, and Starr, A Ann Surg. 116 574 (Oct.) 1942
6 Evans J A New England J Med. 230 131 (Feb 3) 1944
7 Hunter, W C, Krygier, J J Kennedy, J C., and Sneeden V D Surgery 17 178 (Feb) 1945
8 Evans J A Conn State M J 8 71 (Feb) 1944
9 Rabinovitch J, and Pines, B Surgery 14 66 (Nov) 1943
10 Campbell, H A, and Link, K P J Biol. Chem 138 21 (1941)
11 Yahr, M D Rich, C, and Eggers, C Surg Gynec. & Obst 80 615 (June) 1945
12 Takats Geza de Bull. New York Acad. Med. 20 623 (Dec) 1944
13 Linton, R Conn State M J 9 255 (April) 1945
14 Nicholson M J S Clin. North America, Lahey Clinic Number, 538 (June) 1944
15 Lee, F, Macht, D, Pierpont, R Am J M Sc 209 876 (March) 1945
16 Ellis G J, and Sheffery, J B Am J Obst. & Gynec 48 149 (Aug) 1944
17 Collins, C, *et al* New Orleans M & S J 95 32 (Jan) 1943
18 Lowenberg, E L Virginia M Monthly 71 28 (1944)

'DOCTOR JONES" SAYS—

An interesting article I was reading—the name of it was "Psychiatry Comes of Age" This was by an Albany psychiatrist (a specialist on mental conditions I guess everybody knows that) and one thing he said that interested me was that the Albany Medical College and Albany Hospital, back around 1902, had the first unit where in a "university hospital psychiatry and the other departments of medicine worked side by side under the same roof" Well—it was just about that time that I started interning at Bellevue Hospital and that they had what we all called the "insane pavilion" where they worked together "under the same roof" But Bellevue, while the university medical schools had charge of the medical services, of course, it was a city and not a university hospital

But the main point about it is that they were recognizing that mental and physical conditions were all tied up together that in the case that was principally mental a physical condition might be at the bottom of it And another thing the patient with arthritis, heart disease, or what not, where there wasn't any obvious mental disorder—there might still be some deep-seated and more or less hidden emotional disturbance that was affecting his condition—maybe even causing it Psychoanalysis—at that time it was what you might call in its infancy but it was already digging out some of these things Anyway, they were recognizing that sickness was sickness, whether it was primarily mental or physical and that the mind and body all worked together

There've been some remarkable advances in the mental line since those days, especially in recent years, and a big change in the public reactions For example, I've had two or three personal friends that've gone to mental hospitals with condition that looked pretty serious They've had this comparatively new electrical shock treatment and within a very short time, have gone home, as well as ever—if not better They've picked up their responsibilities and social activities where they left off—the same as if they'd been in the hospital with a broken leg So I guess, if psychiatry has come of age, we're all growing up a little —*Paul B Brooks M D, in Health News, Aug 6, 1945*

DESTRUCTIVE GRANULOMA OF BONE IN THE SKULL

MARDOQUEO I SALOMON, M.D., and CHARLES L ENGELSHER, M D, New York City

THE morbid entity usually known under the name of eosinophilic granuloma of the bone is so rare that in our opinion the case that we observed lately deserves publication The publication of such rare conditions is apt to render the clinician more conscious of them and perhaps many a spurious "cyst" or "hematoma" would result after careful investigation, in a granuloma of the type under discussion.

Case Report

A 20-month-old Puerto Rican boy was seen with a growth just above the temporal half of his left supercilliary arch, the lesion had allegedly appeared about four weeks before and kept on growing fairly rapidly

Both the family history and the personal past of the child were completely irrelevant. No history of trauma could be elicited, nor had the child previously had any infectious disease.

Physical examination revealed a fairly well-nourished child, with seemingly no subjective complaints, except on pressure of the tumoral mass on his forehead. This mass was a walnut-sized ovoid, with its large axis roughly parallel to the supercilliary arch. There was no discoloration of the overlying skin.

The mass itself adhered pretty firmly to the subjacent, but not so to the adjacent tissues, however the portion of skin covering the most prominent area of the tumor appeared to adhere fairly closely to the latter

The consistency of the mass resembled that of an encapsulated hematoma It was fluctuant, not painful, but tender

The x ray report was as follows a small, rounded pressure erosion in the left frontal region of the skull due to neoplasm. The outlines are smooth No sequestra are seen and there is no other evidence of active bone destruction

Otherwise the physical examination of the child was entirely negative so too, was the routine laboratory investigation, including a blood Wassermann of both the patient and his mother

The preoperative diagnosis of nonabsorbed hematoma (in spite of the emphatic denial of trauma) being made, an exploratory puncture was performed that yielded only two drops of thick blood. A small incision was then made, and a cyst-like yellowish brown semisoft mucoid mass was discovered The curette revealed, when the frontal bone was touched, an uneven, rough eroded surface of the latter—practically similar to the typical sensation yielded by an osteomyelitic bone. The frontal area was so thinned out that there was danger of perforating the bone. A drain was inserted. We decided to try penicillin and sulfadiazine. Accordingly 10 000 units of penicillin were given every four hours intramuscularly for seven consecutive days. In addition, about 30 grains of sulfadiazine were given daily also for one week. Far from diminishing the mass kept on growing—curiously enough, fairly fast about ten days after the incision was performed, the growth was approximately 50 per cent larger than when first seen. We decided then to reoperate. The diseased tissue was thoroughly excised.

Macroscopically, the cyst-like mass, which was not encapsulated was about 1½ inches in diameter, grayish, and densely adherent to the surrounding tissues including the frontal bone. A drain was left for a few days the wound healed uneventfully

The patient was and remains in good health four months after the operation.

The pathologic findings, as reported by Dr Leo Hochfeld, pathologist at the Parkchester General Hospital, were as follows

The specimen consists of 1 Gm. of greyish-white amorphous tissue. Histologically, the lesion appears to be a diffuse accumulation of a cellular exudate within a connective-tissue stroma. The most striking cell is an eosinophile with a bilobed and trilobed nucleus.

These cells are interspersed among the connective tissue stromal cells and blood vessels In some areas the stromal cells are edematous and appear to form the foam cells similar to these seen in Hand-Schüller-Christian disease. There are also many multinucleated giant cells to be found of the osteoclastic type This is the typical histopathologic picture of a destructive granuloma of bone

Comments

No attempt will be made in this article to discuss the very obscure physiopathologic relationship of the destructive granuloma of the bone with some other allegedly related conditions as Hand-Schüller-Christian disease and the so-called Letterer-Siwe's disease. It seems to us that in spite of some very interesting research done in this field,[1,2] further study is absolutely indispensable in order to arrive at such far-reaching conclusions as to consider all those three conditions simply as different aspects of the same clinicoanatomic entity We have the impression, regardless of the possible relation of the destructive granuloma to the other above-named conditions, that the former is an infectious process, although, so far no infectious agent could be incriminated the virus theory seems to be well founded. On the other hand, it was our belief in the infectious nature of the condition that led us to try penicillin. Of course, we were fully aware of the fact that penicillin is rather a failure against diseases caused by virus, but we consider that trial justifiable

The truly interesting point in this problem, from a practical clinical standpoint, is the differential diagnosis, as has been pointed out and discussed lately by Solomon and Schwartz.[3] Curiously enough, in an otherwise excellent textbook of *Minor Surgery*,[4] the destructive granuloma has not even been mentioned. And yet its existence should be kept in mind albeit in differentiation from more common acute and chronic inflammatory lesions osteomyelitis, tuberculosis, syphilis, and diseases caused by yeasts and fungi In some cases benign and malignant neoplastic lesions, e g., lipomas, fibromas, fibrosarcomas and even osteomas caused great difficulties in the diagnostic differentiation. Cysts and encapsulated hematomata should also be

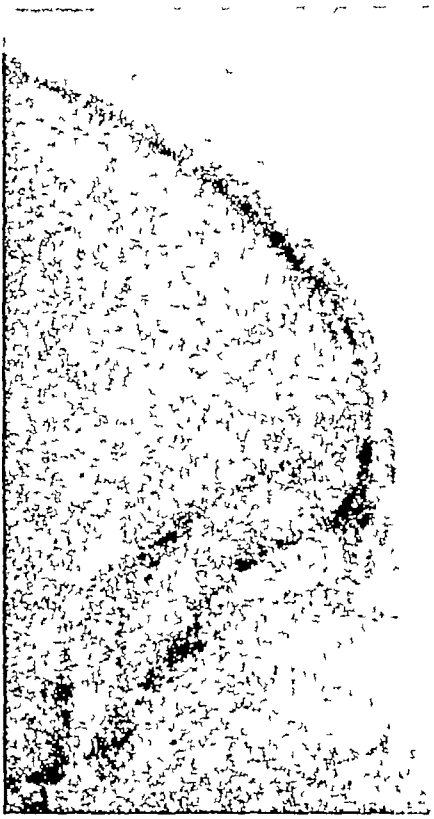


FIG 1 Lateral roentgenogram of skull



FIG 2 Section of tumor A, osteoclastic giant cell with many peripheral nuclei B, exudate of bilobed and trilobed eosinophiles, some polynuclears, and lymphocytes C, capillary blood vessel D, stromal cells, some are macrophages

borne in mind X-rays of the bone, together with an exploratory aspiration, will be frequently necessary to settle the problem Biopsy is peremptory While a granuloma of a long bone can still add Ewing's tumor to the list of possible confusions, we should not forget that in spite of its complicated nature, the differential diagnosis of the former from other conditions is of great importance not only from a strictly scientific point of view, but also from a practical prognostic standpoint For, except the very rare occasions when a granuloma is ultimately complicated by visceral lesions, the disease per se has an excellent prognosis

1450 Bryant Avenue
1425 Zerega Avenue

References

1 Green, W T, and Farber, S J Bone & Joint Surg. 24 499 (1942)
2 Jaffe, H L, and Lichtenstein, L Arch Path. 37 99 (Feb) 1944
3 Solomon, H, and Schwartz, S J A M A 128 729 (July 7) 1945
4 Christopher, F Minor Surgery, W B Saunders Co., Philadelphia, 1944

AN EXTREME CASE OF ALKALOSIS WITH NECROPSY FINDINGS

ARTHUR A FISCHL, M.D , and IRENE GARROW, M D , Long Island City, New York

(From the Departments of Medicine and Pathology, St John's Long Island City Hospital)

THE use of alkalies as a therapeutic procedure has come to the fore greatly within the past few years Before the advent of chemotherapy, alkalizing drugs were used largely in the treatment of the peptic-ulcer syndrome Since it has been shown that renal crystallization occurred much less frequently in an alkaline urine, the use of sodium bicarbonate has increased considerably Because of its popularity with the laity, and because of the renewed interest to the medical profession in the usage of sodium bicarbonate, certain inherent dangers in its indiscriminate use might be stressed

There is no doubt that many borderline cases of alkalosis are readily missed clinically Most cases are diagnosed routinely by a study of blood chlorides

Presented at the Section on Internal Medicine, Queens County Medical Society

or the carbon-dioxide combining power The picture of acidosis is seen much more frequently, particularly in diabetic and uremic states, where we are prompt to realize the electrolyte imbalance. In an effort to stimulate the same awareness of alkalosis this case report is given.

The normal values for plasma bicarbonate for venous blood range from 57 to 75 volumes of carbon dioxide per cent. A reduction below 50 volumes constitutes acidosis, and a value above 75 volumes means alkalosis.[1] Alkalosis implies that there is an increase in the alkali reserve of the blood Thus usually is not associated with a rise in blood pH In disease, the pH of the blood rarely becomes actually acid or alkaline, unless the patient is in a terminal stage of diabetic coma or alkalosis The limits of pH compatible with life are probably not higher or lower than 7.8 and 6.8, respectively

The following case report is presented briefly as one of the most severe cases of alkalosis found in the literature. It reveals the dangers in prescribing such an innocuous drug as bicarbonate of soda.

Case Report

The patient, a woman, aged 65, was apparently well prior to her present illness. On October 13, 1944, she began to vomit repeatedly A local physician was called three days later When he saw the patient, she appeared dehydrated but well oriented and ambulatory He made no definite diagnosis and treated her symptomatically by ordering a tablespoonful of bicarbonate of soda and a teaspoonful of sugar to be dissolved in a glass of water She was to take a tablespoonful of this solution every five minutes by the clock. The next morning the local doctor was called urgently He found the patient comatose and in a spasmodic convulsive state. He made a diagnosis of acidosis and advised immediate hospitalization.

The patient was admitted in a coma and had tetanic seizures in the emergency clinic. The coma and convulsions persisted. There was frothing at the mouth, cyanosis, and very slow respiration, 16 per minute, Cheyne-Stokes in character The temperature and pulse were not unusual. Neurologic examination revealed slight nuchal rigidity and pinpoint pupils, the latter due to pantopon. There were no abnormal signs in the chest and heart except for occasional premature ventricular contractions. The findings on later examination were found to be normal. The reflexes were active. The blood pressure was 130/72, the pulse rate 80 There was incontinence of feces and urine The spinal tap and blood Wassermann test were negative

The diagnosis of alkalosis was confirmed by examinations of the blood for carbon-dioxide combining power which on admission on October 28, 1944, was 138 volumes per cent. This was repeated and confirmed. The blood count showed considerable hemoconcentration—6,900,000 red blood cells, 132 per cent hemoglobin (Sahli), 22,400 white blood cells. The blood chlorides were extremely low—281 mg. per cent (or 79.2 millicquivalents) The blood creatinine was 1 7 mg. per cent, blood sugar, 115 mg. per cent, blood urea nitrogen, 03 6 mg. per cent. The urine was alkaline but otherwise negative

Active therapy was rapidly instituted. She received 6 000 cc. of normal saline by infusion, and 95 per cent oxygen and 5 per cent carbon dioxide by inhalation to stimulate respiration and overcome the high alkali reserve, and calcium gluconate to overcome the tetanic convulsive seizures.

After two days of intensive therapy her clinical picture improved. She became conscious and lucid and began to take food by mouth. Two days after admission her carbon-dioxide combining power dropped to 113 volumes per cent, and we felt that she might survive On October 31, 1944, her temperature rose to 104 F There were signs of pneumonic consolidation in both lungs. Therapy was of no avail and she died three days later

Relevant postmortem findings were as follows. There was extensive bilateral bronchopneumonia in the lungs. In the stomach there was an ulcer, 15 by 10 mm., 12 mm. proximal to the pyloric ring There was marked stenosis at the ulcer, the circumference measuring 8 mm. The pancreas grossly showed no changes. Microscopic examination confirmed the gross findings. Postmortem bacteriology revealed no pathogenic organisms recovered from the lungs, streptococcus hemolyticus was recovered from the spleen

Comment

There were a number of interesting clinical problems that arose in this case which might well be considered in other cases of alkalosis. One of the first was the presence of renal calcinosis, which very occasionally occur in electrolyte imbalance The urea nitrogen was quite elevated, and the thought of renal failure on that basis was considered Kirsner and Palmer[2] made a study of a group of patients who took large doses of alkalis and died of alkalosis. They came to the conclusion that prolonged ingestion of alkali did not permanently lower renal function. The precipitation of calcium in the collecting tubules is not a specific complication of alkali alkalosis. This condition of calcinosis of the renal tubules was first described by Nazari,[3] in the year 1904, in 2 patients with pyloric stenosis with severe vomiting The condition was produced in dogs after prolonged chloride depletion and alkali therapy The mechanism of calcium precipitation is not quite clear The deposition in the kidney after alkalosis is due to some physicochemical alteration in the state of the urine, resulting in the precipitation of calcium phosphate and calcium carbonate The process is very often a reversible one, disappearing when the alkalosis and obstruction is removed

The literature stresses the chloride depletion as a requisite for the production of renal calcinosis. Hatano[4] was able to prevent calcium precipitation during experimental hypochloremia and alkalosis by the intravenous injection of sodium chloride There was no evidence of renal tubular calcinosis in our patient. We felt that her renal findings were due to dehydration.

While alkalosis does occur from administration of soluble alkalies, it seems that the combination of alkali therapy plus deprivation of chlorides is the significant factor in the production of so-called malignant alkalosis. Kirsner and Palmer went so far as to determine the value of sodium chloride therapy with alkalis in the treatment of peptic-ulcer patients. They felt that alkalosis could be prevented in almost all patients by the concurrent administration of an adequate amount of sodium chloride However, these same workers also reported the tre-

mendous doses of alkalis that patients could take without developing alkalosis One patient took as much as 1,500 Gm in twenty-five days without developing alkalosis

The occurrence of tetany brings up the interesting factor of calcium metabolism and alkalosis The blood calcium in cases of alkalosis is invariably within normal limits The tetanic convulsions occur in cases of alkalosis associated with chloride deprivation The condition is particularly common in vomiting with alkali therapy Wilensky[6] described 2 cases of gastric tetany and alkalosis due to postoperative vomiting It is generally accepted that the determining factor in the production of tetany is the concentration of ionized calcium in the plasma and extracellular fluid of the body, rather than to the total calcium concentration The increased neuromuscular excitability appears to be due to an imbalance between the concentration of ionic calcium in the extracellular fluid and within the tissue cells The tetany of alkalosis is not explicable on the basis of calcium deficiency, because the serum calcium is not significantly lowered It is thought that the shift in the acid-base balance of the blood toward the alkaline side causes a reduction in the ionic calcium fraction without altering the concentration of the total serum calcium

The tetany is therefore due to the lowering of the concentration of the calcium ion in the plasma and extracellular body fluid during the period of alkalosis The administration of calcium chloride and calcium gluconate apparently stopped the tetanic convulsion of our patient

A most important factor in the management of alkalosis is the problem of dehydration and with it the question of hemoconcentration A hemoglobin of 132 per cent and a red blood cell count of 6,900,000 with a urea nitrogen of 63 mg per cent are indicative of the disturbed water balance which this case presented This must be overcome almost entirely by intravenous saline and glucose therapy

No discussion of acid-base balance could be complete without reference to the excellent monograph of Gamble[7] He very tersely summarizes the therapy of alkalosis "Restore the volume of blood plasma, administer saline and glucose in adequate amounts"

Summary

A severe case of alkalosis following excess alkali intake and vomiting is reported Therapy consisted of saline, glucose, and calcium, and apparently was meeting with success The patient, however, developed a widespread aspiration bronchopneumonia and expired It might have been wise to administer penicillin with the intravenous solution to a patient in such a prolonged coma, but it was not then available.

References

1 Best, C H , and Taylor N B Physiological Basis of Medical Practice 3rd ed , 1943 Baltimore, Williams and Wilkins Co , p 180
2 Kirsner, J B Palmer W D , and Humphreys, E Arch Path 35 207 (Feb) 1943
3 Nazari, A Policlinico (sez med) 11 146 (1904)
4 Hatano, S Beitr z path Anat u z allg Path 2 102, 316 (1939)
5 Kirsner, J B and Palmer, W D Arch Int. Med 71 415 (March) 1943
6 Wilensky, A. O Gastroenterology Rev 9 261 (July-Aug) 1942
7 Gamble, J L J Michigan M Soc 41 210 (March) 1942

Competition for Prize Essays

The Merrit H Cash Prize and the Lucien Howe Prize will be open for competition at the next Annual Meeting of the Medical Society of the State of New York

The Lucien Howe Prize of $100 will be presented for the best original contribution on some branch of surgery, preferably ophthalmology The author need not be a member of the Medical Society of the State of New York

The Merrit H Cash Prize of $100 will be given to the author of the best original essay on some medical or surgical subject Competition is limited to the members of the Medical Society of the State of New York, who at the time of competitition are residents of New York State

The following conditions must be observed

Essays shall be typewritten or printed with the name of the prize for which the essay is submitted, and the only means of identification of the author shall be a motto or other device The essay shall be accompanied by a sealed envelope having on the outside the same motto or device and containing the name and address of the writer

If the committee considers that no essay or contribution is worthy of a prize, it will not be awarded

Any essay that may win a prize automatically becomes the property of the Medical Society of the State of New York "to be published as it may direct"

All essays must be presented not later than April 1, 1946, and sent to the chairman of the Committee on Prize Essays of the Medical Society of the State of New York, 292 Madison Avenue, New York 17, New York

CHAS GORDON HEYD, M D , *Chairman*
Committee on Prize Essays

Medical Society of the State of New York

Minutes of the House of Delegates—October 8–9, 1945

INDEX

The Monday morning session appeared in the December 1, 1945 issue (Sections 1 through 43) The minutes of the Monday afternoon and Tuesday sessions appear in the December 15, 1945 and the January 1 and 15, 1946 issues.

(All References are to Sections)

Addresses
  President, 5, 66, 76
  Past President, 4, 66
Announcements by Speaker, 22, 70, 111, 115
Antivivisection, 5, 16, 28, 79, 102

Basic Science Law, 4, 5, 69, 73, 81, 107
Bills, Belated, 17, 58

Cars (Surplus), Preference to Veterans, 89, 99
Censors Report, 18, 42, 49
Chest Diseases (Session on), 53 103
Commendation of State Society's Personnel 21
Condolences to Dr Charles M Allaben, 41
Constitution and Bylaws—Amendments Adopted
  Article XI, Section 1 of Constitution (District Branches), 54
  Chapter XVI, Section 2 of Bylaws (Annual Meeting Papers), 54 56, 72 82
Constitution and Bylaws—Amendments Disapproved
  Chapter XV, Section 2 of Bylaws (Transfers), 54 72
  Chapter III, Section 4 of Bylaws (Elections) Voting Machine, 54, 72
Constitution and Bylaws—Amendments Proposed
  Chapter VII, Section 6 (Duties of Officers), 55
  Chapter VII, Section 7 (Duties of Officers), 55
  Chapter VIII (Repeal of entire Chapter) Direction of Activities, 55
  Chapter XVIII, Section 2 (Amendments), 55
  Article IV (Council), 55
  Chapter II, Section 1 (House of Delegates), 55
  House of Delegates' Time to be Extended, 117
  Reconstituting Malpractice Defense and Insurance Committee, 59, 60
Convention, 17 58
Credentials, 1

Delegates, Other State Societies, 20
Directory, 79
District Branches' Reports 54 68
Dues Remissions—Discharged Medical Officers
  Monroe County, 30 105, 106
  One Year Following Discharge, 36, 105

Elections, 110
E.M.I.C—Specialist Status in Obstetrics, 48, 75

Health Service—Transfer (Children's Bureau), 34, 100
Hospital Insurance—Professional Service Fee (Separate) 33 77
House—Schedule of Sessions Changed, 71

Industrial and School Health, 9 44 112

Journal, 16 79

Laboratory Service and Medical Care, 4 5 11 80 112
Legal Counsel, 59, 60, 108
Legislation, 5 81

Malpractice Defense and Insurance and Legal Counsel, 59, 60 108
Maternal and Child Welfare, 8, 46
Medical Care Insurance Bureau, 4, 5, 6, 51, 74, 97 112
Medical Care Insurance, Compulsory
  Survey of Public Attitude, 25, 95
  State Medical Society's Opposition, 5 26, 76 96
  Planning Committee (Report of 1944), 112
Medical Care, New York State Commission, 62 94
Medical Care—State and National Conferences, 29, 92
Medical Care, Subcommittee (Disapproved), 4 23 78
Medical and Dental Equipment, Government Surplus, 47, 99
Medical Ethics, 5 63, 88
Medical Licensure, 15, 16 67, 79, 112
Medical Policies, Planning Committee for
  Baruch Committee (Physical Medicine Commission), 112
  Care of Chronically Ill, 112
  Compulsory Sickness Insurance 5 76, 112
  Continuance of Committee, 112
  County Society Plans, 112
  Diagnostic Aids and Health Centers, 112
  Group Practice, 112
  Hill Burton Bill, 112
  Hospitalization Idea, Regional, 112
  Industrial Medicine 9 44, 112
  Laboratory Service and Medical Care Survey, 4 5, 11, 80, 112
  Medical Education and Licensure, 15, 16 67 79 112
  Nursing Problem, 5, 8, 17, 112
  Relation of Hospital and the Practice of Medicine, 112
  Voluntary Medical Expense Insurance, 4, 5 6 51 74 97 112
  War Participation, 17, 58
Medical Practice, Special Committee 4, 5, 69 73 81 107
Medical Publicity, 5 16, 79
Medical Service and Public Relations, 13 52
Medical Students—(Education) 37, 86
Memorials
  Dr William Avery Groat (d. 9-9-45) 19
  Dr Peter Irving (d. 12-28-44) 19, 66 68
  Dr J Richard Kevin (d 1-8-45) 19
  Dr William A. Krieger (d. 5-19-44) 19
  Dr Edward C Podvin (d. 9-27-44), 19, 66, 68

Minimum Wage Law, 40, 85
Minutes (1944), 2
Montague, Dr Joseph F —Appeal, 18, 42, 49

National Casualty Indemnity Company, 74, 97
News Letter, 16, 79
Nursing, 58, 112

Office Administration and Policies, 58
  Continuation of Committee, 58

Past-President's Report, 4, 66
Pepper Bill *S-1518*, (Proposed) E M I C Program, 39, 93
Postgraduate Education, 5, 7, 61
President's Report, 5, 66, 76
Principles of Professional Conduct, 32, 87
Prize Essays, 116
Professional Students—Discontinuance of Drafting, 35, 98
Public Health Activities, 10, 109
Public Relations Bureau, 5, 79
Public Relations and Economics, 4, 5, 6, 51, 112
Publication Committee, 16, 79
  Continuation of Committee, 79
Publicity—Returning Servicemen, 50, 91

Reference Committees, 3
Rehabilitation, 5, 12, 57
Release of Doctors from Armed Services, 38, 104
Reorganization Committee, 17, 58
Retired Members, 110

Secretary's Report, 68

Towne, Dr G Scott, 115
Treasurer's Report, 68
Trustees, Board of—Report, 45

Veterans' Hospitals, 65, 101
Voluntary Medical Insurance, 4, 5, 6, 51, 74, 97, 112
  National Casualty Indemnity Company, 74, 97
Votes of Thanks
  Committees, 118
  Legal Counsel, 59, 108
  Malpractice Defense and Insurance, 59
  Dr O W H Mitchell and Public Health and Education Committee, 61
  Personnel, State Society, 118
  Planning Committee for Medical Policies, 112
  Statler, Hotel, 118

Wagner-Murray-Dingell Bill, 5, 13, 16, 52, 79, 112
War Memorial Fund, 31, 90
War Participation (Veterans' Affairs Committee), 17, 58, 112
Welcome—New Delegates, 43
Woman's Auxiliary, 16, 58, 79
Workmen's Compensation
  Deductions from Bills, 64, 114
  Report, Supplementary, 14, 113
  State Compensation Act, Amendment, 27, 81, 83 (Chapter 258, Laws of 1935)
  State Compensation Act, Amendment, 24, 84 (Sec 13-C, Subdiv 1-C)

House of Delegates

Minutes of the Annual Meeting

[*Continued from page 80, January 1 issue*]

Afternoon Session

Tuesday, October 9, 1945

The session convened at 1 00 P M

SPEAKER BAUER The House will be in order

NOMINATIONS AND ROLL CALL

Nominations were then called for and received

The Assistant Secretary, Dr Frey, called the roll of the following who were registered on Monday and Tuesday

Twenty-one officers, councilors, and trustees
Five district delegates
Nine ex-presidents
Eight section delegates
One hundred and forty delegates from component county societies
One hundred and eighty-three total

OFFICERS, COUNCILORS, AND TRUSTEES

Edward R. Cunniffe
Herbert H. Banekus
Scott Lord Smith
W P Anderton
W Guernsey Frey Jr
Kirby Dwight
James R. Reuling, Jr
Louis H Bauer
William Hale
Oliver W H. Mitchell
F Leslie Sullivan
Carlton E. Weris
Ralph T B Todd
Floyd S. Winslow
J. Stanley Kenney
Harry Aranow
George W Kosmak
James F Rooney
Albert A. Gartner
William H. Ross
Thomas M. Brennan

DISTRICT DELEGATES

James G. Morrissey
Stephen H. Curtis
Dan Mellen
Clifford F Leet
Homer J Knickerbocker

EX PRESIDENTS

Martin B Tinker
Arthur W Booth
Nathan B. Van Etten
Harry R. Trick
William D Johnson
Arthur J Bedell
James M Flynn
George W Cottis
Thomas A. McGoldrick

SECTION DELEGATES

Paul M. Wood
Stockton Kimball
Angus M. Frantz
James E. McAskill
Halford Halloek
William J Orr
Arthur M. Johnson
Frederic E. Elliott

COUNTY SOCIETIES DELEGATES

Albany (3)
Stanley E. Alderson
Jacob L. Lochner Jr
Donald D Prentice

Allegany (1)
Lyman C Lewis

Bronx (13)
J Lewis Amster
Renato J Azzari
Edward P Flood
Louis A. Friedman
Goodlatte B Gilmore
Samuel Gitlow
William Klein
Moses H. Krakow
Emil Koffler
Joseph A. Landy
Frank LaGattuta
John L. O Brien
Frederick W Williams

Broome (2)
Elton R. Dickson
Victor W Bergstrom

Cattaraugus (1)
Wendell R. Ames

Cayuga (1)
Alfred K. Bates

Chautauqua (1)
Edgar Bieber

Chemung (1)
John F Lynch

Clinton (1)
Leo F Schiff

Columbia (1)
Cecil L. Schultz

Cortland (1)
John E. Wattenberg

Delaware (1)
Robert Brittain

Dutchess (1)
Donald Malvan

Erie (8)
John C Brady
Harold F R. Brown
John T Donovan
Harry C Guess
John D Naples
John C O Gorman
Nelson W Strohm
Herbert E. Wells

Essex (1)
Joseph A. Geis

Fulton (1)
Sylvester C. Clemans

Genesee (1)
Peter J Di Natale

Jefferson (1)
Charles A. Prudhon

Kings (24)
Charles A. Anderson
Albert F R. Andresen
Morris Ant
Ben A. Borkow
Louis Barger
Benjamin M. Bernstein
Maurice J Dattelbaum
Leo S. Drexler
John J Gainey
Thurman B. Givan
Edwin A. Griffin
Abraham Koplowitz
Charles H. Loughran
Ralph L. Lloyd
Charles F McCarty
Donald E. McKenna
John J Masterson
William Ostrow
Abraham M Rabiner
Irving J Sands
Leo S. Schwartz
Joseph Tenopyr
V Leonard Williams
Thomas B Wood

Livingston (1)
Roger A. Hemphill

Madison (1)
Felix Ottaviano

Monroe (4)
G Kirby Collier
Joseph P Henry
John L. Norris
Leo F Simpson

Nassau (4)
Eugene H. Coon
Theodore J Curphey
John M. Galbraith
E. Kenneth Horton

New York (16)
Philip D Allen
Clarence G Bandler
Emily D Barringer
Fenwick Beekman
Harold B Davidson
Edward Percy Eglee
Samuel Z. Freedman
B. Wallace Hamilton
Alfred M. Hellman
Roy B. Henline
Samuel M. Kaufman
Madge C. L. McGuinness
Peter M. Murray
Nathan Ratnoff
William B Rawls
Lester J Unger

Niagara (2)
William A. Peart
Guy S. Philbrick

Oneida (2)
Bradford F Golly
Oswald J McKendree

Onondaga (3)
John J Buettner
Leo E. Gibson
W Walter Street

Ontario (1)
James S. Allen

Orange (2)
Moses A. Stivers

Orleans (1)
John Dugan

Oswego (1)
Harold J La Tulip

Otsego (1)
Mahlon C. Halleck

Putnam (1)
Henry W Miller

Queens (12)
Erwin Beckhard
Frank J Carniglia
Thomas M D Angelo
Goodwin A. Distler
Arthur A. Fischl
Joseph D Hallinan
Vincent Juster
Edward C. Veprovsky
Lawrence Waterhouse
Jacob Werns
Ezra A. Wolff
Robert R. Yanover

Rensselaer (1)
Richard P Doody

Richmond (2)
Joseph H. Diamond
Frank Tellefson

Rockland (1)
Stephen R. Montieth

St. Lawrence (1)
John A. Pritchard

Saratoga (1)
G Scott Towne

Schenectady (1)
Joseph H. Cornell

Schoharie (1)
David W Beard

Seneca (1)
Bruno Riemer

Steuben (1)
William J Tracy

Suffolk (2)
David Corcoran
John L Sengstack

Tioga (1)
John B Schamel

Tompkins (1)
Norman S Moore

Ulster (1)
Frederick W Holcomb

Warren (1)
Morris Maslon

Washington (1)
Denver M Vickers

Wayne (1)
Ralph Sheldon

Westchester (6)
Robert B Archibald
George C Adie
Andrew A Eggston
Edwin L Harmon
Reginald A Higgons
Laurance D Redway

Wyoming (1)
Henry S Martin
(attended meeting Monday)
G Stanley Baker
(attended meeting Tuesday)

Yates (1)
G Howard Leader

ELECTION OF OFFICERS, TRUSTEES, AND COUNCILORS

President, Edward R Cunniffe, *Bronx*
President-Elect and
First Vice-President, William Hale, *Utica*
Second Vice-President, Stephen R Monteith, *Nyack*
Secretary, Walter P Anderton, *New York*
Assistant Secretary, W Guernsey Frey, Jr, *Forest Hills Gardens*
Treasurer, Kirby Dwight, *New York*
Assistant Treasurer, James R Reuling, Jr, *Bayside*
Speaker, Louis H Bauer, *Hempstead*
Vice-Speaker, F Leslie Sullivan, *Scotia*

The following trustee was elected for a five-year term ending 1950

John J Masterson, *Brooklyn*

The following councilors were elected for a three-year term ending 1948

Maurice J Dattelbaum, *Brooklyn*
Dan Mellen, *Rome*
Oliver W H Mitchell, *Syracuse*

ELECTION OF A M A DELEGATES

The following were elected 1946–1947 delegates Dr Thomas A McGoldrick, *Brooklyn*, Dr John J Masterson, *Brooklyn*, Dr Stephen R Monteith, *Nyack*, Dr J Stanley Kenney, *New York*, Dr George W Kosmak, *New York*, Dr F Leslie Sullivan, *Scotia*, Dr James M Flynn, *Rochester*, Dr Louis A. Van Kleeck, *Manhasset*, Dr Scott Lord Smith, *Poughkeepsie*, Dr Walter W Mott, *White Plains*

The following were elected 1946–1947 alternate delegates Dr Harry Aranow, *Bronx*, Dr William Hale, *Utica*, Dr Thomas M D'Angelo, *Jackson Heights*, Dr Edward T Flood, *Bronx*, Dr John T Donovan, *Buffalo*, Dr Benjamin M Bernstein, *Brooklyn*, Dr Ezra A Wolff, *Forest Hills*, Dr Stanley E Alderson, *Albany*, Dr Ralph Sheldon, *Lyons*, Dr Moses H Krakow, *Bronx*

ELECTION OF RETIRED MEMBERS

The following members were elected to Retired Membership

Harrison C Allen, *Endicott*
Dexter D Ashley, *New York*
Rudolph Boenke, *Long Island City*
Arthur H. Bogart, *Brooklyn*
Adolph Bonner, *Brooklyn*
William W Bostwick, *New York*
Robert Burns, *Syracuse*
William J Cavanaugh, *Poughkeepsie*
Jerome S Chaffee, *Sharon, Connecticut*
J Bayard Clark, *New York*
Frances F Cohen, *Bronx*
Rufus Ivory Cole, *Mt Kisco*
Herman K. DeGroat, *Buffalo*
David Deutschman, *Bronx*
Beaman Douglass, *New York*
Frederic C Eastman *Pittsfield, Massachusetts*
John W Edwards, *Brooklyn*
Kendall Emerson, *New York*
Julius R Fabricius, *Pittsburgh, Pennsylvania*
Henry Francisous, *Palm Beach, Florida*
Walter W Goddard, *Schenectady*
Abraham L Goodman, *Forest Hills*
Hermann Grad, *Tucson, Arizona*
J G William Greeff, *Great Neck*
Jane Lincoln Greeley, *Jamestown*
Ransom Spafard Hooker, *Charleston, South Carolina*
Oscar W King, *Queens Village*
Morris Kleinman, *Bronx*
Irving B Krellenstein, *Bronx*
Raphael Lewy, *New York*
Wilfred Porter Miller, *Syracuse*
Albert E Mott, *Buffalo*
Mihran B Parounagian, *New York*
Edward W Peet, *New York*
Lorenzo B Phillips, *Inwood*
George S Price, *Fairport*
Louis D Pulsifer, *Mexico*
Edward D Rudderow, *New York*
Julius Schiller, *Amsterdam*
Benjamin W Seaman, *Hempstead*
Herman F Senftner, *Albany*
Perry H Shaw, *Binghamton*
W Reynolds Shetterly, *Brooklyn*
Angelo J Smith, *Yonkers*
Lon E Stage, *Bliss*
Byron L. Sweet, Sr, *Tarrytown*
Isidor R Tilman, *New York*
Edgar A Vander Veer, *Albany*
Benedict Vogt Jr, *Ozone Park*
August F A Wiggers, *Flushing*
James P Wilson, *Buffalo*
Edward D Wisely, *Atlanta, Georgia*
Robert C Woodman, *Middletown*
Frank Clark Yeomans, *New York*

Section 111

Announcements

SPEAKER BAUER I have two announcements to make the newly elected Council will meet upstairs in the offices of the Erie County Medical Society on the eighteenth floor immediately after the adjournment of the House The Board of Trustees will meet immediately following the adjournment of the Council

Section 112

Report of Reference Committee on Report of Planning Committee for Medical Policies

SPEAKER BAUER Gentlemen, we have some more business to attend to Let me have your attention I will call for the Report of the Reference Committee on the Report of the Planning Committee for Medical Policies, Dr Di Natale, Chairman

DR PETER J DI NATALE, *Genesee* The organization of the Planning Committee was on the same basis as the preceding year, namely, the President, the President-Elect, the Secretary, a member of the Board of Trustees, Speaker of the House, and six members appointed at large by the Speaker

This Planning Committee also interested other members of the State Society and also had meetings with other interested individuals in compiling this report

General Scope—The Planning Committee for Medical Policies feels that there should be evolved a progressive, forward-looking program of the methods of distribution of medical care in order to maintain our system of free enterprise and to preserve the fine tradition of American medical practice

It is the desire of the Planning Committee that everyone in the State of New York receive adequate medical care of high quality

The abrupt termination of the war with Japan

approximately three months after the cessation of hostilities in the European theater has again brought into focus the large problems involved in the methods of distribution of medical care

Powerful sectors of public opinion, particularly those close to government, are highly organized These pressure groups would force a legislative program of federally sponsored medical care, probably compulsory, which medicine would have to accept Such a program, we know, would be definitely inimical to the public welfare

Organized medicine would seem to be the only integrated and influential group that still remains to oppose this dangerous situation, and we must maintain a united front in order to win this struggle.

This would be a propitious time to re-emphasize the fact that, in our opinion, the principal function of government in medicine is prevention, and to offer our cooperation with the government to the fullest extent in providing preventive medical care to the public. In our thinking we have adhered to the premise that it is our desire to see that every one in the State of New York receives adequate medical care of high quality

Many suggestions for changes in our present system of medical care have resulted from the tendency among certain groups to stress the need for medical care among the lower income groups, and that this lack is the primary cause of the inadequate economic situation of these people and they advance this as an argument for the overthrow of the American system of practice We would reiterate that it is the economic situation which needs to be remedied rather than our medical system, and the removal of such economic barriers, as has been stated again and again by competent medical authorities, should be an end in itself and not used as an argument for a different system of medical care. This is an evidence of the failure of government and not of the medical care

The Planning Committee has studied and given consideration to a formidable list of subjects, namely, diagnostic aids and health centers problems of the care of the chronically ill the report of the preliminary survey by the Subcommittee on Laboratory Service and Medical Care group practice, compulsory sickness insurance voluntary medical-expense insurance, relationship of the hospitals and the practice of medicine, the nursing problem, medical education and licensure and industrial medicine.

Diagnostic Aids and Health Centers—Any discussion of this subject must be prefaced with the assumption that the government has in mind a comprehensive and ambitious program to control the care of the sick. One must distinguish between improvement in the care of the sick—a wider and more complete distribution of the care for the sick—on the one hand and on the other, the control of the care of the sick.

Our Planning Committee has given extensive study and review to numerous proposals and projected plans, some actively in operation in local areas of the state, and others representing the combined thinking of medical groups.

The Planning Committee recommends as an *experiment* that a center for diagnostic aids to physicians practicing in the *rural* districts be set up in a selected location in either or both of the following designated areas

(a) The counties of Schuyler Chenango and Tioga,

(b) The north and northeastern part of Delaware County, the southwestern part of Otsego County, and the southeastern part of Schoharie County

In so far as possible, these facilities are to be set up by the local communities, and where necessary subsidized by the state if the local community cannot afford to build and operate them The medically indigent and those unable to pay for the use of these facilities should receive them free. Those who are able to pay should do so to decrease the amount which is necessary for the State or local community to contribute This would make the centers partially self-sustaining. Details of management of course, will have to be carefully worked out

The Council should be authorized to take such action as may be necessary to carry out these recommendations, including the sponsoring of any necessary legislation A committee should be designated to cooperate with state or local agencies and with county societies to insure proper functioning and supervision of such diagnostic centers.

The Committee also recommends that the State Society through its proper agency, exert its best efforts to secure prompt improvement and expansion of existing facilities for diagnostic aid throughout the state where the need has been shown to exist

We are cognizant of the necessity of protecting the public against bureaucratic regimentation of both patients and physicians, and the substitution of an un American system of medicine for our present high standards of practice.

I move the adoption of this portion of the report.

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried.

DR. DI NATALE *Care of the Chronically Ill.*—The Planning Committee recommends cooperation and collaboration with the present state agencies concerned in the planning for the care of the chronically ill The Committee also recommends the support of the principles contained in the regional hospitalization idea as described in the Interim Report of the Pepper Committee on Wartime Health and Education, and the provisions of the Hill-Burton Bill with such amendments as have been suggested to bring it within the scope of the Constructive Program of Medical Care of the American Medical Association.

I move the adoption of this portion of the report.

DR. ARTHUR J BEDELL. May we have that read again, that reference that we approve of the Pepper Bill, and so forth?

DR. DI NATALE It reads

"The Planning Committee also recommends the support of the principles contained in the regional hospitalization idea as described in the Interim Report of the Pepper Committee on Wartime Health and Education, and the provisions of the Hill Burton Bill with such amendments as have been suggested to bring it within the scope of the Constructive Program of Medical Care of the American Medical Association.

SPEAKER BAUER That is not the Pepper Bill concerning the E.M.I C., Dr Bedell.

DR. BEDELL I fully appreciate that, but it seems to me that those opposed to us and who are thinking of themselves will take that excerpt and can readily say that we as a Society have approved of that bill. It is a common method of propaganda.

SPEAKER BAUER What do you suggest Dr Bedell?

DR. BEDELL That we delete the reference.

SPEAKER BAUER The reference to the Pepper hearings?

DR. BEDELL The Pepper Bill and the other bills We can carry through the thought without the source reference

SPEAKER BAUER But the State Society and the A.M.A. have already gone on record as approving the Hill-Burton Bill

DR BEDELL I like the name of "Pepper" only as a condiment

DR DI NATALE I don't like the name of "Pepper" either

DR BEDELL I move you the deletion of the reference to the Pepper Bill.

SPEAKER BAUER It has been moved by Dr Bedell that the report be amended by deleting the reference to the Interim Report of the Pepper Committee on Wartime Health and Education

The amendment was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

SPEAKER BAUER We now have this portion of the report as amended for adoption. Is there any discussion on that?

The question was called, and the motion was put to a vote, and was unanimously carried

DR DI NATALE *Report of Preliminary Survey by the Subcommittee on Laboratory Service and Medical Care* —The report of the Sullivan Committee has shown that the State of New York, by and large, is in a generally satisfactory condition as to ordinary medical care, especially general practitioner services The report has disclosed certain areas as being definitely deficient in adequate laboratory and other diagnostic facilities, particularly certain portions in the northeast area of the state and in the south-central region, and in the districts comprised by the Catskill Mountains area.

We are not at all content with the status quo, and we can readily see how in any county there is ever room for improvement

The Planning Committee is in full agreement that laboratory facilities should be furnished As used in this report, the term "laboratory facilities" means, in addition to routine chemical, bacteriologic, and serologic examinations and other pathologic work, the related clinical tests, such as X-ray, metabolism tests, electrocardiograms, and similar clinical procedures Blood transfusions also should be made available, but this facility is being developed as the result of legislative action at the last annual session

The primary purpose of these centers is not to furnish a diagnosis but rather to make available to the physician in attendance the results of all such tests, thereby enabling him to make his own diagnosis No treatment is to be provided. No member of the staff of such a center is to be permitted to engage in the private practice of medicine

Pending further development of contemplated state plans and the possible enactment of such legislation as the Hill-Burton Bill in Congress, we feel that no sweeping state-wide program should be recommended now, but rather insist on local experiment Your Committee further believes that such local centers, located in carefully selected areas, can be operated successfully and without danger to our present free and unfettered practice of medicine

This is only for information, and the Planning Committee has no recommendation thereon

SPEAKER BAUER Informative only, gentlemen, and it requires no action.

DR. J STANLEY KENNEY The Reference Committee has made no reference to Recommendation Number 5, on page 6 Did you do anything about that?

DR DI NATALE Yes, that was reported on, and the House voted to delete the reference to the Pepper Committee

DR KENNEY Recommendation Number 5 reads

"Should the Hill-Burton Bill or similar legislation be enacted into law and Federal funds thus become available for new or expanded medical-care programs in this state, or should funds be made available by the State of New York for the same purposes, we recommend that an existing or special committee of the Medical Society of the State of New York be designated to confer and collaborate with the proper government agencies concerned with such projects, this committee to have authority to present organized medicine's views and opinions and to consult with and advise and otherwise guide those formulating such programs"

DR. DI NATALE It was apparently left out in the typewriting of the report

SPEAKER BAUER Do you wish to move any amendment, Dr Kenney?

DR KENNEY No, but I wish to see it in.

SPEAKER BAUER It is left out of the committee's report Do you wish to incorporate it therein?

DR. KENNEY I would move to have that incorporated

SPEAKER BAUER Dr Kenney moves to incorporate this part of this recommendation of the Planning Committee in the report at this point Is there any discussion?

The motion was seconded, and as there was no discussion, both the amendment and the motion as amended, calling for the adoption of the amended section of the report, were put to a vote, and were unanimously carried

DR. DI NATALE *Group Practice* —In the present stage of our thinking, the subject of group practice represents a profound and controversial problem. We have made no attempt this year to deal with it in detail, nevertheless we have discussed it in a general way

Your Reference Committee feels that this subject of group practice should be taken up as a major study by the Planning Committee for Medical Policies in the near future and give it the time and thought it deserves to be allotted to it

I move the adoption of this portion of the report.

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

DR. DI NATALE *Compulsory Sickness Insurance.* —This was the subject of an extensive review in the Planning Committee Report of 1944, and a thorough analysis of the Wagner-Murray-Dingell Bill introduced into the Seventy-Eighth Congress was published in that section of the report Extensive analysis of this new bill either has appeared already or will appear in the near future

The Wagner-Murray-Dingell 1945 Bill varies in some particulars from the previous bill. While the word "compulsory" is nowhere used in the bill, the bill nevertheless is compulsory in every sense of the word

Your Planning Committee reaffirms the Society's previous stand against compulsory sickness insurance in general and disapproves of the Wagner-Murray-Dingell Bill. Your Reference Committee heartily endorses the stand of the Planning Committee for Medical Policies in regard to the Compulsory Insurance Bill.

I move the adoption of this section of the report.

. The motion was seconded, and as there was

no discussion, it was put to a vote, and was unanimously carried.

DR. DI NATALE *Voluntary Medical Expense Insurance*.—Our State Medical Society has set up a Bureau of Medical Care Insurance with a full time director and the necessary personnel The Planning Committee for Medical Policies believes that no single activity of the State Medical Society is more significant and more deserving of united support. With reference to the use of the insurance principle in the case of welfare patients we would reaffirm our stand of last year, namely, that the Council suggest to the Welfare Department that it consider the possibility of the use of the insurance principle rather than the present system, in other words, the provision of hospitalization and medical care to the indigent by local authorities under voluntary hospital and sickness insurance plans

In furtherance of this statement, we would recommend that this whole subject be referred for study and action to the Committee of Medical Care Insurance of the Society This Reference Committee approves this recommendation, and I move the adoption of this section of the report

The motion was seconded, and as there was no discussion it was put to a vote, and was unanimously carried.

DR. DI NATALE *Relation of Hospitals and the Practice of Medicine*.—The President Dr Herbert H. Bauckus appointed a special committee to confer with a similar committee of the Hospital Association of New York State Dr Carlton E. Wertz, of Buffalo, is Chairman and the other two members are Dr Mott and Dr J Stanley Kenney Both Dr Mott and Dr Kenney are members of the Planning Committee

The Joint Committee held three meetings during January, February, and March, of 1945 and as a result of these conferences the following agreement, which is subject to ratification by the governing bodies of both the State Society and the Hospital Association of New York State, was arrived at

1. That roentgenology, pathology anesthesiology, and physiotherapy constitute the practice of medicine and the rendering of those services is, in fact, the practice of medicine.

2 That these specialties are so recognized, and that the directors of the departments rendering these services should have full recognition in the constitution of the hospital staff

3 That an equitable arrangement can be made between the individual hospitals and the doctors who practice these four specialties recognizing the above principle whereby the hospital may bill for these services in the name of the person rendering the service (This can be done by inserting the name on the regular hospital billhead, i.e., instead of x ray, indicate 'Professional Service of Dr ———, Roentgenologist.')

4. Until such time as a medical-service plan is available there is no objection to inclusion of these medical services in the hospital-service-plan contract as long as the principle of recognition and proper remuneration to these specialists is carried out.

Your Reference Committee approves these recommendations of the Planning Committee for Medical Policies, and I move the adoption of this portion of the report.

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried.

DR. DI NATALE *The Nursing Problem*.—Your Planning Committee has made a study of the nursing problem, and recommends that the House of Delegates approve that the Committee on Nursing Education be given the authority, and expanded if necessary, to confer with similar groups from the official hospital and nursing organizations.

The Reference Committee approves these recommendations of the Planning Committee for Medical Policies on the nursing problem, and I so move that this portion of the report be adopted.

The motion was seconded and as there was no discussion, it was put to a vote, and was unanimously carried.

DR. DI NATALE *Medical Education and Lacensure*.—Your Planning Committee has studied the problem of medical education and licensure, and although it is recognized that the accelerated program of medical schools of the country may be advantageously followed by a few students, it is the consensus of opinion of most of the medical educators that continuance of the present accelerated program beyond the war needs would be detrimental to the best interests of medical education. Your Planning Committee for Medical Policies concurs in the above opinion.

Your Planning Committee has no special recommendations or other comment on the subject of medical education and licensure, and there is nothing further we want to say on that subject either It is informative only

DR. KENNEY No recommendations were made on that subject, Mr Speaker, because of the special committee of the Council that was created to study this whole problem of the basic science law, the cults, and other matters pertaining to medical licensure

SPEAKER BAUER That has been taken care of in other resolutions.

DR. JAMES F ROONEY There is something significant about this, because I am informed that there is some change contemplated in relation to admission to licensing examinations in New York State that may be promulgated in the newspapers very shortly I think it would be appropriate to recommend, and I would so move, that the House approve this statement in relation to medical licensure and the accelerated program, and that it be referred to the Council for continuing study and action as required.

The amendment was seconded, and as there was no discussion both the amendment and the motion as amended, calling for the adoption of the amended section of the report, were put to a vote, and were unanimously carried.

DR. DI NATALE *Industrial Medicine*.—The Committee again this year has devoted much time to the consideration of the important subject of industrial medicine.

At the outset we should restate that the American Medical Association, through its Council on Industrial Health, has done a tremendous amount of work on this subject. This Council has set up in great detail the scheme of organization of committees within component county societies which would include the representatives from the Medical Society, from labor from industry, and from the public, such committees to study the different problems that affect industrial medicine today, and will affect it in the future. Labor has very definite ideas as to how it would like to work with medicine, industry has ideas and they are not always generous toward medicine. The profession has its ideas as to how it would like to retain control. In most of the present arrangements the influence of the

medical department of an industry is never very great It rarely reaches into the higher brackets, nor does it have a voice in the policy-making It is just this state of affairs which has promoted the American Medical Association to bring together all these groups for free discussion and to let industry and labor know that medicine has something to offer, and that it should be accepted as a major factor in formulating policies concerning industrial health and medicine Unless we want to initiate such a plan as the American Medical Association has so carefully worked out, we are relatively helpless, because both industry and labor feel that we are not interested

The future would seem to portend the larger role that big employers are going to have in questions having to do with medical care We feel that organized medicine should be very active on this subject We have all the information we need It has all been worked out very carefully by able men throughout the United States, and is very plain and concise

We also would recommend to the Postwar Planning Committee of the state and county societies that they bring to the attention of physicians returning from military service the facilities offered in the field of industrial medicine

We would respectfully suggest to those responsible for undergraduate medical education that those diseases and afflictions peculiar to industry be given adequate recognition in their teaching programs.

The 1944 House of Delegates recommended that the Council bring to the attention of the proper State authorities the suggestion that the medical staff of the Department of Labor be increased so that members might assist county society committees in coordinating their work with the definite work of the Department It is again urged that the Council give this suggestion serious attention

Your Reference Committee approves the recommendations of the Planning Committee on Industrial Medicine, and I move the adoption of this portion of the report

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

DR. DI NATALE The Planning Committee's report also deals with the Baruch Committee and Physical Medicine Commission reports, War Participation Committee, county society plans

The Reference Committee wishes to congratulate the Planning Committee of Medical Policies on its reports, and I would like to move the adoption of the report of the Reference Committee, as amended, as a whole

DR. JAMES F ROONEY I should like to amend, Mr Speaker I would like to second the recommendation of the Committee to adopt the report, as amended, as a whole, but would also like to amend to the effect that the Council be informed of the action of the House, that the Planning Committee be continued, and that the Council continue its activities in relation to studying those various matters that have been referred to the present Planning Committee in order to afford the opportunity to take the necessary action for the future

DR DI NATALE That is in the last paragraph of my report

SPEAKER BAUER He has such a recommendation in his report

DR. ROONEY I thought he had finished

SPEAKER BAUER I thought he had too

DR DI NATALE We believe that the life of this Planning Committee for Medical Policies should be extended, or if not, some other committee should be designated, as the Council deems necessary, to further study these medical problems in even more detail than the Sullivan Committee

SPEAKER BAUER Was that "extended" or "continued"?

DR DI NATALE The better word would be "continued", that the life of the Planning Committee be continued

SPEAKER BAUER Do you make that as a recommendation?

DR DI NATALE Yes, and I so move

SPEAKER BAUER Does that take care of your point?

DR ROONEY That is quite all right, but I think my amendment is a little more extensive, perhaps, than the recommendation of the Reference Committee, because mine gives the Council power to continue to study these various matters and to take such necessary action as in their discretion they feel advisable

DR DI NATALE We will accept that as part of the Reference Committee's report and recommendation

DR J STANLEY KENNEY I would like to second that

SPEAKER BAUER The Committee accepts it, so this portion of the report, as amended, is up for discussion Is there any?

The question was called, and the motion was put to a vote, and was unanimously carried

DR DI NATALE Now I move the adoption of the report as a whole, with the amendments and the additions that have been made

The motion was seconded, and as there was no discussion, it was put to a vote and was unanimously carried

Section 113 (See 14)

Report of Reference Committee on Report of Council—Part X Workmen's Compensation

DR. LEO F SIMPSON, *Monroe* I would like to move, as this report is purely informative and contains no controversial issues, that it be published without action by the House

DR EZRA A. WOLFF, *Queens* I introduced a resolution which was referred to this Committee, and I have not yet heard it disposed of

SPEAKER BAUER That resolution is separate This is the report on the Workmen's Compensation What is your pleasure?

DR JAMES R REULING, JR. I move that it be printed without action by the House since it contains no controversial issue and is purely informative

The motion was seconded, and as there was no discussion, it was put to a vote, and was unanimously carried

The report referred to is as follows

Your Reference Committee has carefully reviewed the Council Committee's Report on Workmen's Compensation and believes that it indicates a year of progressive activity It was also a year of striving for the maintenance of high standards in the care of the sick and injured, of striving for a more speedy and equitable administration of the law, and also for the protection of the physicians who function under the law

It seemed feasible to your Reference Committee that we should comment on some of the activities of this Council Committee, to be informative only and to make this information reliable as of today

The first part of the report deals with the free-choice principle in workmen's compensation and its importance in maintaining the highest quality of medical care to injured and ill workers It is important to emphasize this principle, as there are always individuals, both within and without the profession, who are eager to revert to the old system of permitting the employer or insurance carrier to dictate the choice of a physician.

It is the opinion of your Reference Committee that the free-choice principle is not completely operative in New York State as yet It is, of course the function of the Compensation Bureau of the State Society to correct any evils that may exist because it is in contact with the powers that can do it. On the other hand the State Bureau must get its facts from the component county society compensation boards before it can act, so if the county boards are unwilling to go all out in this matter the insurance carriers will draw the natural inference that we are not in earnest.

As a corollary to the free-choice principle which is a benefit to the workingman it is important to recognize that the medical societies have a responsibility in guarding the quality of medical care and during the year 1944 and early this year the Director of the Compensation Bureau held conferences throughout the state with county medical societies in an effort to get them to take a greater interest in the control of medical practice in the interest of the public. Moral and ethical qualifications will have to be considered as well as those that have to do with professional competency

Medical Practice Committee—The next matter was a consideration of the Medical Practice Committee, which has assumed the functions of the compensation boards of the four county societies in Greater New York If any proof is needed of the harm that can be done to the profession as a whole by the unscrupulous acts of some of its members the appointment of the Medical Practice Committee is a shining example

In the four New York counties the Medical Practice Committee is now paid by the state It attempts to carry out functions which formerly were carried out by the compensation boards of four of the largest county societies in the state The expense of these men, in salaries alone is $22 500 and in addition, there is a large overhead for attorneys, clerks, etc.

The director of the Division of Workmen's Compensation of the Department of Labor in July 1944, called upon the local county medical societies to again do the work of qualifying doctors since no three-man committee could successfully carry out this function. The county societies have agreed to do this. This fact should be given due recognition. Thus, one large part of the functions of the Medical Practice Committee has been delegated back to the medical societies. In the arbitration of medical bills the Medical Practice Committee is even less successful. The local county medical societies are dissatisfied with the procedure recently suggested whereby one man of the committee may hear a case and refer it back to his colleagues. The three members of the Medical Practice Committee are surgeons, and it is not within the bounds of reason to assume that any one would have the adequate knowledge to properly arbitrate issues in matters not in his field. Furthermore let it be said no provision is made for an appeal from such decisions

Complaints continue to come in as to the in equitable awards to physicians by the committee

The Medical Practice Committee has not, to our knowledge tried a single doctor in the four counties for violation of Section 13-d, disclosed by the Moreland Commission, although the medical societies disposed of most of these cases before the law was changed on June 1, 1944 The medical societies spent thousands of dollars to retain attorneys to do this task properly but the Department of Labor has done nothing about the remaining cases which the medical societies were unable to hear because of the limitations of time, and for other reasons These total several hundreds of physicians

No instance is known in which even the most flagrant offenders have been called upon to stand trial as required by law Furthermore, in no instance has the Chairman of the Workmen's Compensation Board exercised his rights, in spite of all the clamor made by the Moreland commissioners even to temporarily suspend one of these physicians pending trial.

It is a physical impossibility for the Medical Practice Committee no matter how able it may be, to properly perform the duties required of them by the law So it is clear that the interest of the state, from the standpoint of prompt efficient and economic carrying out of the purpose and intent of the Workmen's Compensation Law, requires the restoration of the functions of the four county medical societies on a par with the other fifty-seven counties of the state.

Your Reference Committee guided by a feeling of apprehension, feels strongly that it behooves the Medical Society of the State of New York to press for this restoration in the immediate future with every honorable means at its command.

Medical Examining Facilities—Your Council Committee reports concerning the help given the Department of Labor by the various county medical societies during the year in aiding the Department of Labor at its request, in determining whether the facilities available throughout the state were adequate in carrying out the medical examinations by medical examiners of the Department of Labor The county societies actively cooperated and made valuable contributions for the improvement of both mechanical and medical facilities to carry out such examinations. The Department of Labor is now utilizing the reports of the county societies to improve conditions.

Fee Schedule—A revision of the Workmen's Compensation Fee Schedule upwards and the removal of the 5 per cent discount taken by the insurance companies for payment of bills within thirty days were asked by a resolution passed by the House of Delegates last year

Your Council Committee has been actively at work on both of these requests, and although the recent change in the Department of Labor called for in the Condon Bill has delayed matters somewhat, they are being carried on.

The revision of the fee schedule upwards has demanded a great amount of preliminary work in anticipating the bearings that will be called by the new chairman of the Workmen s Compensation Board

1 Several letters were sent to the new chairman of the Workmen s Compensation Board requesting her to increase the fees to cover the increased cost of medical practice and of living.

2 A survey was made of the compensation fees paid in every state in the union.

3 Specific, detailed information was secured from every county medical society in the state, involving the cost of medical practice, the medical fees for persons of like standards of living and,

from the membership, information was obtained concerning medical fees in private practice throughout the state, and their opinions as to the need for an increase in compensation fees All of these data have been compiled

4 A conference was held with the insurance-carrier organizations in an endeavor to reach an agreement on an increase of the fee schedule in advance of a public hearing that might be called by the commissioner

5 Conferences were held with the President of the New York State Federation of Labor and other labor leaders in an effort to obtain the support of labor for the proposed increase

6 Groundwork was laid to secure the support of Associated Industries of New York, and more than a little progress was made

Your Council Committee has suggested for some time individual changes in the schedule which experience has proved are necessary in many of the specialties and in minor surgery—in addition to striving for a general revision upwards in the schedule Your Reference Committee feels that your Council Committee has been diligent, aggressive, and is well prepared with factual data Although action may be somewhat delayed because of the difficulty in securing agreement of the many interested groups that are involved, we have good reason for optimism

The chairman of the Workmen's Compensation Board has not yet set a date for a hearing on our request for a general increase in the fee schedule

Collection of Medical Bills—A new bureau has been set up by your Council Committee for bill collection and adjustment of disputes between physicians and employers and insurance carriers

It is proposed that this bureau serve as a clearing house for the fifty-seven county medical society compensation committees, outside the metropolitan area, on matters concerning physicians' medical bills in compensation cases

Many of the smaller county societies have no facilities for protecting the interests of the physician in workmen's compensation cases, and it is proposed that the facilities of the bureau be made available to all such counties that desire it, and request it

This will be a consultation service only, or an active intervention on the part of the bureau in the physician's behalf, if it is so desired It is designed to straighten out disputes, and also that physicians' bills may, in the future, be more promptly paid, or, if settlement is not possible, to be promptly arbitrated

Your Reference Committee feels that this is a proper function of the state bureau

Expert Consultants—The amended law of 1944 provided for the setting up of panels of medical experts in various specialties to assist in the adjudication of claims, and to resolve disputes concerning medical care Up to the present time nothing has been done to set up these panels

Your Council Committee has taken steps to secure from every county in the state the names of men qualified to serve in the Department of Labor in the above capacity These names have been submitted to the President of the Society for his approval and are available to the new Chairman of the Workmen's Compensation Board

Your Reference Committee joins with your Council Committee in urging the appointment of these men at the earliest possible moment to facilitate the settlement of claims and to avoid the long-drawn-out confusion now prevailing in many cases These various specialists would act as aids to the referees and to the Workmen's Compensation Board We have just heard from Miss Donlon that it is her purpose to explore this matter within the next month She will first have to determine the budgetary requirements of this program

In a closely related field, your Council Committee has repeatedly recommended the separation of the claims and medical departments of the insurance carriers This same effort has been made by other groups, but has not, up to the present at least, been adopted by the insurance carriers

Standards of Qualification—Your Council Committee has completed a set of standards to guide the county medical societies in the qualifying of physicians for compensation work These have been sent to every county medical society in the state, and questions concerning the method of qualifying any particular physician may be referred to the state society bureau for opinion

The director of your bureau has appeared before most of the larger county societies, and has pressed for compliance with these standards on the rating of physicians The Medical Practice Committee in New York City has also adopted similar standards

Radiology Examinations—Your bureau has increased the number of examining centers for compensation rating in radiology In addition to the one in the metropolitan area, new centers are being formed in Buffalo, Rochester, and Syracuse Similar committees will also be formed in other centers as the need arises

Your Council Committee, in addition, has the responsibility of endeavoring to improve the medical aspects of the law itself as dictated by the experience gained in operating under it Several instances could be cited, for example

An important matter in which your Council Committee has been concerned during the past year was the question of the relationship of radiologists, pathologists, anesthesiologists, and physical therapy physicians to the hospitals of this state Your Council Committee joined with a special Council Committee, of which Dr Carlton Wertz is Chairman, with a committee of the New York State Hospital Association, and with a joint Council representing the above-named specialists, in a series of conferences to iron out many difficulties that had existed before, and which were accentuated by several amendments to the compensation law that were enacted as a result of the Moreland Commission's activities

These amendments, for instance, make it mandatory that all fees coming to a radiology department of a hospital be allocated to the radiologists, and that it becomes a misdemeanor for him to give back to the hospital more than 33 1/3 per cent of the whole for the use of the apparatus, etc To work under any other plan was classified as fee-splitting, and it became a misdemeanor not only under the Compensation Law, but also under the Education Law

As a result of these conferences, which, no doubt, will be reported to you more in detail by another committee, the hospitals have recognized these specialists as part of the practice of medicine, and not a hospital function

Your Council Committee, as a result, recommends amendments to the Compensation Law and to the Education Law These are aimed to modify the present unworkable law as related to radiology as is now supposed to be in effect

It is recommended adding to the law, when medical services are referred to, that radiology, physiotherapy, pathology, and anesthesiology are a part of the practice of medicine, and to correct the

fee-splitting section of the law where it relates to these specialists and the hospitals by these words, "except that mutually agreed reasonable and equitable division of any fee received under this chapter for x ray examination, diagnosis, or treatment, physiotherapeutic examination or treatment, pathologic examination or diagnosis, or administration of anesthesia, may be made by a physician duly authorized to render such services, and a nonprofit hospital furnishing facilities for such examination diagnosis, treatment, or administration" For proprietary hospitals a refund of from 33⅓ to 40 per cent should be adequate.

Your Council Committee is also prepared to suggest other changes in the law

1 To prevent the abuse of the right that the patient has to transfer from one doctor to another The proposed boards of specialists would be of great value here.

2. Under the law the employer or carrier is entitled to have the claimant examined by a qualified physician of his own choice, and failure of the claimant to agree to it is a bar to recovery of compensation for that period This is all right for the ordinary examination, but certain examinations may be considered of major importance, and the patient should not be subjected to such an examination by his own physician and also by the carrier's physician. This refers to such examinations as encephalography, cystoscopy, spinal puncture, etc.

Your Council Committee believes that the law should be amended so as to entitle the employer or carrier only a consultation representative at such major examination to protect its interest, but the major procedure should be performed by the patient's own physician, or specialists, unless the patient and his physician waive this right

The carrier or employer should have the right to object to the necessity of such a procedure when authorization is required but should not have the right to perform the procedure itself, and then have the patient subjected to the same examination by his own doctor

3 Under Section 13-g of the Workmen's Compensation Law, the employer is made liable for the payment of medical services rendered by a physician and upon receipt of a bill for such medical services may dispute the bill within thirty days after its submission. In that event the employer or carrier is entitled to arbitration of the medical bill as provided in this section If the employer (or carrier) does not inform the Workmen's Compensation Board and the doctor of his demand for an impartial examination as to the amount claimed by the physician within thirty days after receipt of the physician's bill, he is deemed to have waived the right to such arbitration and the amount of the bill is deemed to be the fair and reasonable value of the services rendered by the physician. This applies also to hospital bills. There is no express provision in the statute for the procedure to be followed by the physician or hospital to collect his or its bill either in cases in which the bill was disputed and the arbitration was had and the employer does not pay the award or where the bill was not disputed and, under the statute, its amount is deemed to be the fair amount of the services rendered and is not paid. And, as there is no provision under the present law for the enforcement of payment of such bills by the Workmen's Compensation Board, the physician or hospital is required to sue at law to collect. There should be an amendment giving the Workmen's Compensation Board the right to make an award for medical and hospital services in these cases.

4 Your Council Committee recommends an amendment to the law that would make provision for employment by the Department of Labor of an adequate staff of investigators, headed by a deputy commissioner, who is an attorney, to police the Workmen's Compensation Law as it applies to physicians, insurance carriers, employers, commercial houses dealing in medical supplies and apparatus, and commercial laboratories of all kinds, and all other parties at interest. This "department of investigation" should be state-wide and should, of its own initiative or on recommendation of any party of interest, make investigations. All charges of violations of any of the provisions of the Workmen's Compensation Law against physicians shall be referred to the Compensation Committee of the Medical Society (or at present, in cities of over 1 000,000, to the medical practice committee) for hearing or trial. Recommendations for punishment to be made to the Workmen's Compensation Board.

Section 14-d should be amended in such a manner as to give the Chairman of the Workmen's Compensation Board independent right to hold hearings or make investigations and either to temporarily suspend a physician or to suspend or revoke his license after a hearing.

It is believed that if such a department of investigation is set up in the Department of Labor, evidence of evils and abuses under the Workmen's Compensation Law and wrongdoing on the part of physicians in violation of Section 13-d may be more readily detected and punished.

5. Your Council Committee would modify Section 13-d so that medical society compensation committees, when they shall hear and determine all charges of professional misconduct by a physician practicing under the law, that they be vested with the right to subpoena witnesses and records, to issue subpoena *duces tecum* and to administer the oath to all witnesses required in the investigation, hearing, or trial.

6 Consideration will be given to the problem of inspecting, periodically, medical bureaus licensed through county medical societies, and an attempt will be made to provide assistance from the state in enforcing the provisions of the law requiring employers maintaining such bureaus to obtain a license after medical society approval.

7 Steps will be taken to seek state support of the Department of Labor and other interested groups in the passage of these amendments at the next session of the legislature

One who would make even a partial study of the activities of the Workmen's Compensation Committee and the Bureau of our State Society, of the duties imposed upon it by the law itself by the House of Delegates, as well as by the Council, would be amazed not only by the amount of work that has to be done, but also by the extremely specialized knowledge that is needed to do it adequately Reading between the lines of the report, and conferring with the members of this committee, as well as with its director, your Reference Committee has noted the far-reaching character of its activities, the technical character of that work, the intimate knowledge of the last required to perform it properly, and it feels that it is one of the most important functions of the State Society

It has been said that your compensation committee has ever need of more and better public relations. In the larger field of public relations, medicine apparently is in a hostile country The majority of the profession is preoccupied by their professional duties, and we are lulled by a complacency in our

own little accomplishments, leaving a small group of valiant, self-sacrificing men in the state and national organizations to fight for all of us, to combat pernicious propaganda, and to carry medicine's banner even into Congress itself

In the field of public relations that has to do with the Workmen's Compensation Law, it is different, but equally vital Here we already have a law in force Here proper relations with other units of the administration of the law, and with the new Workmen's Compensation Board, are absolutely essential To do this your bureau will have, of course, the continued and energetic cooperation of the officers of the State Society and, what is more important, of the compensation committees of the county societies

It is vitally important, also, that proper relations with labor, with industry, with the insurance carriers, be established and maintained by tact, by cooperation, and, above all, by the confidence and determination that arises from a thorough technical knowledge of our own rights and duties

Your compensation committee has made great strides in this field For instance, they have joined with the insurance carriers in the newly formed "Joint Medical Conference Committee" that will be state-wide in its personnel functions One meeting has already been held This will be a forerunner to the appointment of similar local committees throughout the state, consisting of representatives of insurance carriers and members of compensation committees of the county medical societies that will open a large field for improved relations, and many matters that, in the past, have led to much dispute, can be amicably settled

In addition, Miss Mary Donlon has recently asked your committee chairman to serve on a new Workmen's Compensation Advisory Committee which will meet monthly in New York or in Albany This group will consist of employers and workers, as well as the chairman of your committee, representing medicine This would seem to be a farsighted endeavor to study mutual problems in the interest of good medical care for the injured workman and tend to prevent much ill-advised legislation

Conferences were held with the president and representatives of the New York State Federation of Labor, with a view to bringing about a closer relationship and mutual understanding between the Society and this group in all matters affecting medical care and especially treatment of injured workers under the Workmen's Compensation Law

Meetings were sought and obtained during the past few months with the executive officers of Associated Industries of New York These meetings, already started, give great promise for the future

Miss Mary Donlon, the new chairman of the Workmen's Compensation Board in the Department of Labor, apparently believes that each separate unit having to do with the adequate functioning of the law should be efficient in itself, and should cooperate with each other, that each should be used by the other, that they should respect the motives of each other, that they be made to sit around conference tables to iron out their differences, and to help one another and, if they do not, then she will decide for them All of this to the end that the workingman gets the best care in the world If these are her aims, and we believe they are, she has our blessing and our best wishes

It may be stated here that we are now participating with others in arranging a large dinner to be tendered Miss Donlon on December 12 At this dinner, which will probably be attended by Governor Dewey and other prominent personages including leaders of the medical profession, Miss Donlon will undoubtedly outline her policies

Your Reference Committee believes that your Council Committee and the compensation bureau of the State Society will continue to do everything in their power to win and hold the good will of the Department of Labor, and we are confident that with Miss Donlon this will not be an exhausting task

The fundamental duties of your council committee, however, will continue to be

1 To continually strive to elevate the quality of medical care, both ethically and scientifically, for the injured workman

2 To safeguard the interests of the medical profession under the law

3 To work for ever more harmonious relationship between the medical profession and the other interested parties, including the Department of Labor

Suggestions for better standards, for higher and more exact qualifications for physicians, or even suggestions for disciplinary action, may emanate from your bureau, but it is only in the county societies that they can be translated into action

Your Reference Committee commends the very excellent work done by your committee and its bureau during the past year

(Signed) JOSEPH C O'GORMAN
STANLEY E ALDERSON
PETER M MURRAY
LEO F SIMPSON, *Chairman*

Section 114 (*See 64*)

Report of Reference Committee on Report of Council—Part X Abolition of 5 Per Cent Discount to Insurance Carriers on Compensation Bills

DR. LEO F SIMPSON, *Queens* On the resolution introduced by Dr Ezra A Wolff, of Queens County, reading

> "WHEREAS, the 5 per cent discount for payment of bills within thirty days of submission of such bills by physicians for the treatment of patients under the Workmen's Compensation Law appears to be unfair to the physicians rendering the bills, therefore be it
>
> "*Resolved*, that the membership of the Medical Society of the County of Queens, Inc , instruct its delegates to the House of Delegates of the Medical Society of the State of New York to propose the discontinuance of the 5 per cent discount on bills over $15, and in its place recommend to the Commissioner of Labor the payment by insurance companies of 6 per cent per annum interest on all bills which are not paid within sixty days of the date of receipt of such bills "

The Reference Committee approves the resolution calling for the discontinuance of the 5 per cent discount This recommendation appears in the report of the Council Committee and was passed by the House of Delegates last year to be forwarded to the Department of Labor Action awaits a hearing on the fee schedule which is promised for this fall

We do not believe a penalty of 6 per cent per annum is reasonable unless the 5 per cent discount which was intended to facilitate the prompt payment of bills, is not removed Therefore, we approve of the removal of the 5 per cent discount but disapprove the 6 per cent penalty at this time

I move the adoption of the Reference Committee's recommendation

The motion was seconded, and as there was

no discussion, it was put to a vote, and was unanimously carried

Announcement Re Condition of Dr G Scott Towne

SPEAKER BAUER Gentlemen, I have word that Dr Towne has been transferred to the hospital here in Buffalo by Dr Trick, and that he is somewhat improved I think it would be very nice if the House would send a word of sympathy to him and that the Secretary be authorized to send him some flowers

DR. JAMES F ROONEY I so move

DR. GEORGE W KOSMAK I second that motion

SPEAKER BAUER I am sure there is no use calling for a discussion on that Those in favor say "Aye" those opposed, "No " The motion is unanimously carried.

Section 116

Report of Special Committee on Prize Essays

SPEAKER BAUER Dr Charles Gordon Heyd Chairman of the Committee on Prize Essays, both for the Merritt H Cash and Lucien Howe Awards, states no essays were submitted this year worthy of prizes.

Section 117

Notice of Bylaw Amendment to Extend Time of House of Delegates' Meeting

SPEAKER BAUER There is one thing more I want to say before we close that is, I have been a little distressed in this meeting by the tremendous amount of work we have had to do and the inadequate time in which to do it We were terribly rushed this morning, and this business this afternoon of presenting reports while the counting of the ballots was going on was very unsatisfactory In spite of that, we still did not have time for Dr Simpson's report, and although perhaps that does not matter since there is no controversial issue contained in it nevertheless it is not fair and I think we should have some arrangement made by amending our bylaws to rearrange our whole schedule of this meeting A lot of men had to be out of the House yesterday when things were going on because our morning session was delayed beyond the usual time also the dinner last night made it difficult for the committees to meet until late, and it just was not satisfactory We amended the bylaws a few years ago to do away with that Monday night session because that meant three sessions in one day but I feel we ought to amend them again to rearrange the whole schedule so the House will have plenty of time to transact its business, and what is more that the committees will have time to work without having to be out of the House. Therefore, I am giving notice that I am going to submit an amendment on this subject to be printed before the next meeting so it can be acted on next year to rearrange this whole schedule and see if we can not, two years from now, have a more satisfactory arrangement, because I don't think this has been right. I think part of the trouble has been that the meeting was adjourned and we had more work than usual, but nevertheless the work of this House is increasing year by year and we just don't have time enough to do the work in the time allotted Therefore, I give notice now that amendment will be submitted. That is all that is required We don't have to give the details of it. It will be submitted in ample time to be distributed to the House.

Section 118

Thanks to Various Committees and Personnel of State Society and Hotel Statler

SPEAKER BAUER I want to express my thanks to all the reference committees and the chairman particularly who worked so hard on these reports About 75 per cent of the House were on these reference committees.

I also want to express my thanks to the tellers

I think there should be a motion to thank the Committee on Arrangements that made our meeting possible here in Buffalo, and I would like to entertain that motion

DR. JAMES R. ROONEY And I should like to present it. I should like to do it in this manner to extend our sincere thanks to the Committee on Arrangements, to the Erie County Medical Society, of whom we are guests, to the hotel management, which has done a magnificent job and last but not least, to the Speaker for his magnificent acceleration of the enormous load of business that is accumulating on this Society particularly this year, and I would like to add also my own gladness at hearing that he is going to propose this bylaw because if he had not I would have We talked about the matter the other night, and I am glad to have him say it, but I make that as a formal motion that the Secretary be directed to notify the Erie County Medical Society, the Committee on Arrangements, the hotel management, and any of the other organizations in Buffalo that have provided for the accommodation of the delegates and for the magnificent services which they had and with that goes the thanks of the House of Delegates of this Society

The motion was seconded.

DR. HAROLD B DAVISON, *New York* May I add to include one more group in the vote of thanks, and that is the staff of the State Medical Society

SPEAKER BAUER I am sure that will be gladly accepted

The motion was put to a vote, and was unanimously carried

SPEAKER BAUER Is there any further business to come before this session?

(There was no response)

SPEAKER BAUER All committees having reported and there being no further business to come before this House I declare the 139th Session of the House of Delegates of the Medical Society of the State of New York adjourned *sine die.*

(The session adjourned at 2 50 P.M.)

Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL *The members of the committee are Oliver W H Mitchell, M D , Chairman (428 Greenwood Place, Syracuse), George Baehr, M.D , and Charles D Post, M.D*

Cayuga County Lecture

PREGNANCY and the Rh Factor" was the subject of a lecture given to the Cayuga County Medical Society on December 20 by Dr Robert C Schwartz, instructor in clinical pediatrics at the Syracuse University College of Medicine This instruction, held at the Auburn City Hospital, is provided through the cooperation of the State Department of Health and the State Medical Society

Rheumatic Fever

POSTGRADUATE instruction, arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York and the New York State Department of Health, was given to members of the Ontario County Medical Society on January 8 in Canandaigua. Dr J G Fred Hiss was the lecturer and his topic was "Rheumatic Fever—Rheumatic Heart Disease" Dr Hiss is professor of clinical medicine at the Syracuse University College of Medicine

Shock Therapy in Psychiatry

THE Value of Shock Therapy in Psychiatry" will be discussed by Dr David J Impastato on January 29 when he speaks before the Nassau County Medical Society at a meeting to be held that evening at 9 00 P M in the MacArthur Auditorium, Mercy Hospital, Rockville Centre, Long Island

Dr Impastato is assistant clinical professor of psychiatry and assistant clinical professor of neurology at the New York University College of Medicine

This instruction is provided by the Medical Society of the State of New York

Dr Vaughan at Saranac Lake

RESULTS and Modern Methods in the Treatment of Anemia" was discussed at a meeting of the Saranac Lake Medical Society, at 8 00 P M , December 19, in the John Black Room, Saranac Laboratory, Saranac Lake

Dr Stuart L Vaughan, assistant professor of medicine, University of Buffalo School of Medicine, was the speaker

This was the second in a series of postgraduate instructions arranged for the Society by the Council Committee on Public Health and Education of the Medical Society of the State of New York

---

COSMETICS CONTAINING HORMONES

Cosmetics containing hormones are advertised nationally and are available everywhere for purchase without a prescription by a gullible public Cosmetics are defined as applications intended to beautify and improve the complexion, skin, or hair They are designed to make a person more attractive, to delay (or perhaps better, to hide) the appearance of the manifestations on the skin of advancing years, to cover defects and, in general, to make the skin softer and more pleasant to look on The addition of hormones, which are physiologically active ingredients derived from endocrine glands or their synthetic duplicates, alters their status and creates a potentially serious situation These beautifying preparations then become active and possibly dangerous and should be classed with certain drugs, serums, vaccines, vitamins, and other biologic products. As such they should come within the jurisdiction of the United States Pharmacopoeial Convention, the Committee on the National Formulary of the American Pharmaceutical Association, or the Council on Pharmacy and Chemistry of the American Medical Association It is significant that none of these authorities have accepted these products

Extravagant claims are made of the glamorous results of such applications, and enormous sums of money in the aggregate are being spent by ill-advised people lured by such advertisements There is, however, no satisfactory evidence that justifies the use of hormone-containing cosmetics for the purpose of local beautifying effects The Federal Food and Drug Administration, as evidenced by a letter from Commissioner Dunbar published in the *New England Journal of Medicine*, is "skeptical of the benefits, if any, which accrue from the local use of these products" He adds, "We have consistently informed manufacturers that because of the uncertainty of the ultimate effect of the use of these products and because of their dubious value we do not look with favor upon their distribution for lay use" On the other hand, sufficient absorption from the injudicious use of estrogen-containing cosmetics to upset normal body activities has been demonstrated. Eller and Wolff* have recently reviewed the evidence concerning the absorption of such preparations In addition, the cancer-promoting properties of estrogenic substances are reasonably well established. Much experimental work must be done to determine all the possible effects a long-term use of such agents in the average human being, and pending such work, it is well that their use be carefully restricted

The physician is seldom consulted regarding the use of cosmetics or their composition He should, however, be cognizant of the fact that there is a lack of convincing data from carefully controlled studies to justify the lurid advertisements of the cosmetic manufacturers

* Eller, J J , and Wolff, S J.A M.A 114 865 and2002, (1940) —*New England J Med.*



Profenil* is a new synthetic, non-narcotic antispasmodic effective in the management of spastic conditions of the gastrointestinal, biliary and ureteral tracts

profenil*

A NEW SYNTHETIC *Antispasmodic*

*bis-gamma-phenylpropylethylamine

0.06 Gm of the Citrate per Tablet

0.045 Gm of the HCl per Ampoule

SPECIFIC PHARMACEUTICALS INC., 331 Fourth Avenue, New York 10, N. Y.

SPECIFIC PHARMACEUTICALS INC.
331 FOURTH AVENUE, NEW YORK 10, N. Y.

Kindly send Profenil samples and literature

M. D.

STREET

CITY & STATE

Medical News

College of Physicians to Resume Annual Meetings

THE American College of Physicians will resume its annual meetings in 1946 and has now definitely chosen Philadelphia, May 13–17, inclusive, at the Philadelphia MunicipalAuditorium

The meeting will be conducted under the presidency of Dr Ernest E Irons, Chicago, Illinois, and the general chairmanship of Dr George Morris Piersol, Philadelphia, Pennsylvania

Ophthalmology Examination Postponed

DUE to transportation difficulties, the examination of the Board, originally scheduled for Los Angeles, January 28–31, has been changed to San Francisco, June 22–25, inclusive, 1946

1946 examinations will also be held in Chicago, January 18–22, New York City about April 10–13, San Francisco, June 22–25, Chicago, October 9–12

Officers for 1946 are

Chairman Edward C Ellett, Memphis, vice-chairman—Georgiana D Theobald, Oak Park, Illinois, secretary-treasurer—S Judd Beach, Portland, Maine, assistant secretary—Theodore L Terry, Boston, and consultant—Walter B Lancaster, Boston

County News

Albany County

The annual meeting of the county society was held in the auditorium of the Albany College of Pharmacy on December 12, 1945, at 8 30 P M Officers elected at this time were as follows president, Raymond G Leddy, vice-president, Homer L Nelms, secretary, Albert Vander Veer, treasurer, Frances E Vosburgh, historian, Emerson C Kelly, board of censors, Arthur J Wallingford, James W Bucci, Conrad A Rissberger, John J Clemmer, and William Milner, delegates to the State Society, Stanley E Alderson, Donald D Prentice, and Raymond F Kircher, and alternates, Jacob L Lochner, Jr , Emerson C Kelly, and Ignatius J Murnane

Allegany County

The annual meeting of the county society was held October 11, 1945, at which time the following officers were elected president, Irwin Felsen, of Wellsville, vice-president, R. O Hitchcock, of Alfred, delegate to the State Society, Lyman C Lewis, of Belmont, and alternate, N H Fuller, of Friendship

Broome County

The annual meeting of the county society was held on December 11, 1945 The officers elected for the ensuing year are president, Victor W Bergstrom, vice-president, J C Zillhardt, secretary, Milton A Carvalho, assistant secretary, R S McKeeby, treasurer, Leonard J Flanagan, and assistant treasurer, J Worden Kane Chairmen of committees are economics, Mark Williams, legislative, Elton R. Dickson, and library, Stuart B Blakely

. . .

Maj Irving Werner, Binghamton physician who went to war in August, 1942, has returned to his home after serving for thirty-five months with the army in the Southwest Pacific *

Cayuga County

The county society held its annual meeting on December 20, 1945, and elected the following officers for 1946 president, C W Bullard, vice-president, R J Thomas, secretary, S J Karpenski, treasurer, L H Rothschild, delegate to the State Society, A K Bates, alternate, B L Cullen, delegate to Seventh District Branch, G P Ross, alternate, N L Woodford, and Board of Censors, C Goodwin, B Cullen, A. Chidester, R Johnson, and Leonard Sincerbeaux

Chemung County

The annual meeting of the county society was held on December 4, 1945, at 8 30 P M The following officers were elected for 1946 president, W T Boland, vice-president, Augustus Hillman, secretary, Earl D Smith, treasurer, M F Butler, delegate to the State Society, Clifford Leet, alternate, George Murphy, trustee, A W Booth, censors, Anna Stuart and F E Woodhouse

Drs Ross Hobler, David Kaplan, J J McConnell, Gerald Connely, Francis Chamberlain, and Donald J Tillou have been discharged from military service and have opened offices for the practice of medicine

. . .

Dr Royal Reynolds, who retired recently as an Army brigadier general after thirty-six years service, will make his home in Elmira and will be associated with Dr Arthur C Smith *

Chenango County

Dr Norman C Lyster, who spent twenty-one months with the 100th Evacuation Hospital in the European Theatre of Operations as chief of the eye, ear, nose, and throat section, reopened his offices in Norwich on November 5, 1945

While in military service Dr Lyster served as a captain in the medical corps *

Clinton County

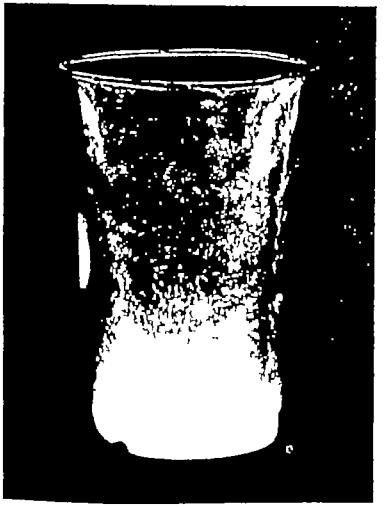
The annual meeting of the county society was held on November 20, 1945 The following officers were elected for 1946 president, Edwin W Sartwell, vice-president, James J Reardon, secretary-treasurer, Kenneth M Clough, censors, L G Barton, F Ryan, S Mitchell, delegate to the State Society, Leo F Schiff, and alternate, William H Ladue

Following dinner the program included lectures

* Asterisk indicates that item is from a local newspaper

[Continued on page 204]

A DEMONSTRATION THAT



Unretouched photo Note how Lorophyn Jelly spreads over wall of beaker forming continuous film.

Lorophyn jelly

has effective occluding properties

A quick office test offers a simple way to visualize the excellence of Lorophyn Jelly (for conception control) in providing effective barrier action in occluding the os cervix.

Into a glass beaker, squeeze, at the rim approximately one application of Lorophyn Jelly Note that Lorophyn Jelly forms a continuous film on the side of the beaker and that it covers a considerable area on the bottom of the beaker See illustration This test provides a simple demonstration of the spreading and barrier action of the Jelly

In tests, Lorophyn Jelly has killed sperm in less than 1 minute even at dilutions as high as 1 20, it is non toxic, non irritating *

*Eastman N J and Scott, A. B Human Fertility 2 33-44



Accepted by the Council on Pharmacy and Chemistry of the American Medical Association

Active Ingredients
Phenylmercuric Acetate 0.05%, Polyethylene glycol of mono iso octyl phenyl ether 0.3% Methyl p-Hydroxy Benzoate 0.05%, Sodium Borate 3.0%

ETON LABORATORIES Inc.
NORWICH NEW YORK

[Continued from page 202]

by Dr A B de Grandpre, on "Front Line Surgery," by Dr G C de Grandpre, on "The Navy Doctor," and by Dr Leo F Schiff on "The Medical-Surgical Care Plan"

Dutchess County

Three Dutchess County doctors have been discharged from the services and resumed their practice They are Drs Morris J Frank and Morris Schwartz, of Beacon, and John F Rogers, of Poughkeepsie Dr Rogers has returned to the office of honorary deputy fire chief of Poughkeepsie

Essex County

The annual meeting of the county society was held in Elizabethtown on October 16, 1945 The officers elected for 1946 are president, John Breen, Schroon Lake, vice-president, James Walsh, secretary-treasurer, James E Glavin, Port Henry, delegate to the State Society, Joseph A Geis, alternate, Thomas R. Cummins, delegate to the Fourth District Branch, Thomas R Cummins, alternate, Robert H Gray, censors, T J Cummins, R. H Gray, and Albert Hayes

Dr Robert S Kunkel and Dr M E Brickner, both of Gloversville, have recently been discharged from the Army and have resumed the practice of medicine

Jefferson County

The regular monthly meeting of the county society was held on December 13 at 6 30 P M at the Black River Valley Club, in Watertown The program consisted of a symposium on "Sublimation of War Experience in Medicine" Dr Nelson spoke on surgery, Dr Rice discussed medicine, Dr Hamilton, surgery, Dr Sickels, x-ray, Dr L George, communicable diseases, Dr Soults, aviation medicine Each explained how experience in his field could be applied to better practice

Dr H Louis George was recently discharged from the Army and reopened his practice in Watertown on October 24.

Kings County

A stated meeting of the county society was held on November 20, 1945 in the MacNaughton Auditorium. The scientific program consisted of two lectures "The Relationship of Common Baldness to Male Sex Hormone," by Dr James B Hamilton, professor of anatomy, Long Island College of Medicine, Brooklyn, and "Thermal Injuries with Special Reference to the Effects of Heat and Cold on the Respiratory Tract," by Dr Alan R Moritz, professor of forensic medicine, Harvard Medical School, Boston

Madison County

At the annual meeting of the county society the following officers were elected for 1946 president, Felix Ottaviano, of Oneida, vice-president, Richard B Cuthbert, Canastota, secretary, Lee S Preston, Oneida, treasurer, George S Pixley, Canastota, delegate to the State Society, Felix Ottaviano, alternate, Richard B Cuthbert, and member of the Board of Chambers, R. L Cuthbert

Five county physicians have recently been discharged from military service and have resumed their practice Drs E H Carpenter, E G Hixon, F O Pfaff, and A J Zaia have returned to Oneida, and Dr Alvah Morrow has returned to Canastota

Monroe County

The Medical Society of the County of Monroe has announced the return to civilian practice of these doctors who have been with the armed forces

Don K Hutchens, Jacob D Goldstein, Louis A. Goldstein, Julius Rock, William P VanWagenen, Leonard K Stalker, Alvah S Miller, Murray Bratt, Henry C Shaw, Philip M Winslow, and William Madden.*

Montgomery County

At the annual meeting of the county society in December officers for 1946 were elected They were as follows president, Martin F Geruso, Amsterdam, vice-president, Dewey Steffanholzen, Canajoharie, treasurer, Melvin T Woodhead, Amsterdam, secretary, Stella M Partyka, Amsterdam, delegate to the State Society, Robert C Simpson, Amsterdam, alternate, John Brutkus, Hagamen, delegate to the Fourth District Branch, P J. Fitzgibbons, Amsterdam, alternate, Roman Violyn, and censors, C Armstrong Spence, of Amsterdam, Charles Slater, of Fort Plain, and William Seward, of Amsterdam

Nassau County

The regular meeting of the county society was held November 27, 1945 in Mercy Hospital auditorium, Rockville Centre The scientific session consisted of a lecture by Dr A Wilbur Duryee, associate clinical professor of medicine, College of Physicians and Surgeons, Columbia University, on "The Management of Acute or Slowly Progressive Arterial Occlusions"

• • •

The following county doctors have been released from military service and have resumed the practice of medicine Dr Abraham Diamond, of Long Beach, Dr Israel Gerberg, formerly of Brooklyn but now practicing in Freeport, and Dr Manfred J Gerstley, of Lynbrook.

New York County

Dr George Baehr, director of clinical research at Mount Sinai Hospital, was elected president of the New York Academy of Medicine at a stated meeting on December 6 He succeeds Dr William Worthington Herrick, who died in June

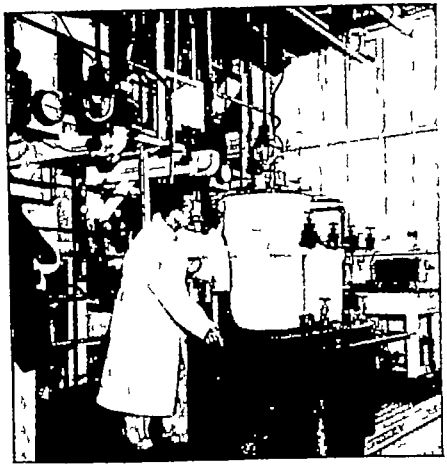
Dr Baehr returned to active practice in 1944 after having served as chief medical officer of the Office of Civilian Defense Before assuming his Federal post in 1941 Dr Baehr was president of Mount Sinai's medical board He has been active in the American Red Cross for many years and on December 3 was appointed vice-chairman of the executive committee of a newly created Advisory Board on Health Services

Dr J William Hinton, Dr J Burns Amberson, and Dr Alexander T Martin were elected vice-presidents and Dr Condict W Cutler, Jr , and Dr Paul Reznikoff were chosen as trustees to serve five years *

• • •

Dr Willard C Rappleye, dean of the College of Physicians and Surgeons of Columbia University has announced that the college, in an effort to provide refresher courses for medical officers returning from war service, will expand its postgraduate program

[Continued on page 206]



Final stage in the purification of penicillin—the removal of pyrogens by filtration of the penicillin concentrate.



★ ★ ★

Penicillin Merck meets the recognized high standard of quality established for all Merck products. It is subjected to repeated tests and control procedures throughout every step of the production process, and the finished product is assayed, tested, and approved under rigid standards established by the Food and Drug Administration and by the Merck Analytical Laboratories.

★ ★ ★

A GLIMPSE AT THE RECORD

IN 1940 Merck research on antibiotics concentrated on Penicillin.

IN 1941 Merck brought about a reciprocal arrangement between British and American investigators to spur the production of Penicillin in co-operation with the United States and British governments.

IN 1942 Merck supplied Penicillin for the first case of bacteriemia successfully treated with this drug in the United States.

IN 1943 Merck sent shipments of Penicillin to England by air transport for urgent therapeutic use by the United States Army Medical Corps.

IN 1944 AND 1945 Merck produced ever-increasing supplies of Penicillin for our Armed Forces.

AND NOW, Merck production of Penicillin has reached a point where in addition to meeting continuing military requirements, large quantities are being produced for civilian medical needs.

PENICILLIN
MERCK
Council-Accepted

Literature on request

MERCK & CO., Inc. *Manufacturing Chemists* **RAHWAY, N. J.**

In Canada: MERCK & CO., Ltd., Montreal Toronto Valleyfield

[Continued from page 204]

in nineteen of the voluntary and municipal hospitals in New York and one in Jersey City

Dr Rappleye said that these institutions, thirteen of which are voluntary hospitals, joined in the United Hospital Fund, of which he is a trustee, and are co-operating fully in the university effort to provide long-term full-time residency training in all the clinical fields, consistent with available clinical material

In addition, he said, the hospitals are expanding their short refresher courses to accommodate two thousand discharged medical officers during the coming year in more than two hundred different courses in every field of general and specialized practice He predicted that there would be at least five thousand medical officers seeking postgraduate instruction in New York City, "well beyond the capacity of the hospitals and schools to provide for adequately"*

• • •

Dr William M Schmidt, of New York City, former medical director for the New York region of the Children's Bureau, U S Department of Labor, is en route to Europe to supervise the health and medical services on the continent of the Joint Distribution Committee, it was announced early in December by Dr J J Golub, chairman of the Health Committee of the J D C and Executive Director of the Hospital for Joint Diseases

• • •

On November 29, at 8 30 P M, Dr Willard C Rappleye delivered an address on "The Making of the Doctor," at the New York Academy of Medicine

Dr Rappleye discussed the recent developments in medical education and the numerous problems which have arisen because of the very rapid and very radical changes which medical education has undergone in recent decades The subject of Dr Rappleye's talk should be of particular interest to the public, since nothing, perhaps, more directly affects the quality of medical service which the public receives than the education which the doctor receives during his undergraduate period and later

Dr Rappleye's address was the second in this year's series of Laity Lectures devoted to "Medicine Today,"

Niagara County

The regular meeting of the county society was held on November 13, 1945, at 9 00 P M in the Prospect House, Niagara Falls Mr George Farrell, Director of the Bureau of Medical Care Insurance of the Medical Society of the State of New York, spoke on "Present Status of Medical Indemnity Insurance

Oneida County

A number of county doctors have been honorably discharged from the armed services and have resumed their practice Drs Willard H Willis, Louis Dantzig, T Douglas Kendrick, and Roy C Ainsworth have returned to practice in Utica, and Dr M L Rower has reopened his office in Clayville

• •

Dr Hugh H Shaw, Utica city health officer for the last twenty-six years, resigned from the office on December 31

Onondaga County

A joint meeting of the county society and the Syracuse Academy of Medicine was held at the University Club on December 4, 1945 The county society elected officers for 1946 at this time They are president, Frederick S Wetherell, vice-president, Arthur N Curtiss, secretary, Irving L Ershler, treasurer, A Carl Hofmann, censors, Richard S Farr and J G Fred Hiss, delegate to the State Society, Dwight V Needham, alternate, Leon E Sutton, delegates to the Fifth District Branch, Wardner D Ayer, William R Dolan, William O Kopel, and Horace W Whiteley

• • •

Dr Nicholas J Pirro, recently discharged from the Army with the rank of captain, has opened an office for the practice of medicine in Solvay

Ontario County

The annual meeting of the county society was held on October 9, at which time election of officers for 1946 was held. Those elected are president, Bryant C Hurlbutt, Rushville, president-elect, William C Eikner, Clifton Springs, secretary-treasurer, Daniel A Eiseline, Shortsville, Board of Censors, Samuel A Minford, *chairman*, Clifton Springs, C Harvey Jewett, Canandaigua, and K Roswell Ward, Hall, delegate to the State Society, Homer J Knickerbocker, Geneva, alternate, James S Allen, Geneva, and editor of the *Bulletin*, John W Karr, Clifton Springs

Queens County

The annual meeting of the county society was held on November 27 at 8 30 P M, with election of officers for 1946 The program consisted of annual reports and voting on amendments to the constitution and by-laws

• • •

The committee on postgraduate education of the county society presented a program on "The Pathogenesis and Treatment of Edema" on December 14, 1945, in the County Society Building The speaker was Dr Maurice Bruger, associate clinical professor of medicine and chief, division of pathologic chemistry, New York Post-Graduate Medical School and Hospital, Columbia University

St Lawrence County

The county society held its annual meeting on October 18 in the Arlington Inn, Potsdam Officers elected at that time are president, Thomas M Watkins, Potsdam, vice-president, Donald Tulloch, Ogdensburg, treasurer, C F Prairie, Massena, secretary, L T McNulty, Potsdam, Board of Censors, Roland Stacy, Ogdensburg, William G Cooper, Ogdensburg, and Frederick Mason, of Massena, delegate to the State Society, John A Pritchard, Ogdensburg, and alternate, Dr Prairie

Schenectady County

Five Schenectady physicians have received discharges from military service and have resumed their practice of medicine there They are Drs J H Naumoff, Walter G Ryon, Morris A Shapiro, Norman D Kathan, and Stewart C Wagoner Dr Oscar Gregor, member of the faculty of New York University School of Medicine and formerly on the staff of Bellevue Hospital, New York City, has

[Continued on page 208]



The active ingredient of Koromex Jelly is phenylmercuric acetate, whose remarkable contraceptive efficiency was affirmed in the illuminating report by Eastman and Scott (Human Fertility 9 33 June 1944) Their clinical and experimental data confirmed the earlier findings of Baker, Ranson and Tynen (Lancet 2 882 October 15, 1938) In addition to its excellent spermicidal efficacy, Koromex Jelly possesses to a high degree those other qualities which are physiologically and aesthetically so important to patients For these reasons you can prescribe Koromex Jelly with *confidence*

Write for literature

Holland-Rantos Co, Inc

551 Fifth Avenue, New York 17, N Y

[Continued from page 206]

opened an office in Schenectady He plans to continue his duties at New York University two days a week.

Seneca County

The regular semiannual meeting of the county society was held at the Willard State Hospital on October 25 The program included a motion picture of a brain operation for paralysis agitans and two papers "Medical Service in the South Pacific Area," by F W Bush, Comdr (MC),USNR, of Sampson, and another on medical service in India by Dr Emil J Bove, of Seneca Falls, who was recently discharged from the Medical Corps of the U S Army

Steuben County

The annual meeting of the county society was held on November 8, 1945 The officers elected were president, James I Yanick, Hornell, vice-president, Luther A Thomas, Painted Post, secretary-treasurer, Rudolph J Shafer, Corning, delegate to the State Society, William J Tracy, Hornell, alternate, Herbert B Smith, Corning, and censors, James J Sanford, Bath, and D Roger Haggerty, Arkport

. . .

Dr Arthur J Karl, of Hornell, has resumed his practice there after four years' service with the Medical Corps

Ulster County

The annual meeting of the county society was held in the library of the Kingston City Laboratory on December 5, 1945, at 9 00 P M The program consisted of a lecture entitled "General Résumé of the Hematologic Disorders Including the Anemias," given by Dr Ellery G Allen, associate professor of clinical medicine and associate professor of clinical pathology at Syracuse University College of Medicine Discussion was led by Drs F W Holcomb, F A C P , and John Olivet

Officers elected for 1946 are president, Maurice H Silk, vice-president, Douw S Meyers, treasurer, C B Van Gaasbeek, and secretary, F H Voss, delegate to the State Society, F W Holcomb, alternate, Edward F Shea, delegate to the Third District Branch, B W Gifford, alternate, E F Galvin, and censors, M B Downer, James A. Mathers, Emil Goodyear, B F Mattison, and Irving Josephson.

Warren County

Dr John W Canaday, of Glens Falls, has been discharged from the Army and has resumed his practice in Glens Falls Immediately after his discharge he went to Boston and took a month's postgraduate course at Children's Hospital *

Westchester County

The annual meeting of the county society was held on November 20, 1945, at 8 30 P M at the New York Hospital—Westchester Division, White Plains The program consisted of election of officers, addresses by the retiring president, Dr Laurance D Redway, and by the new president, Dr Isadore Zadek, and a talk by Mr George P Farrell, director of the Bureau of Medical Care Insurance, Medical Society of the State of New York, entitled "The Promotion of Medical Care Insurance by County Medical Societies"

. . .

Several Westchester physicians have recently been discharged from military service Dr Sylvester J Hartig has resumed his practice in Pelham Manor, Drs J Richard Kahaner and George Halleman have returned to Mt Vernon, and Drs D J Dell'Aquila, Robert Latemer, Harold Dunlap, Howard Seidenstein, Sigurd Sandzen, Royal Davis, Herbert Kahn, William Bowers, Julius Gray, Norman Survis, and Winslow Edgerly have returned to New Rochelle Two doctors who interned in New Rochelle, Herman Hoffman and Siegfried Stein, have returned there to set up practices

Yates County

The annual meeting of the county society was held on December 10, 1945 Officers elected for the coming year are as follows president, W P Rhudy, Penn Yan, vice-president, J P MacDowell, Dundee, secretary-treasurer, R F Lewis, Penn Yan, delegate to the State Society, B S Strait, Penn Yan, and alternate, G H Leader, Penn Yan.

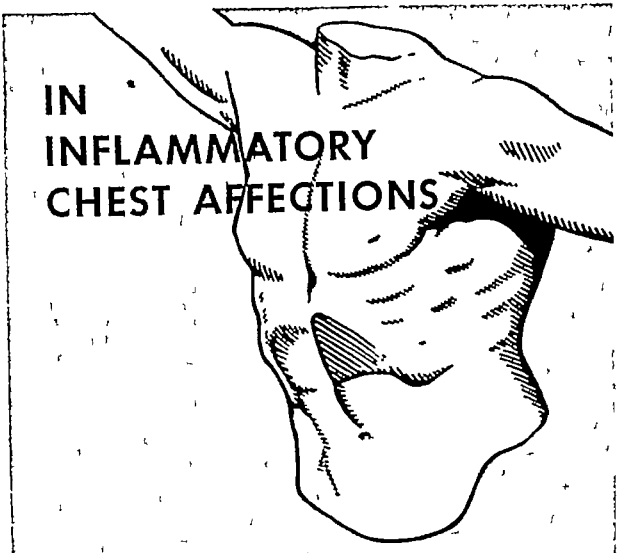
Necrology

John Verne Bohrer, M D , of New York City, specialist in thoracic surgery, died on December 6 after a long illness He was 59 years old Dr Bohrer was director of surgery at the Knickerbocker Hospital and chief surgeon at the Willard Parker Hospital He was graduated in 1914 from Cornell University Medical College and interned at Bellevue Hospital At the time of his death he was instructor in surgery at New York University-Bellevue Hospital Medical College He was a Fellow of the American Academy of Medicine and the American College of Surgeons, a diplomate of the American Board of Surgery, president of the New York Society for Thoracic Surgery and the Bellevue Alumni Society, and a member of the New York Surgical Society, the American Association for Thoracic Surgery, the American Surgical Society, the New York County and State medical societies, and the American Medical Association.

Stefan Mayer Classen, M D , of New York City, died on December 7 at the age of 55 Dr Classen received his medical degree from the University of Rostock in 1919 and came to this country in 1933 He was for many years a ship's doctor with Hamburg-American and the United States Lines

Joseph Justin Cosgrove, M D , of Woodstock, died on May 1, 1945 Dr Cosgrove received his medical

[Continued on page 210]



IN
INFLAMMATORY
CHEST AFFECTIONS

NUMOTIZINE

DISPELS CONGESTION . RELIEVES PAIN

Whether or not chemotherapy is being employed, decongestive therapy—as provided by Numotizine—is decidedly important in pneumonitis, grippe, tonsillitis, influenza and similar conditions.

NUMOTIZINE, Inc.

900 NORTH FRANKLIN STREET CHICAGO 10, ILLINOIS U S A

[Continued from page 208]

degree from Tufts College in 1911 He was 56 years old

Julius Frankel, M D, of New York City, died on December 7 in Miami, Florida, at the age of 70 Dr Frankel was famous in the lower East Side for devoting his forty years in medicine to treating the poor Before his retirement in 1935, he was associated with the staffs of Beth Israel, Manhattan General, Samaritan, and St Mark's hospitals He was graduated from Cornell University Medical College in 1900

George R Gould, M D, of Warwick, died on December 14 at the age of 41 He was staff physician at St Anthony's Hospital, in Warwick A graduate of the College of Physicians and Surgeons, Columbia University, he served his internship at St Luke's Hospital in New York He was a member of the Orange County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Brian J Kelly, M D, of Frankfort, died on December 17 at the age of 54 Mayor of the town of Frankfort, Dr Kelly received his medical degree from New York University-Bellevue Medical College in 1915 He was a member of the medical societies of Herkimer County and New York State, and the American Medical Association

Austin Signore Husbands, M D, of Brooklyn, died on October 3, 1944 Dr Husbands was graduated from Meharry Medical College in 1935, and was a member of the Kings County Medical Society, the Medical Society of the State of New York, and the American Medical Association He was 57 years old

Walter Ellwood Kiefer, M D, of Lynbrook, Long Island, died on October 27 He was graduated from the Medico-Chirurgical College of Philadelphia in 1911, and was a member of the medical societies of Nassau County and New York State, and the American Medical Association He was 62 years old

Jacob Lattman, M D, of New York City, died on December 18 after a long illness He was 56 years old Until his retirement several years ago Dr Lattman was assistant physician in the tuberculosis division of the Willard Parker Hospital After receiving his medical degree in 1917 from the College of Physicians and Surgeons, Columbia University, he interned at Bellevue Hospital and later served as a physician at Bellevue and Lenox Hill hospitals He was a physician for many years for the Board of Health and a lecturer on tuberculosis at the College of Physicians and Surgeons, Columbia University He was a member of the medical societies of New York County and State and the American Medical Association

George Mannheimer, M D, of New York City, died on December 10 at the age of 79 Formerly a member of the staff of the New York Infirmary for Women and Children, he received his medical degree in 1890 from the University of Strassburg He was a Fellow of the American College of Physicians, and a member of the Academy of Medicine, the medical societies of New York County and State, the American Medical Association, and the National Tuberculosis Association, and former president of the Rudolf Virchow Medical Society

Charles Harper Montgomery, M D, of the Bronx, died on July 13 Dr Montgomery, who was graduated from McGill University, in Canada, in 1903, was a member of the Bronx County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Carl Tompkins, M D, of Randolph, died on October 25 after a long illness He was 73 years old Dr Tompkins had practiced many years in Buffalo and Medina before retiring several years ago He was a former medical instructor of the University of Buffalo, School of Medicine, from which he received his medical degree in 1901, and had served on the staffs of Buffalo General, Batavia General, and Medina Memorial hospitals He was a member of the Medical Society of the State of New York and the American Medical Association

---

PENICILLIN USED SUCCESSFULLY IN SCARLET FEVER

A successful seven-day treatment of scarlet fever with penicillin was reported on November 14 in the *Journal* of the American Medical Association

The treatment, consisting of injection of 10,000 units of penicillin into the muscles every three hours, is effective in rapidly eliminating the germ-causing infection (hemolytic streptococci) from the nose and throat within forty-eight hours, the report said

Dr Manson Meads, Dr M Eugene Flipse, Jr, Dr Maxwell Finland, and Dr Mildred W Barnes, with the collaboration of Ruth Drew and Alice Northrop, of Boston, studied four groups of 9 patients each who were admitted to the south department of the Boston City Hospital between January and May, 1945

The authors emphasized that their conclusions were "only tentative" because they were based on a "very small number of cases"

Each of the groups of scarlet-fever patients was treated differently Group A was given no sulfonamides or antibiotics, Group B was treated with muscular injections of penicillin, Group C with sulfadiazine taken by mouth, and Group D with nose and throat sprayings with a penicillin solution

Best results were obtained in Group B

The report said clinical results suggested the muscular treatment might "minimize or even eliminate" late complications involving the ear, heart, and joints and dangerous damage done to the kidneys

"Furthermore, should these findings be corroborated on a large scale," the report added, "patients could be discharged after eight or ten days without danger of giving rise to secondary cases or of cases returning with complications"



OPEN SEASON *for* COLDS

During these winter months, colds can well hit a new high in morbidity among a hard working population long on rationed foods.

Relief of exhausting cough is effectively accomplished by administration of LIQUID PEPTONOIDS WITH CREOSOTE, a palatable bronchial sedative that quiets the cough, promotes expectoration and helps check extension of the inflammatory processes. In the early treatment of respiratory symptoms arising from the common cold, prescribe

LIQUID PEPTONOIDS

REG. U.S. PAT. OFF.

WITH CREOSOTE

Each tablespoonful contains 2 minims of pure beechwood creosote and 1 minim of guaiacol combined with peptones and carbohydrates—a unique formula that tends to prevent gastric irritation and eructations.

DOSAGE. For adults, one teaspoonful hourly

SUPPLIED: 6 and 12 ounce bottles.

Arlington

THE ARLINGTON CHEMICAL COMPANY YONKERS 1, NEW YORK

*The word "Peptonoids" is a registered trademark of The Arlington Chemical Company

Health News

New Treatment Due for Scalp Ringworm

Education of parents in preventive measures is urged by the United States Public Health Service in announcing a new method of treatment for ringworm of the scalp that can be applied without keeping children out of school and without the use of x-ray Control of serious outbreaks of this disease in many large cities is expected as a result of this treatment, utilizing two chemicals used in medicine for the first time by the Public Health Service, the Industrial Hygiene Division revealed on December 7

The method is the outcome of a year's experiment at treatment centers set up in schools at Hagerstown, Maryland, in cooperation with the Maryland State Board of Health and the Washington County health authorities

Revealing that a full report will be published soon in the *Journal* of the American Medical Association, the Public Health Service issued its preliminary statement, "because of the large number of inquiries being received from health officers and private physicians for recommended treatment in local epidemics"

Advocating rigid sterilization of hair clippers in barber shops of the community, Dr Louis Schwartz, who directed the Hagerstown survey, revealed that these implements play a leading role in spreading infection.

Blood Bank for Cancer Set Up at Memorial Hospital

Dr Cornelius P Rhoads, director of Memorial Hospital, basic unit of the Memorial Cancer Center, and Mrs Francis J Rigney, commander, Field Army, New York City Cancer Committee, have announced the establishment of a Field Army Blood Bank for cancer patients at the hospital Members of the public as well as members of the Field Army may donate their blood for cancer patients who are unable to pay a professional donor

If blood is given to a patient able to pay, the money received will be placed in the general fund of the hospital, where it will accrue to the benefit of cancer patients Registration of donors will be handled at 2 West 106th Street, the old hospital building, which is also Field Army headquarters Nonmembers of the Field Army who wish to volunteer their blood should telephone to Mrs Louise Sturgis, chairman, Field Army Nursing Aide Division, at ACademy 2-1310

Basil O'Connor Reappointed to Head Red Cross

The reappointment of Basil O'Connor, former law partner of the late President Roosevelt, as chairman of the American Red Cross by President Truman was announced on December 11, 1945 by the White House

In reappointing Mr O'Connor, the President apparently was not influenced by a dispute within the Red Cross during which some officials and members of the organization have charged that his ouster was being sought by a group opposed to his dealings with labor in Red Cross activities

Health Plan Elects O'Dwyer to its Board

Mayor-elect William O'Dwyer was elected on December 19, 1945 a director of the Health Insurance Plan of Greater New York, according to an announcement by Dr Willard C Rappleye, chairman of the board The meeting was held in the office of Mayor La Guardia, chief sponsor of the plan

Although the Mayor-elect was not present, Dr Rappleye said Mr O'Dwyer had endorsed the plan and promised to continue support of enrollment by city employees

Dr Rappleye announced also that Albert Pleydell, Commissioner of Purchases in the La Guardia administration, would be acting business manager of the Health Insurance Plan and that group medical practice units were being organized in six hospitals in Manhattan, Brooklyn, and the Bronx

Pink Proposes State Health Program for All

A voluntary health plan for New York State, including the establishment of locally administered regional health centers to provide medical facilities to all persons, regardless of ability to pay, was proposed on December 11, 1945 by Louis H Pink, president of the Associated Hospital Service of New York and former Superintendent of Insurance for the State of New York

The plan, prepared by Mr Pink for the New York State Commission on Medical Care and presented by him at a hearing at the Hotel Roosevelt before the Joint Legislative Committee on Industrial and Labor Conditions, also presented a supplementary scheme for compulsory payment by employers and employees, similar to the provisions of the law regarding workmen's compensation, if compulsion should be necessary

Explaining that the voluntary portion of the plan was based on the Health Center bill sponsored by the late Governor Alfred E Smith and introduced unsuccessfully into the State Legislature in 1920, Mr Pink told the committee that the scheme is concerned not with compensation, but with the establishment of adequate medical facilities within the reach of all people It would require the formation of a State Health Commission including the Commissioners of Health, Mental Hygiene, and Social Welfare, and five citizens, including at least two physicians

The commission, Mr Pink proposed, would be concerned with the organizing of the health centers, to be financed jointly by grants-in-aid from the Federal government, state and local governments, and civic and voluntary organizations, and with the supervision of locally appointed boards of managers for the centers

In addition, Mr Pink said, the commission would establish state scholarships on a competitive basis in medical schools, and would encourage research and education in the health centers Each center, he stated, would consist of existing hospitals and clinics, with any necessary additional facilities.

While extension of preventive medicine and the provision of medical and hospital care of high qual-

[Continued on page 214]

"FEEDING DIABETIC PATIENTS"

A practical booklet that helps your patients help themselves

The Knox booklet, *Feeding Diabetic Patients*, not only helps your patients help themselves, but also saves you time and trouble when you prescribe for such patients It contains

- A clear outline of principles of diabetic feeding written in simple language for the layman.
- Practical tables of food composition
- Sample diabetic menus
- 33 pages of appealing recipes.
- Examples showing how Knox Gelatine (which is *all protein*, contains no sugar) helps to give variety and volume to menus, without breaking your dietetic rules for diabetic patients.

These helpful booklets are entirely free — a part of the Knox service to the medical profession. Clip the coupon below and send for as many copies as you can use

FREE!



KNOX GELATINE

Johnstown N Y., Dept. 474

Please send me_____ copies of the booklet, *Feeding Diabetic Patients — Young and Old*. I understand there is no obligation.

Name_____

Street_____

City_____ State_____

KNOX GELATINE

(U S.P)

PLAIN, UNFLAVORED GELATINE

PURE PROTEIN

[Continued from page 212]

ity through such centers might eliminate any need for compulsory health plans, Mr Pink said, a law similar to the compensation law now in effect would be the best solution if compulsion should be necessary He recommended that in such a case, employers would be required to divide the cost of medical protection with the state for employees with family incomes under $2,100, and to divide the cost with employees in cases where family income is under $3,500 Such a plan, he said, would not interfere in any way with local initiative or existing medical methods

Several physicians also spoke at the hearing before the committee, which is considering the application of unemployment benefits to persons who are kept from work by illness

Doctors Urge Stricter Curbs on Sleep Drugs

Five recommendations aimed at stopping the illegal sale and distribution of sleeping pills, which caused at least 110 deaths in New York City in the first eight months of 1945, were submitted on November 29 to Dr Ernest L Stebbins, Health Commissioner, by the Committee on Public Health Relations of the New York Academy of Medicine

The committee's recommendations are directed at control of both wholesale and retail distribution of barbiturates, with emphasis on the limitation of prescriptions and maintenance of complete records by manufacturers and distributors of sleeping pills

Under the committee's proposals, no prescription for barbiturates would be filled more than once, unless a physician indicated that it should be refilled, and then only if the physician indicated the minimum interval between renewals and the total number of renewals permissible All prescriptions would expire six months after being issued

In addition, the recommendations would prevent a pharmacist from revealing the contents of a prescription or furnishing copies of it to a patient

Records of the amount, date, and the name and address of each patient receiving prescriptions would have to be maintained by any dispensing physician, dentist, or veterinarian for a period of two years, according to the committee's proposals, and each manufacturer, wholesale jobber, or wholesale distributor would be required to keep records regarding all receipts and distributions of barbiturates Retail sources would be controlled by complete data of the same type kept by pharmacists

Finally, the committee recommended that it be made illegal for any person to sell, barter, exchange, or give away barbiturates except in filling prescriptions or orders from licensed pharmacies

The need for more drastic control of the sale of sleeping pills was made evident in figures disclosed by Dr Thomas A. Gonzales, chief medical examiner According to Dr Gonzales, the number of deaths in New York City directly attributable to overdoses of barbiturates, either by accident or by intent, has risen by nearly 400 per cent in the last eight years The rate rose steadily from only 30 during 1937 to 95 last year, and up to 110 from January 1 to August 24 of 1945

In each case, the death resulted from an overdose of commonly used barbiturates, although in one instance the victim died from an accident suffered while he was under the influence of a large dose

The problem of controlling the distribution and sale of barbiturates was discussed at a conference held by Commissioner Stebbins December 7 Representatives of the medical, dental, and veterinary professions and pharmacists, retailers, and wholesalers of drugs were invited

Conference on Fertility to be Held February 1 and 2

The annual conference on fertility of the National Committee on Maternal Health will be held at the Hotel Commodore, in New York City, on February 1 and 2, 1946

Two major topics will be considered "Detection and Induction of Ovulation," and "Sperm Biology," with particular reference to sperm migration in relation to the female genital tract

The speakers will include investigators from the fields of animal husbandry and from clinical and laboratory studies related to man

A P H A to Accredit Schools of Public Health

The Committee on Professional Education of the American Public Health Association, of which Dr William P Shepard is chairman, is undertaking a program for the accreditation of schools of public health The initiative for this urgent project came originally from the Association of Schools of Public Health, in a resolution adopted in April, recommending that the A P H A "create a properly constituted accrediting body to carry forward progressively a list of universities qualified with regard to program, personnel, and facilities, to offer adequate courses leading to the degrees of Master of Public Health, Doctor of Public Health, and the Diploma in Public Health" This was followed closely by a similar request to the Association from the Surgeon General's Committee on Postwar Training of the Public Health Service

The Association now announces the inauguration of the project with funds made available through the generosity of the Commonwealth Fund, and with the appointment of Professor C -E A Winslow of New Haven, Connecticut, as the counsellor in charge of the investigative work He will be aided by persons experienced in the administration of health departments, chosen from various localities

Accreditation will be based on a visit to the institution by a representative of the committee and other data A copy of the report of the staff will be submitted to the administrative head of the institution before submission to the Committee on Professional Education, and the committee will provide a hearing to him or his representative if desired Decisions of the committee will be finally subject to approval by the Executive Board of the Association In certain cases, provisional accreditation may be granted, subject to the fulfillment of specified requirements within a stated time

It is planned to concentrate first on the basic one year of training qualifying for the degree of Master of Public Health (in Canada, Diploma of Public Health) At the same time, or subsequently, a list of institutions will be accredited for the more advanced degree of Doctor of Public Health, perhaps involving specialization in particular administrative or clinical fields

At a later date the program will be extended to consider facilities for M P H training adapted to particular specialties such as health education, to such general university degrees as the M S and the

[Continued on page 216]



SCIENCE OR SORCERY ?

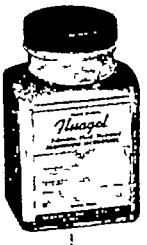
Oh, the gnawing, nauseous, digestion-mocking torment of a peptic ulcer! And the gratitude of its victim released from the wearisome pain and back to a full diet! His doctor is viewed as some thing between a scientist and a sorcerer

Aluminum hydroxide treatment, so superbly exemplified in Fluagel helps to that end. In fact, Fluagel is something of a sorcerer itself! It overcomes gastric hyperacidity by adsorbing hydrogen ions onto its colloidal particles. Yet it does not affect the acid base balance of the blood.

In fixing hydrochloric acid with aluminum hydroxide, oxychlorides are formed. There is no rebound of acids. Because of the mild astringency of these substances bleeding tends to be arrested, healing of ulcers promoted.

The alkaline secretions of the intestine reconvert the oxychlorides to insoluble aluminum compounds. The chloride ion, being soluble, is reabsorbed into the blood stream. The aluminum compounds are excreted.

Your Breon technical service man will tell you other interesting things about *Fluagel, the fluid aluminum hydroxide*



Fluagel is supplied in 10 ounce glass jars.



George A. Breon & Company

Pharmaceutical Chemists

KANSAS CITY 10 MISSOURI

[Continued from page 214]

Ph D , which are given without specific designation but with specialization in basic areas related to public health (such as bacteriology or statistics), to specialized degrees in engineering and other fields related to public health, and to administrative areas suitable for practical field training before or after the basic M P H year

Grants-in-Aid Recommended by Cancer Council

Dr Thomas Parran, Surgeon General of the U S Public Health Service, Federal Security Agency, has announced that eight Federal grants-in-aid totaling $42,040 94 to further the study of cancer have been recommended by the National Advisory Cancer Council

The two largest grants, $10,000 each, will go to Washington University, in St Louis, Missouri, for a study of the effect of radioactive phosphorus on leukemia, polycythemia vera, and various malignant diseases, and to Memorial Hospital for the Treatment of Cancer and Allied Diseases, in New York City, for metabolic studies in patients with gastric cancer Others will include $4,700 to the University of Minnesota, for a study directed at identifying "precursor groups" of patients in which cancer of the stomach is developing, $5,000 to Yale University, for a study of steroids and enzymes in cancer, $3,600 to the University of Southern California, at Los Angeles, for a study of chemical characterization of split-protein products from the blood of cancer patients, $2,640 94 to Jeanes Hospital, in Philadelphia, for a study of variations of the golgi apparatus in human neoplastic diseases, $1,100 to Meharry Medical College, Nashville, Tennessee, for a continuation of investigations and follow-up work at the George W Hubbard Hospital, and $5,000 to Syracuse University for chemotherapeutic studies in cancer

The National Advisory Cancer Council was created by Congress to advise the Surgeon General of the Public Health Service on all phases of cancer One of its duties is to review and make recommendations on applications from institutions and individuals for grants-in-aid for cancer research During the war, applications for grants were few in number, but it is expected that they will increase rapidly as scientists are released from the armed forces and from research projects connected with the war effort

Members of the National Advisory Cancer Council are Dr James B Murphy, Directory of Cancer Research, Rockefeller Institute, New York City, Dr A. Baird Hastings, professor of biologic chemistry, Harvard University, Dr George M Smith, Director, Anna Fuller Fund, Yale University Medical School, Dr Sherwood Moore, Director, Mallinckrodt Institute of Radiology, Washington University, St Louis, Dr Frank E Adair, President of the American Cancer Society and Executive Officer of Memorial Hospital for the Treatment of Cancer and Allied Diseases, New York, and Dr A. C Ivy, professor of physiology, Northwestern University Medical School

Army Establishes Seven Centers for Tropical Skin Disease

Establishment of seven centers specializing in the treatment of tropical skin disease has been announced by Maj Gen Norman T Kirk, Surgeon General of the Army

The centers, it was explained by Maj Clarence S Livingood, of Philadelphia, Consultant in Dermatology to General Kirk, will be devoted to the care of men returned from overseas, particularly the Pacific areas The number of beds involved was not made public, as the program envisions an elastic setup capable of being expanded or contracted as the need arises

The centers will be at Wakeman General Hospital, Camp Atterbury, Indiana, Brooke General Hospital, Fort Sam Houston, Texas, Moore General Hospital, Swannanoa, North Carolina, Harmon General Hospital, Longview, Texas, and in the U S Army General Hospitals at Camp Edwards, near Boston, Massachusetts, Camp Butner, near Durham, North Carolina, and Camp Carson, near Colorado Springs, Colorado

Report on E M I C Program

A million wives and infants of servicemen have been or are being cared for under the emergency maternity and infant care program, the Children's Bureau, U S Department of Labor, announced on October 31, 1945

Of these million cases, some 650,000 represent babies born, 250,000, babies on their way, and 100,000, sick infants Doctor, hospital, and nursing bills for all of them have been or are being paid out of the $100,000,000 "stork fund" appropriated by Congress at various times during the two and one-half years in which the program has been in operation

Facts about the program, brought out in the Children's Bureau accounting, show that

The "stork bill," on the average is something under $100 a baby However, when the mother was dangerously ill and needed medical, hospital, and nursing care, bills have, in some instances, run well over $1,000 The cost of caring for a sick infant averages $65 Sometimes, though, bills run much higher

Nine out of ten women cared for under this program have their babies in hospitals—"the safest place for a baby to be born " In the population as a whole, seven births out of ten take place in hospitals The mothers, by and large, are young A high proportion are having their first babies A large number of servicemen's families have had their second baby under the program, a few applications for care for a third have been reported By far the largest lot of these newcomers were born in New York and California, with Pennsylvania, Texas, and Illinois claiming the next largest numbers All of the States have a considerable number, and even Alaska, Puerto Rico, and Hawaii make a showing No residence requirement has to be met The care is given wherever the serviceman's wife or child happens to be, and if a move is made, the case is transferred

These babies represent many nationalities and races Some of the fathers are "nationals" of other countries, as, for instance, Austrians serving in the American armed forces Included, too, are babies whose foreign-born mothers have married servicemen overseas Maternity bills are paid by Uncle Sam only for babies born in this country, but babies brought here from overseas become eligible for care throughout their first year

Applications are still being received at the rate of

[Continued on page 218]

A *New* APPROACH TO MYOPATHIES

Basic Relief of

MYOSITIS
FIBROSITIS
FIBROMYOSITIS
AND KINDRED CONDITIONS



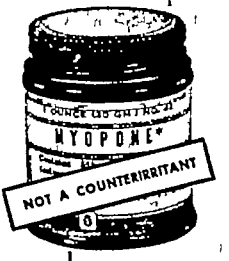
A NEW RATIONALE, quite different from the previous approach with rubefacients and counterirritants, places Myopone therapy in a field by itself

Formulated to the new concept that myopathies are etiologically of local metabolic origin, topically applied Myopone apparently supplies a deficiency in affected muscular tissue Utilization of the special solvent-extracted wheat germ oil contained in Myopone puts into action not only essential vitamin E but also phospholipids and other therapeutically active factors*

FORMULA: Solvent-extracted wheat germ oil in a special absorption base

Topical application of Myopone Ointment relieves soreness, eases tension, reduces swelling and stiffness

Available in 1 oz and 1 lb jars at ethical pharmacies



*Am. M., N. Y State Jour Med Sept. 1 1945

REPRINT, SAMPLE AND LITERATURE ON REQUEST

THE DRUG PRODUCTS CO., INC.
19 West 44th St. New York 18 N. Y

NYS

Please send sample of Myopone Ointment, reprint and literature to—

Dr.

Street

City

State

(Please attach $ check)

MYOPONE
(DRUGPROD)
A DRUG PRODUCTS COMPANY Specialty

[Continued from page 216]

35,000 a month A considerable falling off in the number under Uncle Sam's care is expected soon, the Children's Bureau states, but "the end is not yet" The program will run until such date as Congress sets for its termination, and after that care will be completed for all cases then authorized, not only for the mother, throughout pregnancy and childbirth, but also for the infant throughout his first year of life

Veterans' wives and infants can be cared for, provided that the wife became pregnant while the serviceman was in one of the eligible grades, that is, in one of the four lowest pay grades of the Army, Navy, Coast Guard, and Marine Corps, or was an aviation cadet Moreover, even if the wife was not taken care of under the program, the baby can be cared for if it can be established that the father was in one of the eligible grades during the wife's pregnancy or the child's first year of life In all cases the veteran must have been honorably discharged

Efforts Made to Combat Rheumatic Fever

An estimated half million children have or have had rheumatic fever, and among the school-age group, the 5- to 14-year-olds, it kills more children than any other disease, more even than pneumonia and influenza and more than tuberculosis In an effort to combat this disease by getting the facts about it to the public, the Children's Bureau, U S Department of Labor, has just issued a pamphlet setting forth what is known about rheumatic fever and what can be done to get it under control

"Doctors cannot do the job alone," says Dr Betty Huse, the Bureau's specialist in rheumatic fever "This disease, which takes such a terrible toll in terms of individual suffering and strain on family life, cannot be controlled until the facts about it are known to parents, teachers, social workers, public-health nurses, and all others responsible for the care and protection of children"

New Synthetic Used on Four Types of Anemia

A new enemy of four types of anemia has been discovered, researchers at the University of Cincinnati College of Medicine said on November 30

It is known as synthetic folic acid and is a member of the B-complex vitamin family

Dr Tom D Spies, associate professor of medicine at the college, who reported "definite possibilities" in this direction only a month ago, said the synthetic was beneficial in the treatment of the anemia of pregnancy, nutritional macrocytic anemia, Addisonian pernicious anemia, and the macrocytic anemia of pellagra

A detailed account of studies made at the university's nutritional clinic, which Dr Spies directs at Hillman Hospital, Birmingham, Alabama, appears in the December issue of the *Southern Medical Journal*

"Synthetic folic acid ultimately may be found more effective than the commonly used liver extract in the treatment of macrocytic anemia," says Dr Spies in the *Journal* account

"The synthetic stimulates the manufacture of red blood corpuscles whether it is administered by mouth or injection, and responses to treatment paralleled those afforded by liver extract

"Clinical changes were rather dramatic," Dr Spies says "Patients reported feeling better between the third and fifth days A tremendous increase of appetite in most of them and remarkable weight gains in a few were noted"

Aids Hay-Fever Patients

Good results with a chemical attack on hay fever, asthma, migraine, and other allergic conditions were reported by Dr W Merritt Ketcham, of Kansas City, Missouri, at the meeting in Cincinnati of the Southern Medical Association

After one to six injections of the chemical, ethylene disulfonate, patients were relieved of most or all of their symptoms and have remained well for the six to eighteen months since the treatment was given, he said

The idea for this chemical attack on hay fever and kindred ailments was developed by a group of British and Belgian scientists They believed that the primary cause of allergy was a "departure from normal in the chemistry of cellular metabolism involving the absence of certain catalysts of coenzyme activity"

PSYCHOSOMATICS

Before the second World War we had not entirely failed to realize that an appreciation of the power of the intellect over our more earthy functions is no new idea, regardless of the enthusiasm of the neopsychosomatists

John Hunter proclaimed his life to be in the hands of any man who dared annoy him, followers of the cult of voodoo will lay themselves down and die if they so much as think that the witch doctors are after them, and a combat soldier in any war has known that no intestinal pathogen is necessary to produce an attack of uncontrollable diarrhea Any radio listener, indeed, who has been unable to avoid suffering at the sound of a warbled commercial plug while waiting for his favorite commentator knows how these silly symphonies of the air may inspire in some of their hearers feelings of the blackest melancholy and, in others, those of incipient nausea

It is something to be aware of the psychic stimuli that can erupt at the somatic level, when we can control them we may indeed know the peace that passeth understanding —*N England J M, May 10, 1945*

Control of Barbiturates

Report by the Committee on Public Health Relations of the New York Academy of Medicine

Because of the reported growth of illicit trade in barbiturates and the increase in accidental poisonings and suicides by these drugs, Dr Ernest L. Stebbins, the New York City Commissioner of Health, has requested the judgment of the Committee on the desirability of extending restrictive measures regarding their sale and distribution He submitted to the Committee a draft of the proposed regulations which were drawn up in cooperation with the New York office of the Federal Bureau of Narcotics.

The Committee studied the problem and the suggested proposals and is of the opinion that, from the point of view of public health, the large increase in the consumption of barbiturates warrants stricter measures of control over their sale and distribution. The suggested extension of control however, should not operate to interfere with the freedom of physicians in their practice, rather it should aim to guard against misuse by the dispenser and the user

The following comments and recommendations with regard to the proposed relations are herewith submitted

1 (*a*) The proposal of the Department of Health for a blanket prohibition on refilling prescriptions is impractical because the treatment required in certain conditions makes renewals necessary These renewals however, should be properly safeguarded. Otherwise an unnecessary financial hardship is imposed upon the patient who must return often to the physician to obtain a new prescription.

The alternative of permitting the patient to obtain a large supply of barbiturates on one prescription is considered undesirable for two reasons the patient with a large supply could easily overdose himself, and, second, some persons might be tempted to sell part of their supply to the black market. Regulation by health authorities of the amount of barbiturates obtainable on any one prescription is also considered unwise.

The proposed regulation 1 (*a*) should therefore read as follows

Refilling Prescriptions.—Prescriptions shall be filled only once unless the physician indicates on the prescription that it may be refilled. Original prescriptions only shall be refillable. If refilling is authorized, the physician shall indicate the minimum interval between renewals, and the total number of renewals. If the physician states that he wishes the prescription to be refilled but fails to indicate the interval the pharmacist shall not refill the prescription

No prescription containing a barbiturate shall be refillable for more than six months after the date of issuance.

The directions for refilling may be written in English or in Latin or its corresponding abbreviation (Repetatur quusque 10 dies, or R-Q-10-D)

(*b*) The proposal that pharmacists should never issue copies of prescriptions is also considered impractical. The contents of prescriptions, however should not be revealed by the pharmacists to the patients, but physicians desiring to know the previous treatment accorded new patients should be permitted to obtain such information. The proposed regulation 1 (*b*) should, therefore, be amended to read

Copies of Prescriptions.—Pharmacists shall not reveal the content or furnish copies of prescriptions to patients.

(*c*) The Committee is in agreement with the proposed regulation 1 (*c*), which in substance provides that

Information on Prescriptions.—A prescription issued by a physician, dentist, or veterinarian shall be dated and signed on the date when issued, and shall bear the full name and address of the patient, and the name address, and narcotic registry number of the physician dentist, or veterinarian. Prescriptions shall be written in ink or with indelible pencil, or be typewritten. Physicians shall personally sign these prescriptions.

(*d*) The suggested prohibition against filling telephone prescriptions for barbiturates is considered impractical Illicit trade is unlikely to benefit to any appreciable extent by fraudulent telephone calls. By requiring the pharmacist to report to the proper authorities the nonreceipt of a prescription within seventy two hours, negligence or fraud can be established without the need of restrictions interfering with the legitimate practice of medicine. The following regulation is therefore, recommended

Telephone Orders.—Physicians may, in an emergency obtain limited quantities (not more than six average doses) of barbiturates on telephone order provided they furnish the pharmacist with a written prescription within seventy two hours If the pharmacist fails to receive the written prescription he shall report the fact to the Department of Health

2 The Committee is in agreement with the proposed regulation 2, which in substance reads

Dispensing by Physicians—Records.—The physician, dentist, or veterinarian who dispenses or distributes any barbiturate to a patient shall keep a record of such drug dispensed or distributed showing the amount dispensed or distributed the date, and the name and address of the patient to whom such drugs are dispensed or distributed. Such records shall be kept for a period of two years from the date of dispensing or distributing such drugs, subject to inspection.

The Committee suggests that the ordering of barbiturates by physicians for office use should be done on blanks or forms similar to those used for narcotic drugs

3 The Committee is in accord with the proposed regulation 3 except for an addition to the effect that unusually large orders (to be defined under the Sanitary Code) from retail pharmacists within the City be reported by the wholesalers or manufacturers to the proper bureau of the Department of Health. Such reporting will aid in the control of illegitimate trade. Regulation 3 thus would read

Wholesalers' Records.—Each manufacturer, wholesale jobber or wholesale distributor shall maintain a record which shall be available for inspection at all times of the amounts of barbiturates received and the amounts of barbiturates distributed or sold by him. An inventory of the amount of barbiturates on hand at the time of the effective date of this regulation shall be prepared within a period of two months after the effective date of the regulation. The records shall indicate the dates and names and addresses of persons from whom the barbiturates are purchased, and the dates and names and addresses of persons to whom the barbiturates were sold or distributed. Such record shall be kept on

file for a period of two years Unusually large orders (to be defined under the Sanitary Code) from retail pharmacists within the City shall be reported to the proper bureau of the Department of Health.

4 Since a great many proprietary medicines contain barbiturates and since 20 to 25 per cent of doctors' prescriptions also contain such drugs, the keeping of special records of purchase by retail pharmacists would entail an enormous bookkeeping task.

The proposed requirement for an inventory is considered too great a hardship to impose on the druggists It is, therefore, suggested that the pharmacist be required only to keep a file of the bills of purchase

It is further recommended that the Sanitary Code require the inclusion of proprietary medicines in such a file if they contain barbiturates in more than a minimum pharmacopeial dose Regulation 4 would then provide

Pharmacists' Records —Pharmacists shall have available for inspection all bills pertaining to the purchase of barbiturates and indicating the amounts purchased, the dates, and names and addresses of persons from whom the purchases were made

Every time a prescription containing a barbiturate is refilled the date and the amount dispensed shall be noted on the back of the prescription or in a separate file.

5 The proposed regulation 5 is approved, with the elimination of the word "possess" Manufacturers and wholesalers possess large stocks of these drugs in anticipation of the demand, and it should be legal for them to keep such stocks The regulation should therefore read

Illegal Possession of Barbiturates —It shall be unlawful for any person to sell, barter, exchange, or give away any barbiturates except in the course of filling a prescription of a duly licensed physician, dentist, or veterinarian or filling of an order by a wholesaler, manufacturer, or jobber to a duly licensed pharmacy

The Committee suggests, however, that physicians should not be prohibited from buying barbiturates directly from a manufacturer, wholesaler, or jobber Physicians should likewise have the right to receive from manufacturers new preparations for experimental use with patients

A waiting period of two months should be permitted after the effective date of the enactment of these regulations before the provisions applying to refilling prescriptions are enforced. This respite will give physicians time to acquaint their patients with the new restrictions and to make the necessary adjustments

The Committee is of the opinion that consideration should be given by the Department of Health to the desirability of regulating the sale and distribution of the monoureides and other sedatives not classified as barbiturates

Statement Prepared by the Pneumonia Technical Advisory Committee* to the New York City Department of Health

The Pneumonia Technical Advisory Committee to the Department of Health of the City of New York is concerned because the rapid rise in the incidence of respiratory disease at this season of the year is expected to be followed by an increase in the incidence of pneumonia The Committee is greatly disturbed by the limited available supply of penicillin for the teatment of the expected number of cases of pneumonia and urges the medical profession to curb the waste of penicillin which is now occurring That waste is caused by

(*a*) The use of penicillin for the prophylaxis and treatment of diseases for which it is obviously not indicated

(*b*) The use of penicillin for the continued treatment of patients long after any effective therapeutic benefit might be expected

(*c*) The use of oral preparations of penicillin, which require from three to six times the parenteral dosage, and where absorption from the gastrointestinal tract is uncertain

As a corollary to this situation, the Committee also deplores the present tendency of practicing physicians to treat patients with chemotherapeutic agents without making any attempt to determine the bacteriologic cause of the disease It is emphasized that the indiscriminate treatment of patients without bacteriologic diagnoses may well lead to the death of patients who otherwise might be cured Examples of these are Staphylococcal pneumonia complicating influenza requires very large dosage of penicillin if cure is to be effected, streptococcus infections due to sulfonamide-resistant strains of streptococcus hemolyticus will not respond to sulfonamide-drug therapy, pneumococcal pneumonias require parenteral treatment if recovery is to be assured The Bureau of Laboratories of the Department of Health is prepared to give service in bacteriologic diagnosis in the diagnostic laboratories at 125 Worth Street, WOrth 2-6900, Ext. 527 Specimens of sputum should be sent by messenger in sterile wide-mouthed bottles A report will be made by telephone of any positive findings as soon as the examination is completed Pneumococci can frequently be identified and typed within one or two hours Staphylococcus aureus and streptococcus hemolyticus can usually be reported within twenty-four hours

The Committee recommends that whenever there is a clinical or bacteriologic indication that a patient is suffering from a disease for which penicillin is known to be effective, treatment with penicillin in adequate dosage parenterally be started immediately It also recommends that the bacteriologic cause of the disease be determined at the earliest possible moment and that the treatment of the patient be continued or discontinued in accordance with the bacteriologic findings and clinical developments

The danger of the development of penicillin-resistant micro-organisms is favored by the indiscriminate use of penicillin in inadequate dosage

In certain hospitals the waste of penicillin has been prevented and thousands of dollars have been saved by the delegation to a competent physician or committee the responsibility to survey the use of penicillin at the hospital, to recommend to the staff how existing wastes may be prevented, and to assist

[Continued on page 222]

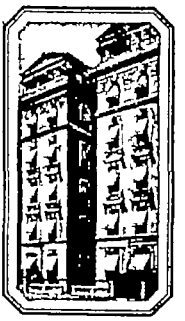
* The members of the Committee are Dr George Baehr, Dr David P Barr, Dr Russell L Cecil, Dr Maxwell Finland Dr Frank L Horsfall, Jr, Dr Robert F Loeb, Dr Colin M MacLeod Dr James E Perkins, Dr William S Tillett, and Dr I Ogden Woodruff

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment of endorsed by many physicians. Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY

COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24, N Y Tel SChuyler 4-0770

DR. BARNES SANITARIUM

STAMFORD, CONN.

45 minutes from N Y C. via Merritt Parkway

For treatment of Nervous and Mental Disorders Alcoholism and Convalescents. Carefully supervised Occupational Therapy Facilities for Shock Therapy Accessible location in tranquil, beautiful hill country Separate buildings.

F H. BARNES M.D., Med. Supt. *Tel. 4-1143

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y

FOR MENTAL AND NERVOUS PATIENTS. An uninstitutional atmosphere. Treatment modern, scientific, individual. Moderate rates. Licensed by dept. of Mental Hygiene. (See also our advertisement in the Medical Directory of N Y N J and Conn.) Address inquiries to MARGARET TAYLOR ROSS M D., *Physician-in-Charge.*

FALKIRK
IN THE
RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg.

CENTRAL VALLEY, Orange County N Y

'INTERPINES'

Goshen, N Y

Phone 117

Ethical — Reliable — Scientific
Disorders of the Nervous System
BEAUTIFUL — QUIET — HOMELIKE

Write for Booklet

FREDERICK W SEWARD M. D., *Director*
FREDERICK T SEWARD M. D., *Resident Physician*
CLARENCE A. POTTER M. D., *Resident Physician*



TWIN ELMS

A Modern Psychiatric Unit

Selected drug and alcohol problems welcome.

Rates moderate

Eugene N Boudreau, M.D., *Phys-in-Chg*
SYRACUSE, N Y

BRUNSWICK HOME

A PRIVATE SANITARIUM. Convalescents postoperative, aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M. D Supt.
B'way & Louden Ave., Amityville, N. Y Tel 1700, 1 2

THE MAPLES INC., ROCKVILLE CENTER, L. I.

A sanitarium especially for invalids, convalescents, chronic patients, post-operative, special diets and body building Six acres of landscaped lawns. Five buildings (two devoted exclusively to private rooms) Resident Physician Rates $21 to $50 Weekly

MRS. M. E. MANNING, Supt. — Tel: ROCKVILLE CENTER 3660

[Continued from page 220]

the medical board and administrator of the hospital in exercising continuous control

It is imperative that the limited supply of penicillin be husbanded and used only parenterally and only for those diseases in which the drug can reasonably be expected to be effective, and that its administration be discontinued as soon as possible If this policy is not followed, it is likely that physicians will not have penicillin available to treat the diseases for which penicillin is the essential therapeutic agent

There is attached a list of diseases for which penicillin as indicated and contraindicated, as prepared by the Committee on Chemotherapeutic Agents of the National Research Council and the United States Food and Drug Administration (J A.M A. 128 16, 1161 (Aug 18) 1945)

INDICATIONS AND CONTRAINDICATIONS FOR THE USE OF PENICILLIN*

Group I Indications

1 All staphylococcic infections with and without bacteremia acute and chronic osteomyelitis, carbuncles—soft tissue abscesses, meningitis, cavernous or lateral sinus thrombosis, pneumonia—empyema, carbuncle of kidney, wound infections—burns, and endocarditis

2 All cases of clostridia infections gas gangrene and malignant edema

3 All hemolytic streptococcic infections with bacteremia and all serious local infections cellulitis, mastoiditis with intracranial complications, i e , meningitis, sinus thrombosis, pneumonia and empyema, puerperal sepsis, peritonitis, and endocarditis

4 All anaerobic streptococcic infections puerperal sepsis and localized infections elsewhere

5 All pneumococcic infections of meninges, pleura, or endocardium, and all cases of sulfonamide-resistant pneumococcic pneumonia

6 All gonococcic infections

7 All cases of anthrax

8 All cases of chronic pulmonary suppuration in which surgical treatment is contemplated

9 All meningococcic infections failing to respond to sulfonamides

10 All cases of bacterial endocarditis due to susceptible organisms

11 Erysipeloid (swine erysipelas)

12 Vincent's infection

13 Prophylactic use in prevention of possible secondary infections following tonsillectomy and tooth extraction in patients with a history of rheumatic fever or in rheumatic heart disease, in congenital heart disease, and in other conditions in which secondary infection may occur (infected teeth, tonsils)

Group II Indications

Penicillin has also been found to be an effective agent in the following diseases, but its position has not been definitely defined and will require additional experimental work (1) syphilis, (2) actinomycosis, and (3) diphtheria, in conjunction with antitoxin

Group III Conditions of Questionable Value

Penicillin is of questionable value in mixed infections in which the predominating organism is of the gram-negative flora—i e (1) ruptured appendix with peritonitis, (2) liver abscesses, (3) urinary-tract infections due to Escherichia coli, and (4) ratbite fever due to Streptobacillus moniliformis

Group IV Conditions in Which Penicillin Is Ineffective

(1) All gram-negative bacillary infections typhoid—paratyphoid, dysentery, Escherichia coli, Hemophilus influenzae, Bacillus proteus, B pyocyaneus, Brucella melitensis (undulant fever), Pasteurella tularensis (tularemia), and Friedländer's bacillus, (2) tuberculosis, (3) toxoplasmosis, (4) histoplasmosis, (5) acute rheumatic fever, (6) lupus erythematosis, diffuse, (7) infectious mononucleuosis, (8) pemphigus, (9) Hodgkin's disease, (10) acute and chronic leukemia, (11) ulcerative colitis, (12) coccidioidomycosis, (13) malaria, (14) poliomyelitis, (15) blastomycosis, (16) nonspecific iritis and uveitis, (17) moniliasis, (18) virus infections, and (19) cancer

* Abstracted from Keefer, C S , Herwick, R. P , Van Winkle Jr W , and Putnam, L E J A M A 128 1161 (Aug 18) 1945

HOPE FOR DENGUE VACCINE

Hope that vaccination against dengue, or "breakbone fever," may be achieved appears in a report by Lt Col Albert B Sabin and Capt R Walter Schlesinger, of the Army Epidemiological Board and the Children's Hospital Research Foundation (*Science*, June 22)

Dengue, though not fatal, is a painful, very weakening disease spread by the same mosquitoes that carry yellow fever It has occurred in the southern part of the United States and there have been outbreaks in New Guinea and Hawaii Because of the disability it causes through its weakening effect, it could be a problem to an army fighting in regions where it is prevalent

Inmates of the New Jersey State Prison, who volunteered for the studies, have been given immunity to this disease by injections of dengue virus which had been propagated in mice The feat of establishing the virus in mice has never before been accomplished although a number of attempts have been made

The virus becomes modified by transmission from one mouse to another, so that it causes a progressively less severe disease The volunteers from the state prison actually got, along with their immunity to dengue, a mild attack of it It was no more severe, the scientists report, than the reaction following typhoid vaccination and consisted of fever with or without headache and sickness for twenty-four hours or less A marked, extensive rash, which is one of the symptoms of dengue, also followed the immunizing dose of the virus

Evidence that the virus gave protection against dengue came when the volunteers failed to get the disease after being bitten by mosquitoes carrying the virus When four unprotected volunteers were bitten by mosquitoes from the same infected lot, they all developed typically severe unmodified dengue Ideally a vaccine gives protection against a disease without producing a mild attack of it and such a vaccine for dengue may yet be produced The modification of the virus by passage through mice has already become so marked, the scientists report, that this virus "could be used as a vaccine for the production of immunity against dengue "—*Science News Letter, June 30, 1945*

WEST HILL

West 252nd St and Fieldston Road
Riverdale-on-the-Hudson, New York City

...rvous, mental, drug and alcoholic patients. The sanitarium is ...autifully located in a private park of ten acres. Attractive cottages ...entirely air-conditioned. Modern facilities for shock treatment ...occupational therapy and recreational activities. Doctors may direct ...treatment. Essay and illustrated booklet gladly sent on request.

HENRY W. LLOYD, M.D., *Physician in Charge*
Telephone Kingsbridge 9-8440

HALCYON REST

754 BOSTON POST ROAD, RYE, NEW YORK
Henry W. Lloyd, M.D., Physician-in-Charge

Licensed and fully equipped for the treatment of nervous, mental, drug and alcohol patients, including Occupational therapy. Beautifully located a short distance from Rye Beach. TELEPHONE: RYE 860. *Write for illustrated booklet*

RIVERLAWN SANITARIUM

FOUNDED  1893

A conveniently situated Sanitarium offering complete facilities for the treatment and care of MENTAL AND NERVOUS CASES and ALCOHOL AND DRUG ADDICTIONS. We extend full cooperation to the Physicians.

CHARLES B. RUSSELL, M.D., *Med. Dir.*
45 Totowa Ave., PATERSON, N. J. Armory 4-2342



CLINICAL LABORATORY and X-RAY TECHNIC

Thorough Clinical Laboratory course 9 months. X-Ray 3 months. Electrocardiography additional. Graduates in demand. Established 22 years. Catalog sent postpaid on request.

Northwest Institute of Medical Technology
1423 E. Lake St., Minneapolis, Minn.

CLASSIFIED

SUPERIOR PERSONNEL. Assistants and executives in all fields of medicine—young physicians, department heads, nurses, staff personnel, secretaries, anesthetists, dieticians and technicians.

Patricia Edgerly

NEW YORK MEDICAL EXCHANGE
489 FIFTH AVE., N.Y.C. (AGENCY) MURRAY HILL 2-0578

Doctor's Office and apartment, 280 West End Ave., corner 73rd St., opposite Schwab Mansion, requires investment of about $7,500. The carrying charges of the office and apartment will be about $1,500 yearly. Full particulars from Mr. daCosta.

SLAWSON & HOBBS
102 West 72nd St. ENdicott 2-7240

Ophthalmological practice and optical shop in Northern New York. Attractive income. Easy terms. Box 4, N.Y. St. Jr. Med.

PATENT ATTORNEY

Z. H. POLACHEK, Patent Attorney-Engineer
Specialist in patents and trademarks. Confidential advice.
1234 Broadway, N.Y.C. (at 31st) LOngacre 5-3085

Radiologist and internist, veteran, desires office association, preferably upstate N.Y. with view to partnership or ultimately to take over office practice, and equipment under financial arrangement. Box 4004, N.Y. St. Jr. Med.

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service. Paine Hall graduates have character, intelligence, personality and thorough technical training. Let us help you find exactly the right assistant.

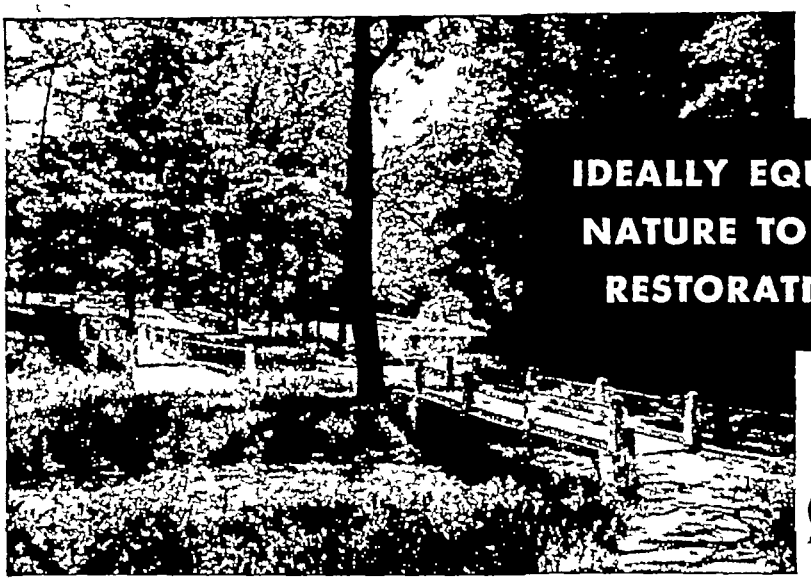
Est. 1919
Paine Hall
101 W. 31st St., New York
BRyant 9-2831
Licensed by State of N.Y.

LOUDEN-KNICKERBOCKER HALL, INC.

81 LOUDEN AVENUE - Tel. Amityville 53 - AMITYVILLE, N.Y.

A private sanitarium established 1896 specializing in NERVOUS and MENTAL diseases.
Full information furnished upon request

JOHN F. LOUDEN, *President*
JAMES F. VAVASOUR, M.D., *Physician in Charge*
NEW YORK CITY OFFICE, 67 West 44th St., Tel. VAnderbilt 6-3722



IDEALLY EQUIPPED BY NATURE TO PROVIDE RESTORATIVE CARE



Unsettled times like these bring the overburdened physician more than the normal number of patients suffering from chronic disorders of a cardiac, vascular or rheumatic nature

Here at the Spa, in superb plant facilities placed in a restful setting of great natural beauty, your patient will find the restorative care he needs to prepare him for the full benefit of your continued medical direction

Under regimens of treatment which you yourself recommend, your patient, relaxed in mind and body, draws a full measure of improved health from the Spa's naturally carbonated mineral waters

Well trained physicians are available in Saratoga Springs for consultation with your patient on the details of the program

Secure in the knowledge that your instructions for his care will be faithfully carried out, you find needed relief from your overburdened practice

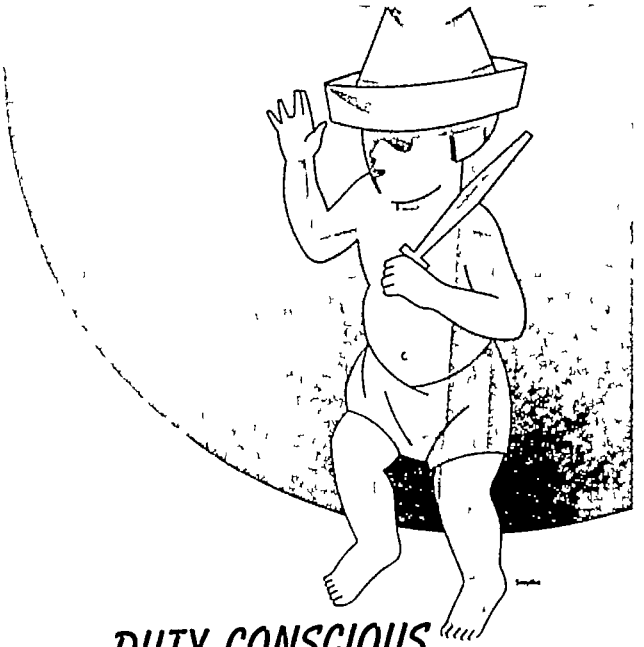
THE SARATOGA SPA

"PHYSICIAN, GIVE HEED TO THINE OWN HEALTH"

Many physicians have recently come to the Spa for the same kind of treatments that helped their patients here. After a restorative "cure" at the Spa, you, too, would return to your practice refreshed—revitalized—ready for the busy days that still lie ahead

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION

For professional publications of the Spa, and physician's sample carton of the bottled waters, with their analyses, please write W S. McClellan, M D , Medical Director, Saratoga Spa, 155 Saratoga Springs, N Y



DUTY CONSCIOUS

Equally Effective in Constipation Colitis Diarrhea



Zymenol Contains Pure Aqueous Brewers Yeast (no live cells)

Zymenol makes the bowel duty conscious by maintaining normal intestinal content through Brewers Yeast Enzymatic Action* and aiding restoration of normal intestinal motility with Complete Natural Vitamin B Complex.*

Natural urge to defecate is re-established without cathartics, artificial bulkage or large doses of mineral oil.

Economical teaspoon dosage avoids oil leakage and does not affect vitamin absorption

Write for FREE Clinical Size

OTIS E. GLIDDEN & CO., INC. EVANSTON, ILLINOIS



NESTLÉ'S — FIRST WITH EVAPORATED MILK WITH 400 UNITS OF PURE VITAMIN D_3

Safe, sure, adequate source of vitamin D . . .

A NESTLÉS Milk formula provides infants with a safe, sure, adequate supply of vitamin D Now 25 U S P units of vitamin D_3 are added to each fluid ounce of NESTLÉS Evaporated Milk so, in every reconstituted quart, there are *400 units* to protect infants against rickets *and to promote optimal growth*

NESTLÉ'S MILK PRODUCTS, INC.
NEW YORK



TWO NOBLE PURPOSES

are accomplished by a gift or contribution to

THE PHYSICIANS' HOME

1 You help to extend immediate aid to aged colleagues

2 You help to perpetuate that aid by creating an endownment on a sound actuarial basis

In making your will or estate pledge use full name

PHYSICIANS' HOME 52 EAST 66th ST. New York 21, N. Y.

Dr CHAS GORDON HEYD, President

1st Vice-President Dr MAX EINHORN
2nd Vice-President Dr H. B MATTHEWS
Treasurer Dr B WALLACE HAMILTON
Ass't Treasurer Dr ALFRED M HELLMAN
Secretary Dr BEVERLY C SMITH
Ass't Secretary Dr B A. GOODMAN

More pleasure to you, Doctor!

THREE nationally known research organizations recently reported the results of a nationwide survey to discover the cigarette preferences of physicians and surgeons

Physicians all over the United States were asked the simple question "What cigarette do you smoke, Doctor?" The question was put solely on the basis of *personal preference as a smoker*

The thousands and thousands of answers from these physicians in every branch of medicine were checked and re-checked The result

More physicians named Camel as their favorite smoke than any other cigarette And the margin for Camels was most convincing

Certainly the average physician is busier today than ever before and is deserving of every bit of relaxation he can find in his day by-day routine a cigarette now and then if he likes And the makers of Camels are glad to know that physicians find in Camels that extra margin of smoking pleasure that has made Camels such a favorite everywhere



According to this recent nationwide survey

More Doctors Smoke Camels

than any other cigarette



R. J. Reynolds Tobacco Company Winston-Salem, N. C.

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 FEBRUARY 1, 1946 NUMBER 3

Published twice a month by the Medical Society of the State of New York *Publication Office* 20th and Northampton Sts, Easton, Pa *Editorial and Circulation Office* 292 Madison Ave., New York 17, N Y *Change of Address* Notice Should State Whether or Not Change Is Permanent and Should Include the Old Address Twenty-five cents per copy—$2.00 per year *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act of August 24, 1912*

CONTENTS

SCIENTIFIC ARTICLES

Observations Made During a Poliomyelitis Epidemic in 1944 in the Hornell State Health District, New York, *John A Conway, M D*, and *D E Bigwood, Jr, M D* 275

Diagnosis and Management of Certain Tropical Diseases in Returning Veterans, *William Kaufmann, M D* 290

A Review of the Various Methods Used in the Treatment of Phlebothrombosis of the Extremities, *Frederic W Bancroft, M D* 295

(*Continued on page 230*)





"The hormone of the mother"

Progesterone is the hormone of the mother and is indispensable for normal reproduction and gestation Administered as PROLUTON by injection it helps maintain pregnancy threatened by miscarriage due to insufficient maternal hormone

PROLUTON

In the presence of a history of habitual abortion PROLUTON is frequently administered prophylactically as soon as the diagnosis of pregnancy is established Four out of five women so treated are carried safely to term [1 2]

PRANONE (anhydrohydroxy progesterone), the orally active form of corpus luteum hormone, may be substituted for PROLUTON where oral therapy will serve most conveniently

PROLUTON (progesterone) Ampules of 1 2, 5, 10 mg.—Boxes of 3, 6 and 50 PRANONE (anhydrohydroxy progesterone) Tablets 5, 10 mg.—Boxes of 20 40 100 and 250

1. Mason, L. W.: Am. J. Obst. & Gynec. 41:630, 1942
2. Soule, S. D.: Am. J. Obst. & Gynec. 42:1009 1941

TRADE-MARKS PROLUTON AND PRANONE—REG. U. S. PAT. OFF.

Schering CORPORATION BLOOMFIELD, N. J.

IN CANADA, SCHERING CORPORATION LIMITED MONTREAL

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, MURRAY HILL 3-9841

CONTENTS—*Continued from page 228*

Group Practice, *E C Foster, M D , F A C S* , and *John A Hatch, M D* 306

Functions of a Blood Bank, *S Miles Bouton, Jr , M D , M S* 311

Artificial Pneumoperitoneum by Cul-de-Sac Puncture, *Albert Decker, M D* 314

The Radiologic Diagnosis of Ectopic Pregnancy, *Richard H Marshak, M A , M D* 317

EDITORIAL

Civilian Nursing Problems 269

Home Accidents 270

Through Time's Fingers 271

Time Brings Changes 272

Current Editorial Comment 273

GENERAL FEATURES

Postgraduate Medical Education 319

Medical News 320

Necrology 328

Hospital News 330

Woman's Auxiliary 333

MISCELLANEOUS

State Society Officers 232, 234, 236

℞ **Pediforme**
FOOTWEAR



To Relieve Simple Foot Disorders

. . . to provide proper foot control

. . . to avoid faulty pressure effects

. to help keep young feet normal

Send your patients to
A Convenient Pediforme Store

A SHOE FOR EVERY MEMBER OF THE FAMILY A SHOE FOR EVERY INDIVIDUAL REQUIREMENT

MANHATTAN, 34 West 38th St **NEW ROCHELLE,** 545 North Ave
BROOKLYN, 288 Livingston St **EAST ORANGE,** 29 Washington Pl.
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, 241 Fulton Ave **HACKENSACK,** 299 Main St

AMINET *suppositories*

are preferred whenever

aminophylline

is indicated



MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	EDWARD R. CUNNIFFE, M D , Bronx
Past-President	HERBERT H. BAUCKUS, M D , Buffalo
President-Elect	WILLIAM HALE, M D , Utica
Second Vice-President	STEPHEN R. MONTEITH, M D , Nyack
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR , M D , Forest Hills
Treasurer	KIRBY DWIGHT, M D , New York
Assistant Treasurer	JAMES R. REULING, JR , M D , Bayside
Speaker	LOUIS H BAUER, M D , Hempstead
Vice-Speaker	F LESLIE SULLIVAN, M D , Scotia

TRUSTEES

GEORGE W KOSMAK, M.D , *Chairman* New York 28

JAMES F ROONEY, M D	Albany	WILLIAM H ROSS, M D	Brentwood
ALBERT A GARTNER, M D	Buffalo	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

EDWARD R. CUNNIFFE, M.D	Bronx	WALTER P ANDERTON, M D	New York
WILLIAM HALE, M D	Utica	KIRBY DWIGHT, M D	New York
HERBERT H BAUCKUS, M D	Buffalo	LOUIS H BAUER, M D	Hempstead
GEORGE W KOSMAK, M D		New York	

Term Expires 1946	*Term Expires 1947*	*Term Expires 1948*
CARLTON E WERTZ, M D Buffalo	FLOYD S WINSLOW, M D Rochester	OLIVER W H MITCHELL, M D Syracuse
RALPH T TODD, M D Tarrytown	J STANLEY KENNEY, M D New York	MAURICE J DATTELBAUM, M D Brooklyn
CHARLES M ALLABEN, M.D Binghamton	HARRY ARANOW, M.D Bronx	DAN MELLEN, M D Rome

[*See pages 234 and 236 for additional Society Officers*]

Rapid Sustained
4-WAY RELIEF
INTESTINAL INDIGESTION
GALLBLADDER STASIS
BIDUPAN
(formerly Intestinal Concentrated)

Two Bidupan tablets t.i d provide Extr Ox Bile 12 grs.; Conc. Pancreatin 12 grs , Duodenal Subst. 3 grs , Charcoal 6 grs

Pure Bile Salts, concentrated Pancreatin, Duodenal Substance, Charcoal in Bidupan . . . improve biliary drainage, digestion of albumin, carbohydrates, fats; stimulate pancreatic secretion, remove fermentive factors . . . to speed relief in biliousness, intestinal indigestion, and recurrent flatulence Bottles of 50 and 100 tablets.

Send for Literature, address Dept. N.

CAVENDISH PHARMACEUTICAL CORP., 25 West Broadway • New York 7

FORMULAC

the new vitamin-fortified infant food

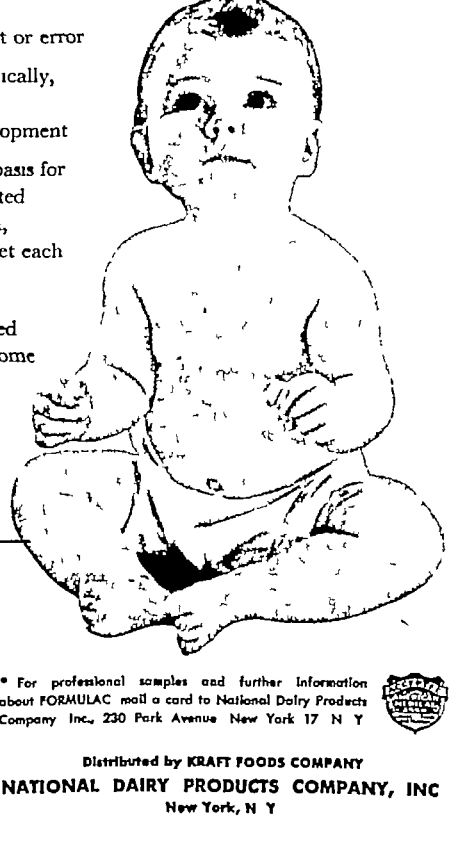
FORMULAC was developed by E V McCollum. It is a reduced milk, in liquid form, fortified by vitamins and minerals to meet the nutritional needs of infants *without supplementary administration* Incorporation of vitamins into the milk itself eliminates the risk of human oversight or error

FORMULAC has been tested clinically, and proved satisfactory in promoting infant growth and development

FORMULAC presents a flexible basis for formula preparation Supplemented by carbohydrates at your discretion, it may readily be adjusted to meet each child's individual nutritional needs

FORMULAC is inexpensive Priced within the range of even low income groups, it is on sale at most drug and grocery stores

FORMULAC IS PROMOTED ETHICALLY





* For professional samples and further information about FORMULAC mail a card to National Dairy Products Company Inc., 230 Park Avenue New York 17 N Y

Distributed by KRAFT FOODS COMPANY

NATIONAL DAIRY PRODUCTS COMPANY, INC

New York, N Y

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D , Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L EDWARDS, M D , Hudson
Fourth District
FRANK F FINNEY, M D , Malone
Fifth District
DAN MELLEN, M D , Rome
Sixth District
CLIFFORD F LEET, M D , Horseheads
Seventh District
HOMER J KNICKERBOCKER, M D , Geneva
Eighth District
PETER J DI NATALE, M D , Batavia

NEW YORK STATE JOURNAL OF MEDICINE
Publication Committee
GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON, M.D
[*Address all communications to above address*]
LEGAL DEPARTMENT
Counsel WILLIAM F MARTIN, ESQ 30 Broad Street, New York 4 Attorney Telephone HAnover 2-0670 THOMAS H CLEARWATER, ESQ
AUTHORIZED INDEMNITY REPRESENTATIVE
HARRY F WANVIG, 70 Pine St , New York 5 Telephone DIgby 4-7117
EXECUTIVE OFFICER
ROBERT R HANNON, M D , 100 State St , Albany 7 Telephone 4-4214
DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION
DAVID J KALISKI, M D , 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841
DIRECTOR, PUBLIC RELATIONS BUREAU
DWIGHT ANDERSON, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9847
DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE
GEORGE P FARRELL, 292 Madison Ave New York 17 Telephone MUrray Hill 3-9841

MALPRACTICE INSURANCE PROTECTION*

for

INFORMATION, ADVICE OR ASSISTANCE

refer to

HARRY F WANVIG

Authorized Indemnity Representative of

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

70 PINE STREET NEW YORK CITY 5

Telephone Digby 4 7117

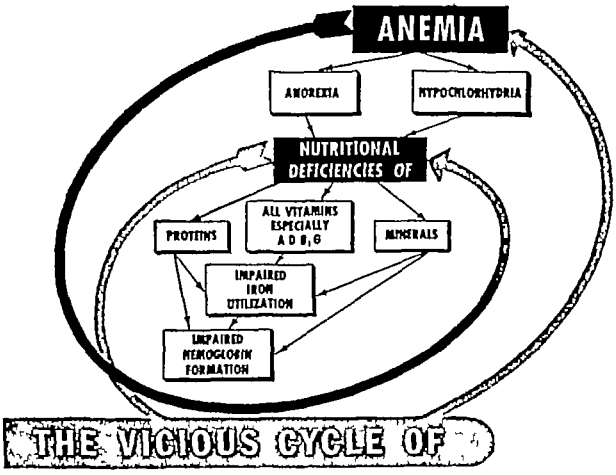
**For Members of the State Society only*

COT-TAR
PIX-LITHANTHRACIS 5%

- Suitable in exudative and chronic eczema—particularly in children's eczema
- A flexible non-peeling coat of tar
- Avoids staining of linen
- Removable with Tersus, a soapless detergent and water
- No untoward irritation

Please write for sample and literature NY 2-46

DOAK CO., INC.
CLEVELAND, OHIO



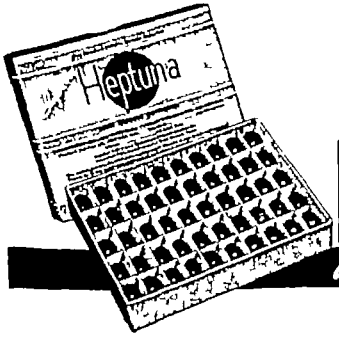
Nutritional Deficiency IN HYPOCHROMIC ANEMIA

Patients with hypochromic anemia resulting from nutritional deficiencies or blood loss exhibit one common feature With anemia once established the ensuing reduction of gastric acidity, lack of appetite, and increased fatigability tend to decrease further the food intake thus promoting or intensifying nutritional deficiencies and the progress of anemia.

Hence anemic patients will be benefited most if not merely iron is supplied (usually but one of the deficient nutrients), but also all the other factors which make for optimal iron absorption and utilization, which lessen fatigability and increase the appetite

Heptuna provides not only an adequate amount of highly available iron but, in addition notable quantities of the fat soluble vitamins A and D and the B-complex vitamins (partly derived from a vitamin rich liver extract and yeast)

J B ROERIG & COMPANY • 536 Lake Shore Drive, Chicago 11, Illinois



Each Capsule Contains:

Ferrous Sebacate U.S.P	4½ Grains
Vitamin A (Fish-Liver Oil)	5 000 U.S.P Units
Vitamin D (Tuna-Liver Oil)	500 U.S.P Units
Vitamin B_1 (Thiamine Hydrochloride)	2 mg.
Vitamin B_2 (Riboflavin)	2 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	0.1 mg.
Calcium Pantothenate	0.333 mg.
Niacinamide	10 mg.

Together with a Liver Concentrate (Vitamin fraction) derived from 6.5 Gm. fresh liver and dried yeast U.S.P Not intended for use in the treatment of pernicious anemia

Heptuna

a ROERIG *Preparation*

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

SECTION OFFICERS

1944–1945

ANESTHESIOLOGY

Milton C Peterson, *Chairman* — New York
Robert B Hammond, *Vice-Chairman* — White Plains
Rose M Lenahan, *Secretary* — Buffalo

DERMATOLOGY AND SYPHILOLOGY

Clarence H Peachey, *Chairman* — Rochester
E William Abramowitz, *Secretary* — New York

GASTROENTEROLOGY AND PROCTOLOGY

Stockton Kimball, *Chairman* — Buffalo
Descum C McKenney, *Vice-Chairman* — Buffalo
Harry E Reynolds, *Secretary* — Schenectady

INDUSTRIAL MEDICINE AND SURGERY

Russell C Kimball, *Chairman* — Brooklyn
Philip L Forster, *Secretary* — Albany

MEDICINE

Frederick W Williams, *Chairman* — Bronx
Harold F R. Brown, *Vice-Chairman* — Buffalo
George E Anderson, *Secretary* — Brooklyn

NEUROLOGY AND PSYCHIATRY

E. Jefferson Browder, *Chairman* — Brooklyn
Burton M Shinners, *Secretary* — Brooklyn

OBSTETRICS AND GYNECOLOGY

Charles J Marshall, *Chairman* — Binghamton
Charles A Gordon, *Secretary* — Brooklyn

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Harold H Joy, *Chairman* — Syracuse
Maxwell D Ryan, *Secretary* — New York

ORTHOPEDIC SURGERY

Robert M Cleary, *Chairman* — Buffalo
Joseph Buchman, *Secretary* . . — New York

PATHOLOGY AND CLINICAL PATHOLOGY

Fred W Stewart, *Chairman* — New York
Ellis Kellert, *Vice-Chairman* — Schenectady
M J Fein, *Secretary* — New York

PEDIATRICS

Carl H Laws, *Chairman* — Brooklyn
Albert G Davis, *Vice-Chairman* — Utica
George R. Murphy, *Secretary* — Elmira

PUBLIC HEALTH, HYGIENE, AND SANITATION

Joseph P Garen, *Chairman* — Saranac Lake
Henry B Doust, *Vice-Chairman* — Syracuse
Frank E. Coughlin, *Secretary* — Albany

RADIOLOGY

Alfred L L. Bell, *Chairman* — Brooklyn
Lee A Hadley, *Vice-Chairman* — Syracuse
Raymond W Lewis, *Secretary* — New York

SURGERY

Beverly C Smith, *Chairman* — New York
Stanley E. Alderson, *Secretary* — Albany

UROLOGY

George E Slotkin, *Chairman* — Buffalo
John K deVries, *Vice-Chairman* — New York
Archie L. Dean, Jr , *Secretary* — New York

SESSION OFFICERS

1944–1945

HISTORY OF MEDICINE

T Wood Clarke, *Chairman* — Utica
Judson B Gilbert, *Vice-Chairman* — Schenectady
Claude E Heaton, *Secretary* — New York

PHYSICAL MEDICINE

Walter S McClellan, *Chairman* — Saratoga Springs
Albert Richard Hatfield, Jr , *Secretary* — Utica

CHEST DISEASES

Nelson W Strohm, *Chairman* — Buffalo
Grant Thorburn, *Secretary* — New York

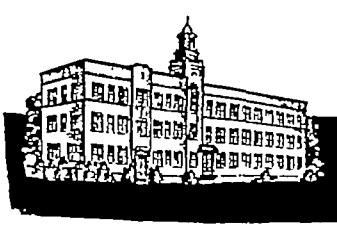
In Congestive Heart Failure

Phyllicin

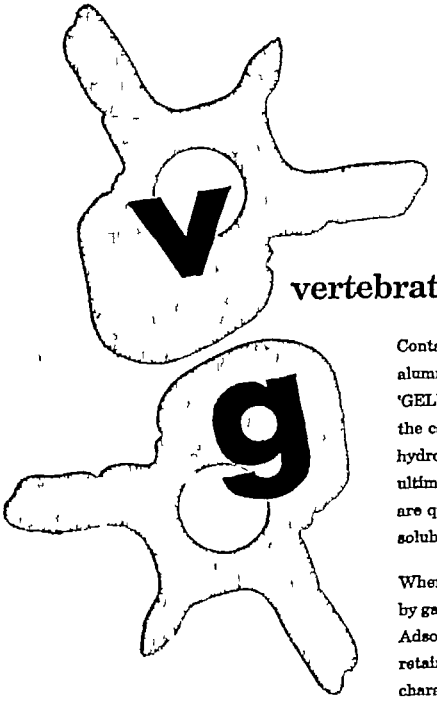
theophylline-calcium salicylate

A well tolerated, quickly acting diuretic and myocardial stimulant

DOSE 1 tablet (4 grains) two to four times a day



BILHUBER-KNOLL CORP. ORANGE NEW JERSEY.



vertebrate gel

Containing a uniquely acid resistant type of alumina figuratively a gel with a backbone—'GELUSIL Antacid Adsorbent is free from the constipating tendency of ordinary aluminum hydroxide preparations and escapes the ultimate fate of common unstable gels which are quantitatively converted to non-protective, soluble, astringent aluminum chloride.

Where ordinary alumina gels are destroyed by gastric hydrochloric acid, GELUSIL'* Antacid Adsorbent is uniquely acid resistant and, retaining its original protective, demulcent character, it affords unremitting symptomatic relief in peptic ulcer, safeguarding it against further erosion and irritation, and encouraging normal healing

Supplied in both liquid and tablet form, GELUSIL' Antacid Adsorbent provides acid resistant, protective aluminum hydroxide and magnesium trisilicate.

For additional pharmaceutical details consult your pharmacist—for more extensive medical data write Medical Division of William R. Warner & Co.

William R. WARNER and Co. Inc. 113 WEST 18TH STREET, NEW YORK 11, N Y

'gelusil'

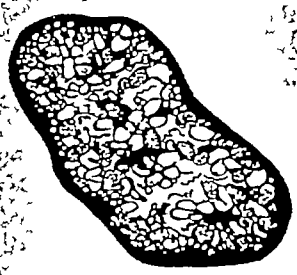
*Trademark Reg U. S. Pat. Off.

antacid adsorbent

Bottles of 6 and 12 fluidounces
Bottles of 50, 100 and 1000 tablets

DUAL-PROCESSED FOR

Greater nutrient availability...



Intact food cell, characteristic of strained foods The nutriment is retained within the cellulose fiber capsule as a structural unit



After homogenization The capsule is ruptured and comminuted, the nutriment is released—subdivided—and dispersed, exposing a large surface area to the action of digestive juices

... EASIER DIGESTIBILITY
... SMOOTHER TEXTURE

In the preparation of vegetables and fruits as baby foods, home-sieving and commercial straining produce a relatively fine subdivision of the cooked food Under the microscope, foods so prepared are characterized largely by the predominance of readily identified intact food cells and by long coarse cellulose fibers

To accomplish a still finer subdivision . . . one more suitable for early supplementation of the infant's milk diet Libby places strained foods through an additional process—homogenization—and thus advantageously changes their physical structure In this manner, the finest practicable subdivision of the vegetable cell is attained, and the contained nutriment becomes homogeneously dispersed throughout the mixture

In consequence, Libby's Baby Foods present greater nutrient availability, easier digestibility, smoother texture, they afford greater utilization of food-iron*, they can be bottle-fed as part of the "formula" without perceptibly retarding the rate of flow through a nipple opening of normal size, they may be fed and are well tolerated . as early as the fifth week of life And their cellulose content, comminuted to bland ultra-small particles, maintains an unimpaired "bulk" action

**Reprints available on request*

Libby, McNeill & Libby
Chicago 9, Illinois

Beets • Carrots • Peas • Spinach
Garden Vegetables • Mixed Vegetables
Vegetable Soup • Liver Soup • Apple Sauce
Apples and Apricots • Apples and Prunes
Peaches • Peaches, Pears, Apricots
Pears • Prunes • Custard Pudding

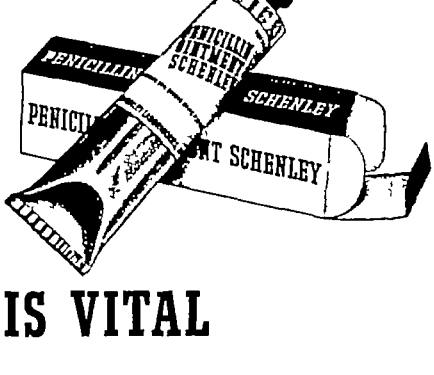
Note: *In certain areas, Libby's Foods are packed in glass containers*

Libby's

ACCEPTED AMERICAN MEDICAL ASSN.

HOMOGENIZED BABY FOODS

In Penicillin Ointment, Too...



CONTROL IS VITAL

When you specify Penicillin Ointment Schenley, you are assured of the highest standard of purity and excellence, because Schenley Laboratories maintains the same rigid program of control for this ointment as it has always maintained for Penicillin Schenley

Penicillin Ointment Schenley is indicated in the treatment of *superficial infections of the skin caused by* penicillin-sensitive organisms. In deep-seated pyogenic infections with penicillin-sensitive organisms, the ointment may be used as an adjunct to systemic penicillin therapy and other measures.

SCHENLEY LABORATORIES, INC

Executive Offices: 350 Fifth Avenue, New York City

Your Local Distributor for PENICILLIN Ointment SCHENLEY *is:*

NEW YORK
J. Bosher Company
Friedenberg Surgical Supply Co.
Gunzenzer Truss Company
The Hospital Supply & Waterer Laboratories
Industrial Drug Supplies, Inc.
Jamison Serums Co.
Mr. Raymond Kramer
Kinney Surgical Stores
Low Surgical Co., Inc.
N. S. Low & Co. Inc.
Pharmaceutical, Surgical & Lab. Serv.
Ringler-Rados Surgical Corp.
J. H. Slivin Surgical Company
Stanley Supply Company

ROCHESTER
R. J. Screenburgh Co., Inc.
STAPLETON S. I.
White Surgical Company
SYRACUSE
Hill Surgical Supply Company
TROY
John B. Garrett
ALBANY
A. B. Hoesel & Co., Inc.
BINGHAMTON
L. F. Hanlin, Inc.
BROOKLYN
Bedford Surgical Supply Co.
Brooklyn Physicians Supplies Co.
Gardner Surgical Supply Co
Jacoff Surgical Supply Company
Jamison Laboratories
Lennon-Peck Surgical Co.
Mayflower Surgical Supply Co.
National Surgical Stores Inc.
Park Surgical Company, Inc
Powell & Powell Surgical Company
BRONX
Gunzenzer Truss Company
N. S. Low & Company
Mr. H. F. Neubauer
Joseph Weisenrash Surgical Supplies
BUFFALO
Jeffrey-Fell Company
ELMIRA
Elmira Drug & Chemical Company
ENDICOTT
L. F. Hanlin, Inc.
FLUSHING
Low Surgical Co., Inc.
HEMPSTEAD
Hempstead Surgical Company
JACKSON HEIGHTS
Professional Surgical Supply Co.
JAMAICA
Pakon Surgical Co. Inc.
JOHNSON CITY
L. F. Hanlin Inc.

"by means of the chewing gum

A single tablet chewed for *one-half to one hour* promptly provides a *high* concentration of locally active sulfathiazole (average 70 mg per cent) This high concentration is sustained throughout the entire chewing period, in immediate contact with infected oral mucosal surfaces Moreover, resultant blood levels of the drug, even with maximal dosage, are so low (rarely reaching 0 5 to 1 mg per cent) that systemic toxic reactions are virtually obviated

INDICATIONS Local treatment of sulfonamide-susceptible infections of oropharyngeal areas, acute tonsillitis and pharyngitis, septic sore throat, infectious gingivitis and stomatitis, including acute Vincent's disease

DOSAGE One tablet chewed for *one-half to one hour* at intervals of one to four hours depending upon the severity of the conditions If preferred, several tablets—rather than a single tablet—may be chewed *successively* during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed

Available in packages of 24 tablets, sanitaped, in slip-sleeve prescription boxes

a product of **WHITE LABORATORIES, INC.**

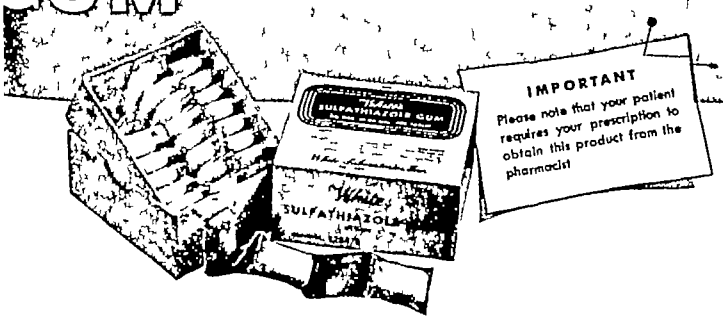
ethod,

"I believe the concentration of sulfathiazole can be maintained in the mouth for some time, since the solubility of the drug is constant"

—Correspondence: J.A.M.A., 122:1204 (Aug. 21) 1943.

White's

SULFATHIAZOLE GUM*



aceutical manufacturers • Newark 7, New Jersey

ESKADIAZINE

makes oral sulfadiazine therapy easier



ESKADIAZINE—the ideal oral sulfadiazine—has these three advantages.—

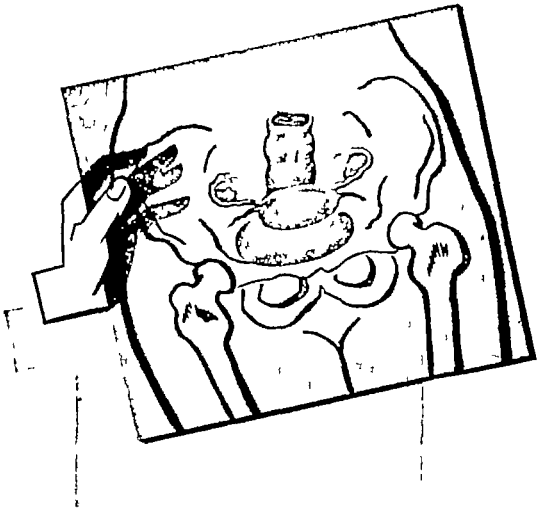
1 **Fluid Form** This new fluid sulfadiazine is the ideal oral dosage form, especially for infants and children, and also for the many adults who object to tablet medication Each 5 cc (1 teaspoonful) contains 0 5 Gm (7 7 gr) of sulfadiazine

2 **Exceptional Palatability.** Eskadiazine is so surprisingly palatable and pleasant in consistency that it is accepted willingly by all types of patients Children actually like to take it

3 **More Rapid Absorption** The findings of a recent clinical study by Flippin and associates (Am J M Sc , Aug 1945) indicate that with Eskadiazine desired serum levels may be far more rapidly attained than with sulfadiazine administered in tablet form

Smith, Kline & French Laboratories, Philadelphia, Pa.

S.K.F.'s new, outstandingly palatable fluid sulfadiazine for oral use



in painful spasm . . .

Pavatrine with Phenobarbital provides both *neurotropic* and *musculotropic* spasmolysis—notably free from undesirable side effects—combined with mild central nervous sedation. Non narcotic orally administered

INDICATIONS

Gastrointestinal. cardiospasm, gastric hypermotility, pylorospasm, spasticity of duodenum, spastic states of colon

Dysmenorrhea resulting from myometrial hypertonicity or excessive uterine contractions

Urinary Bladder adjunctive therapy for relief of bladder spasm, whether due to a simple *tenesmus cystitis* or mechanical trauma.

Pavatrine is the registered trademark of G D Searle & Co., Chicago 80, Illinois

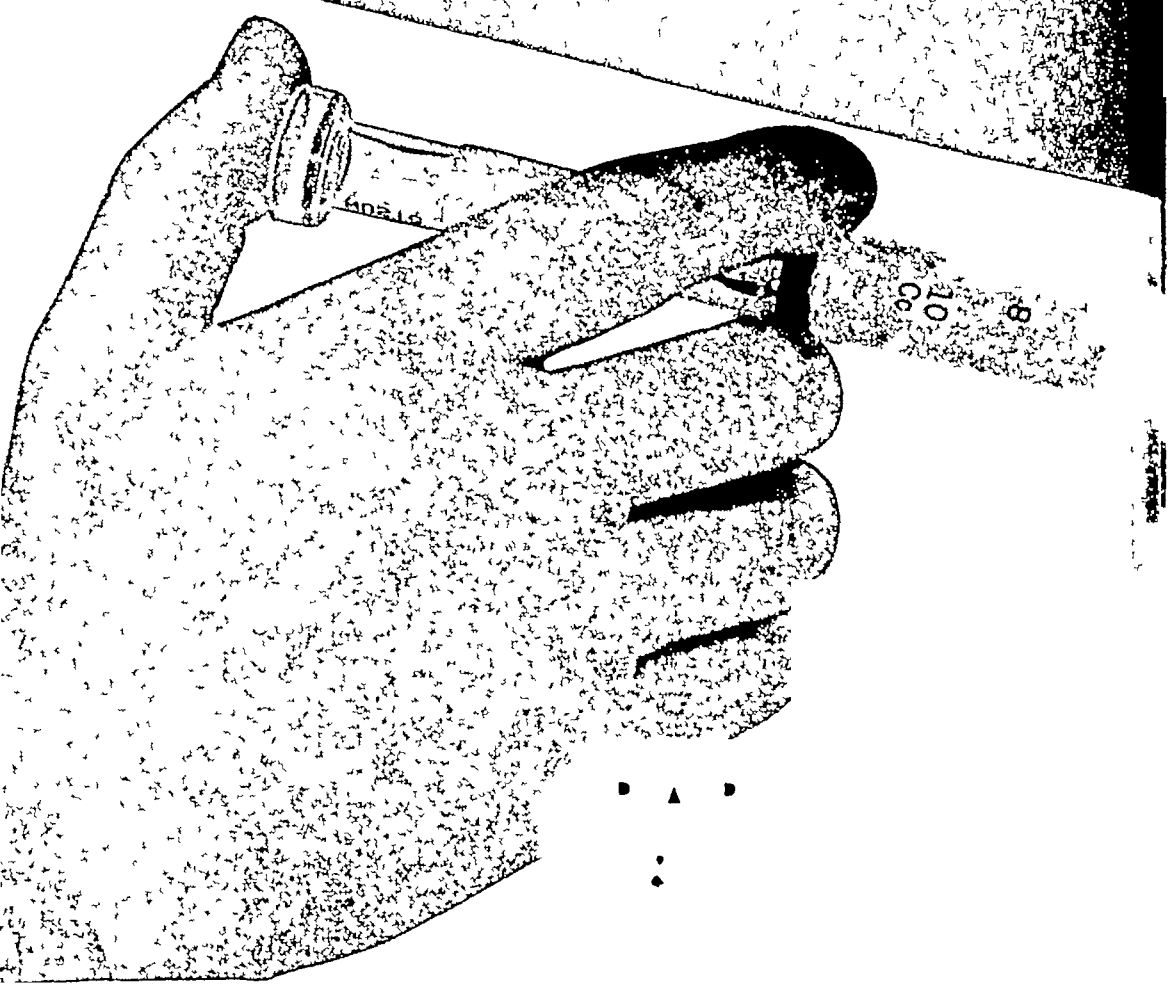
PAVATRINE WITH PHENOBARBITAL

(β-diethylaminoethyl thioxan 9 carboxylate hydrochloride)

SEARLE *Research in the Service of Medicine*

The Hand of Im

MAPHARSEN now entering its thirteenth year of active clinical use, has assumed a leading role among arsenical antisyphilitics. More than 150,000,000 doses of MAPHARSEN have been used clinically during the past five years with a minimum of reaction and maximum of therapeutic effect.



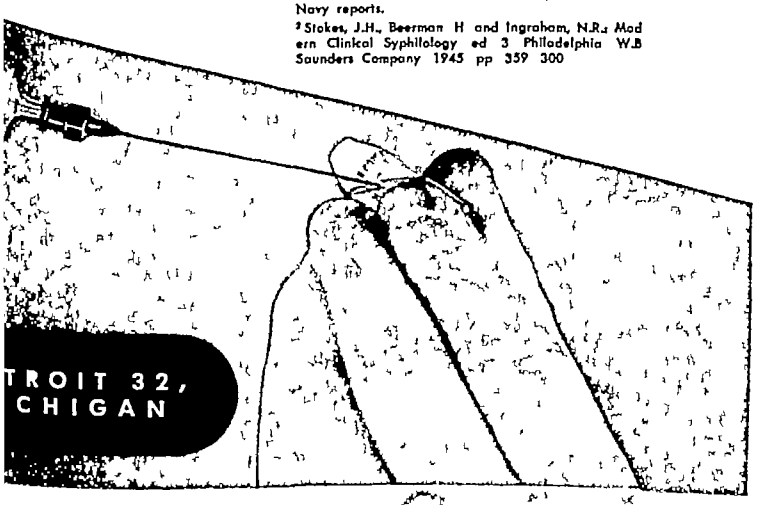
ad MAPHARSEN

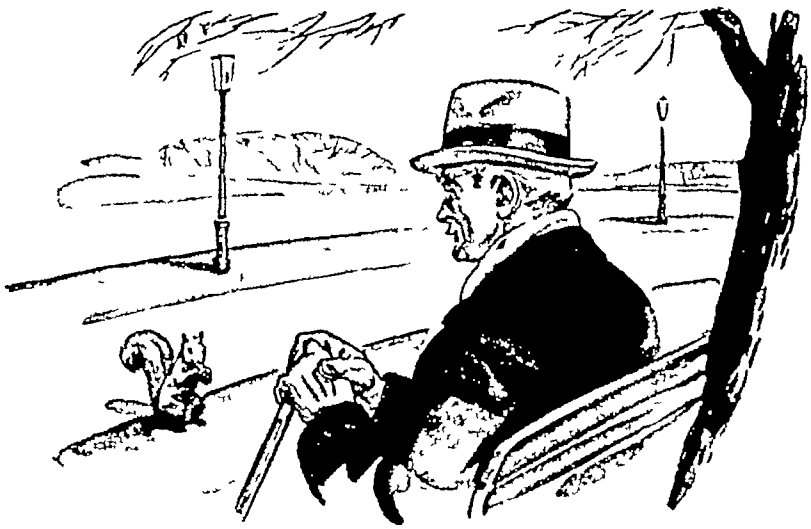
ted States Navy records[1] consistently show the relatively low toxicity MAPHARSEN Over the ten-year period, 1935-1944 inclusive, Navy orts indicate one fatality for every 167,826 injections of MAPHARSEN npare this to the Navy reports on neoarsphenamine for the same iod which show one fatality in every 28,463 injections

PHARSEN (meta amino-para hydroxyphenyl arsine oxide (arsenoxide) lrochloride) offers another great advantage in that its solution does become more toxic on standing, nor does agitation or exposure to increase its toxicity Stokes[2] states that no loss of efficacy or increase oxicity result when the solution is allowed to stand for several hours iosed to the air Therefore, haste need not be made in preparation he solution for injection

[1] U.S Nav M Bull 45:783 1945 and previous annual Navy reports.

[2] Stokes, J.H., Beerman H and Ingraham, N.R.: Modern Clinical Syphilology ed 3 Philadelphia W.B Saunders Company 1945 pp 359 300





ESPECIALLY ADVANTAGEOUS

for the Aged

Adequate strength can be maintained, and the manifestations of senescence can be postponed until ripe old age, if nutritional requirements are properly met But to accomplish this aim with ordinary foods alone, frequently proves difficult

As the years advance, certain foods are usually less easily digested In many instances, organic and functional affections may not only lessen the appetite, but in addition impair the powers of digestion and absorption In consequence the aged are likely to impose restricted diets upon themselves which perforce cannot meet their nutritional requirements

Ovaltine, a delicious food drink, made with milk as directed, proves especially advantageous for the aged It supplies virtually every essential nutrient in readily metabolized form biologically adequate protein, readily utilized carbohydrate, well-emulsified fat, all the essential vitamins except vitamin C, and the important minerals How readily three glassfuls of Ovaltine daily can bring the intake of essential food factors to optimal levels, is indicated by the analysis here shown

Ovaltine is digested with remarkable ease Its appealing taste is relished by the aged as well as by younger persons

THE WANDER COMPANY, 360 N MICHIGAN AVE , CHICAGO 1, ILL



Ovaltine

Three daily servings of Ovaltine, each made of ½ oz. Ovaltine and 8 oz. of whole milk,* provide

PROTEIN	31.2 Gm.	VITAMIN A	2953 I U
CARBOHYDRATE	62.43 Gm	VITAMIN D	480 I U
FAT	29.34 Gm.	THIAMINE	1.296 mg.
CALCIUM	1 104 Gm	RIBOFLAVIN	1.278 mg.
PHOSPHORUS	903 Gm	NIACIN	7 0 mg.
IRON	11 94 mg.	COPPER	.5 mg

*Based on average reported values for milk

Now! Symptomatic relief—and acceleration of healing—in coryza, rhinitis, sinusitis

Chloresium
REG. U.S. PAT. OFF.
Nasal Solution



provides unique advantages of

CHLOROPHYLL THERAPY

★ Chlorophyll therapy, the new basic biologic *healing* principle is now available for the treatment of acute and chronic inflammatory conditions of the upper respiratory tract through the use of Chloresium Nasal Solution

A bland, isotonic, therapeutically active chlorophyll solution Chloresium Nasal Solution provides this unique combination of advantages

1 *Accelerates healing by stimulating cell metabolism*
2 *Affords symptomatic relief without vasoconstrictor action*
3 *Promotes normal ciliary function and proper nasal physiology*
4 *Deodorizes by inhibiting the activity of anaerobic, proteolytic bacteria*

Decongests—Aids Ciliary Activity

Tested since 1941 by E N T authorities in laboratory clinic and military hospitals, Chloresium Nasal Solution induces prompt, prolonged decongestion of swollen inflamed mucous membranes with none of the objectionable after swing associated with vasoconstrictor drugs It restores the normal pH of the mucosal secretions and aids in restoring ciliary function.

Remarkable Deodorization

Chloresium Nasal Solution inhibits the activity of anaerobic, proteolytic bacteria thus providing unique deodorizing effectiveness Fetid odors, as in ozena and atrophic rhinitis are eliminated often within 24 to 48 hours

RYSTAN COMPANY
50 CHURCH ST., NEW YORK 7, N.Y.
Sole Licensee—Lakeland Foundation

Chloresium is ethically promoted
Available at all leading druggists

CHLORESIUM NASAL SOLUTION
½-oz. dropper bottles and 2-oz. and 8-oz bottles
CHLORESIUM SOLUTION (PLAIN)*
2-oz. and 8-oz. bottles
CHLORESIUM OINTMENT*
1-oz. tubes and 4-oz. jars

Chloresium N sal Sol tion c ntains the purified, therapeutically active *water-soluble* derivatives of chlorophyll " " ($C_{55}H_{72}O_5N_4Mg$) in an isotonic saline sol tion suitably f rmed for nasal instillation

*Both Chloresi m Sal tion (Plain) and Chloresium O tment contain these same *water-sol ble* chlorophyll der tives. They ar used topically to accelerate healing and deodorize wounds, burns, ulcers, nd imilar l sion especially the chronic recalcitrant, malodorous type

SEND FOR LITERATURE AND CLINICAL SAMPLE



Rystan Company Department NJ-6
50 Church Street, New York 7 N Y

Please send me without obligation, a copy of "Chloresium Nasal Solution" and clinical sample.

Name_____ M D

Street_____

City_____ State_____

Postural Symptoms During Pregnancy

Often Averted Or Relieved By

A SPENCER SUPPORT



At left

A Spencer antepartum support designed especially for this woman Equally effective for postpartum period.

Abdominal support provides a rest for the weight of the abdomen and is accurately correlated with support to back, thus effecting marked posture improvement

Light, flexible, easily adjusted to increasing development

Note, also, the Spencer antepartum - postpartum breast support designed especially for her

Spencer Supports meet your patients' needs exactly *because* Each Spencer Support is individually designed, cut, and made at our New Haven Plant *after* a description of the patient's body and posture has been recorded and 15 or more measurements have been taken

For a dealer in Spencer Supports look in telephone book under Spencer corsetiere, or write direct to us

SPENCER, INCORPORATED
129 Derby Ave , New Haven 7, Conn
In Canada: Rock Island, Quebec
In England: Spencer (Banbury) Ltd , Banbury, Oxon

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

Name M D

Street

City & State C-2-46

SPENCER *INDIVIDUALLY DESIGNED* **SUPPORTS**

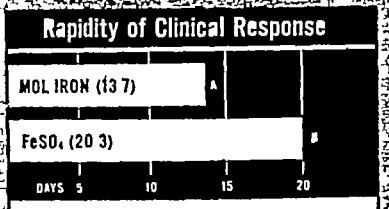
REG. U. S. PAT. OFF.

For Abdomen, Back and Breasts

INDEX TO ADVERTISERS

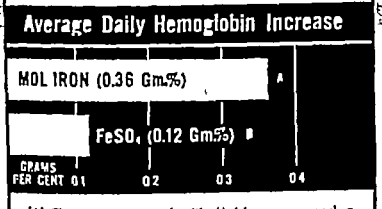
Ames Company, Inc	265
A C Barnes Company	261
Dr Barnes Sanitarium	331
Bilhuber-Knoll Corp	236
Ernst Bischoff Company, Inc	231
Brewer & Company, Inc	228
Brigham Hall Hospital	329
Bristol Laboratories Inc	3rd cover
Brunswick Home	331
Burroughs Wellcome & Co	260
Cavendish Pharmaceutical Corp	232
Commercial Solvents Corp	256
Crookes Laboratories	323
Davies, Rose & Company, Ltd	266
Doak Co , Inc	234
Falkirk in the Ramapos	331
Otis E Glidden & Co , Inc	225
Gold Pharmacal Co	331
Halcyon Rest	331
Dr T H Halsted	335
Chas C Haskell & Co , Inc	264
Hoffman-La Roche, Inc	257
Hynson, Westcott & Dunning, Inc	325
Interpines	329
Lakeside Laboratories	259
Libby, McNeill & Libby	238
Eli Lilly & Company	Between 256 and 257
Louden-Knickerbocker Hall, Inc	329
The Maltine Company	321
The Maples Inc	331
Mead Johnson & Company	4th cover
Wm S Merrell Company	2nd cover
Philip Morris & Co , Ltd , Inc	262
National Dairy Products Company, Inc	233
National Discount & Audit Co	329
Nestle's Milk Products, Inc	226
New Modern Drugs	327
Nutrition Research Laboratories	252–253
Paine Hall	335
Parke, Davis & Company	244–245
Pediforme Shoe Co	230
Pinewood	331
Z H Polachek	335
R. J Reynolds Tobacco Co	227
J B Roerig & Company	235
Rystan Company	247
Schenley Laboratories, Inc	230
Schering Corporation	229
G D Searle & Co	243
Smith, Kline & French Labs	242, 250–251, 267, 336
Spencer, Inc	248
Frederick Stearns & Company	255
Chas B Towns Hospital	329
Twin Elms	329
Varick Pharmacal Company, Inc	254
The Wander Company	246
H F Wanvig	234
William R Warner & Co , Inc	237, 263
West Hill	329
White Laboratories, Inc	240–241, 249
Winthrop Chemical Company, Inc	258
Wyeth Incorporated	268
Yonkers Professional Hospital	331
Zemmer Company	335

A NEW AND DEFINITE ADVANCE IN TREATING IRON-DEFICIENCY ANEMIAS



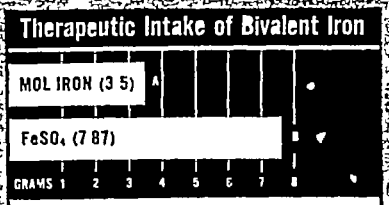
(A) Completely effective therapeutic response (return to normal blood values) was obtained in an average of 13.7 days of Mol-Iron therapy

(B) Ferrous sulfate therapy *failed* to produce normal hemoglobin values after an average of 20 3 days.



(A) The group treated with Mol-Iron averaged a daily hemoglobin increase of 2 48 per cent (0.36 Gm. per cent).

(B) The group treated with ferrous sulfate showed an average daily gain of hemoglobin of 0.83 per cent (0 12 Gm. per cent)—a response about one-third as effective.



(A) The Mol-Iron treated group received an average total of 3.528 Gms. of bivalent iron to produce the sought for result (return to normal blood values).

(B) While an average ingestion of 7 871 Gms. of bivalent iron failed to achieve an optimal response in the ferrous sulfate treated group.

The charts summarize the results of a controlled study of comparative therapeutic response in post-hemorrhagic and nutritional hypochromic anemias.

The series includes 49 cases treated with Mol-Iron and 21 with exsiccated ferrous sulfate; the results are typical of those observed in treatment of iron-deficiency anemias with White's Mol-Iron.

A specially processed, co precipitated complex of molybdenum oxide (3 mg) and ferrous sulfate (195 mg)

White's MOL-IRON TABLETS

Available clinical evidence indicates that, in hypochromic anemia, the therapeutic response to this highly effective synergistic combination—as compared with equivalent dosage of ferrous sulfate alone—has unusual advantages

1. NORMAL HEMOGLOBIN VALUES ARE RESTORED MORE RAPIDLY, INCREASES IN THE RATE OF HEMOGLOBIN FORMATION BEING AS GREAT AS 100% OR MORE IN PATIENTS STUDIED
2. IRON UTILIZATION IS SIMILARLY MORE COMPLETE.
3. GASTRO INTESTINAL TOLERANCE IS NOTABLY SATISFACTORY—even among patients who have previously shown marked gastro intestinal reactions following oral administration of other iron preparations.

INDICATED IN:

Hypochromic (iron-deficiency) anemias caused by inadequate dietary intake or impaired intestinal absorption of iron, excessive utilization of iron, as in pregnancy and lactation, chronic hemorrhage

DOSAGE: One or two tablets three times daily after meals.

Available in bottles of 100 and 1000 tablets.

Ethically promoted—not advertised to the laity

WHITE LABORATORIES, INC
Pharmaceutical Manufacturers
NEWARK 7, NEW JERSEY



Illustrated is the sulfathiazole frosted pharynx of patient A K , *two hours* after Paredrine Sulfathiazole Suspension had been instilled intranasally

WHY SUCH RAPID RELIEF

TO OBTAIN BEST RESULTS the sore throat patient should not eat or drink fluids for one or two hours after instillation of Paredrine-Sulfathiazole Suspension He should also make every effort to reduce nose blowing and throat clearing to a minimum

Smith Kline & French Laboratories, Philadelphia, Pa

IN SORE THROAT ?

There are two important reasons why Paredrine-Sulfathiazole Suspension—when administered intranasally—is so successful in the treatment of acute nasopharyngitis

1 Part of the Suspension remains beneath the middle and superior turbinates—and mixing with sinus drip retards the proliferation of bacteria before they reach the nasopharynx and intensify the infection

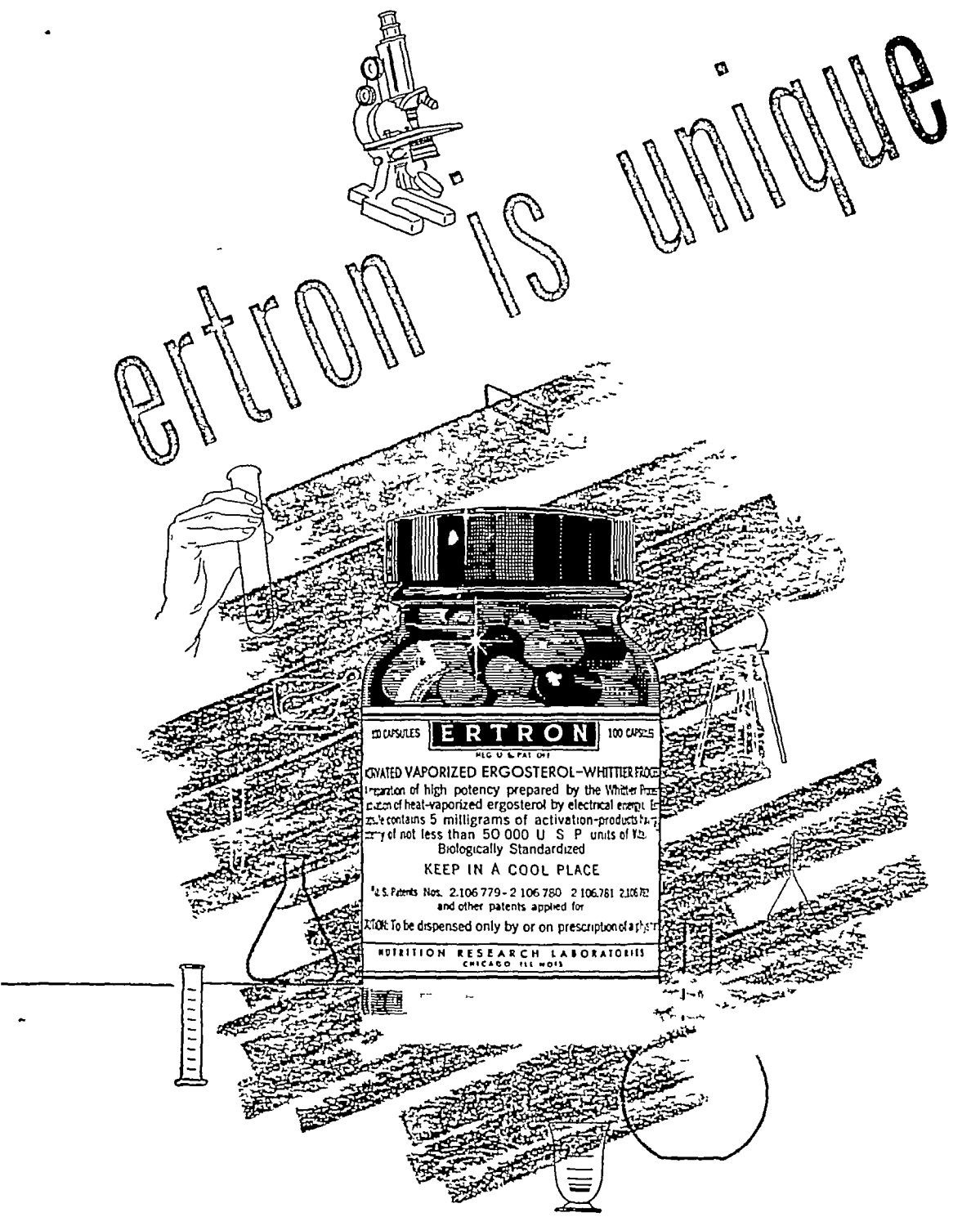
2 Part of the Suspension drifts downward over the nasopharynx, forming a fine frosting on the nasopharyngeal mucosa. This thin blanket not only keeps producing a bacteriostatic solution at the site of infection but also appears to provide marked surface analgesia

PAREDRINE-SULFATHIAZOLE SUSPENSION

vasoconstriction in minutes

bacteriostasis for hours

ertron IS unique



therapeutic action

☆ Therapeutically, Ertron is unique in its antiarthritic activity Many patients in large series of clinical studies have experienced restoration of movement in affected joints, relief of pain and measurable evidence of reduced swelling.

chemical composition

☆ It can now be said that chemically, too, Ertron is unique *Ertron differs in chemical composition from* the ordinary vitamin D preparations—a fact that undoubtedly accounts for the excellent results obtained with Ertron

Simply stated, Ertron is electrically activated vaporized ergosterol prepared by the Whittier Process

Ertron contains a number of hitherto unrecognized factors which are members of the steroid group The isolation and identification of these substances in pure chemical form further establishes the chemical as well as the therapeutic uniqueness of Ertron

Each capsule of Ertron contains 5 mg. of activation products having a potency of not less than 50,000 U S P Units of vitamin D

ertronization therapy

☆ To Ertronize the arthritic patient, employ Ertron in adequate daily dosage over a sufficiently long period to produce beneficial results The usual procedure is to start with 2 or 3 capsules daily, increasing the dosage by 1 capsule a day every three days until 6 capsules a day are given Maintain medication until maximum improvement occurs A glass of milk, three times daily following medication, is advised

Ertron is the registered trade-mark of Nutrition Research Laboratories

Supplied in bottles of 50, 100 and 500 Capsules

Parenteral for Supplementary Intramuscular Injection

Ethically Promoted

NUTRITION RESEARCH LABORATORIES • CHICAGO

Why GIVE THE DROSS . . .



. . . WHEN ONLY THE GLYCOSIDE PRODUCES THE CARDIAC ACTION

COUNCIL ACCEPTED

ACCEPTED AMERICAN MEDICAL ASSN

ACCORDING to N N R,[1] Digitaline Nativelle—the original digitoxin, in pure, crystalline form—is the chief active glycoside of Digitalis purpurea completely freed from the inert, unabsorbable substances of digitalis leaf *One milligram* of Digitaline Nativelle produces approximately the same cardiotonic action as *one gram* of U S P XII digitalis

Since it is completely absorbed on oral administration, it produces the same result whether given by vein or by mouth, and nausea and vomiting due to local irritation are almost never encountered

In urgent cases—provided the patient has not received digitalis in any form for two weeks—the average dose of 1 2 mg for initial digitalization can be given safely at one time by mouth and will produce its full therapeutic effect in 3 to 6 hours [2] The average maintenance dose is 0 1 mg per day, to be increased or decreased as required

[1] N N R , 1941, page 210

[2] Gold, H , Cattell, M , Modele, W , Kwit, N T , Kramer, M L , and Zahm, W J Pharmacol & Exper Therap 82 187 (Oct.) 1944

• • •

Digitaline Nativelle is available through all pharmacies in 0 1 mg tablets (pink) and 0 2 mg tablets (white), in bottles of 40 tablets Also in 0 4 mg (2cc) and 0 2 mg (1cc.) ampuls, in boxes of 6 ampuls, for intravenous use when the oral route cannot be employed

Physicians are invited to send for clinical test sample and literature

VARICK PHARMACAL COMPANY, INC.

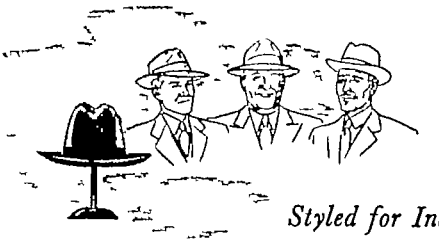
A Division of E. Fougera & Co , Inc

75 Varick Street, New York 13, New York

Digitaline Nativelle

REG. U S PAT OFF

THE ORIGINAL DIGITOXIN, IN PURE, CRYSTALLINE FORM



Styled for Individual Tastes

Neo-Synephrine for intranasal use is styled in three distinct forms too All three provide the same real breathing comfort prompt decongestion that endures for hours Only the vehicles are different isotonic saline unflavored; Ringer's Solution pleasantly aromatic jelly in applicator tubes for convenience.

Neo-Synephrine

HYDROCHLORIDE

Trade-Mark Reg. U.S. Pat. Off.

For Nasal Decongestion

THERAPEUTIC APPRAISAL: Quick acting, long lasting nasal decongestion without compensatory recongestion, relatively free from cardiac and central nervous system stimulation consistently effective upon repeated use; no appreciable interference with ciliary activity; isotonic to avoid irritation.

INDICATED for symptomatic relief in common cold, sinusitis, and nasal manifestations of allergy



Samples Upon Request

ADMINISTRATION may be by dropper spray or tampon using the ¼% in saline or in Ringer's solution in most cases—the ½% in saline when a stronger solution is indicated. The ½% jelly in tubes fit convenient for patients to carry

SUPPLIED as ¼% and 1% in isotonic salt solution, and as ¼% in isotonic solution of three chlorides (Ringer's), bottles of 1 fl. oz.; ½% jelly in ½ oz. collapsible tubes with applicator

Frederick Stearns & Company

Division

DETROIT 31 MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY AUSTRALIA AUCKLAND, NEW ZEALAND



SAFE • Four years of intensive clinical research, with more than 1,400 published cases, have established Demerol analgesia in labor as a safe procedure. Demerol analgesia is harmless to mother and baby It does not weaken uterine contractions or lengthen labor There are no post-partum complications due to the drug

SIMPLE AND EFFECTIVE • Demerol hydrochloride is administered orally or by intramuscular injection Average dose 100 mg , when the pains become regular, repeated three or four times at intervals of from 1 to 4 hours In analgesic power Demerol hydrochloride ranks between morphine and codeine, it also has a spasmolytic effect comparable with that of atropine, as well as a sedative action It may also be used in conjunction with scopolamine or barbiturates for amnesia

WRITE FOR DETAILED LITERATURE

DEMEROL

Trademark Reg U S. Pat Off & Canada

HYDROCHLORIDE

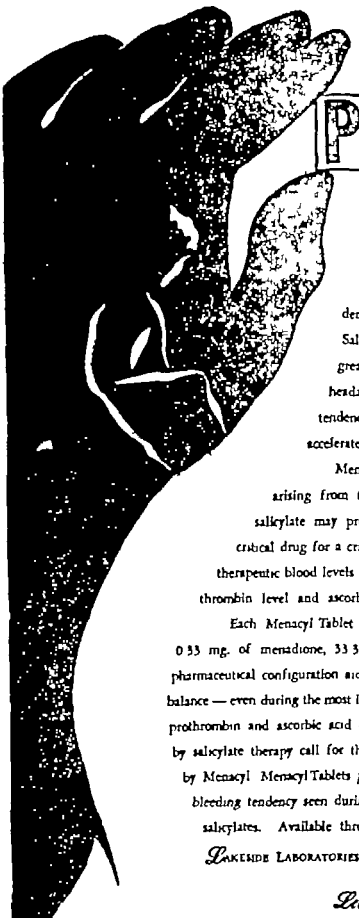
BRAND OF MEPERIDINE HYDROCHLORIDE
(Isonipecaine)

SUBJECT TO REGULATIONS OF THE FEDERAL BUREAU OF NARCOTICS

WINTHROP CHEMICAL COMPANY, INC

PHARMACEUTICALS OF MERIT FOR THE PHYSICIAN

NEW YORK 13, N Y. WINDSOR, ONT



the Salicylate with

PROTECTION

against hemorrhage

Rheumatic fever frequently associates a bleeding tendency and chronically depressed levels of ascorbic acid. Salicylate treatment of rheumatic fever has proved to be of great value. But salicylate medications originally designed as headache tablets have been found to promote the bleeding tendency already characteristic of the disease process and to accelerate excretion of ascorbic acid.

Menacyl Tablets answer new therapeutic requirements arising from the realization that adequate blood levels of salicylate may prevent "the rheumatic heart." Menacyl, a critical drug for a critical indication, not only obtains prompt therapeutic blood levels of salicylate but also protects the prothrombin level and ascorbic acid functions in the patient.

Each Menacyl Tablet provides 0.33 Gm. of aspirin, 0.33 mg. of menadione, 33.3 mg. of ascorbic acid. This pharmaceutical configuration aids in maintaining physiologic balance — even during the most intense salicylate therapy. The prothrombin and ascorbic acid deficiency otherwise induced by salicylate therapy call for the counter measures provided by Menacyl. Menacyl Tablets *prevent* rather than remedy the bleeding tendency seen during intense therapy with ordinary salicylates. Available through your prescription pharmacy.

LAKESIDE LABORATORIES, *Milwaukee, Wisconsin*

Supplied: In bottles of 100 and 1000 tablets.

Literature and Samples on Request

MENACYL tablets

Manufactured under license from the Wisconsin Alumni Research Foundation, U. S. Pat. No. 2,385,345

no bribe, no wheedle, no threat

The many youngsters who require the appetite-stimulating impetus of the vitamin B complex will take 'Ryzamin-B' No 2 without bribe, threat, or coaxing They love—and ask for—this flavorsome, honey-like preparation—as a spread with jam or peanut butter, dissolved in milk, fruit juice or other beverage, or directly from its special measuring spoon. 'Ryzamin-B' No. 2 caters to the finicky palate of young and old.

'Ryzamin-B' No. 2 is a concentrate of oryza sativa (American rice) polishings. Its rich natural vitamin B is enhanced with pure crystalline B factors.



Only three grams daily provide Vitamin B_1 (Thiamine Hydrochloride) 3 mgm (1,000 U.S.P Units), Vitamin B_2 (Riboflavin) 2 mgm , Nicotinamide 20 mgm and other factors of the B complex Gram measuring spoon with each packing Tubes of 2 oz and bottles of 8 oz

'Ryzamin-B' BRAND

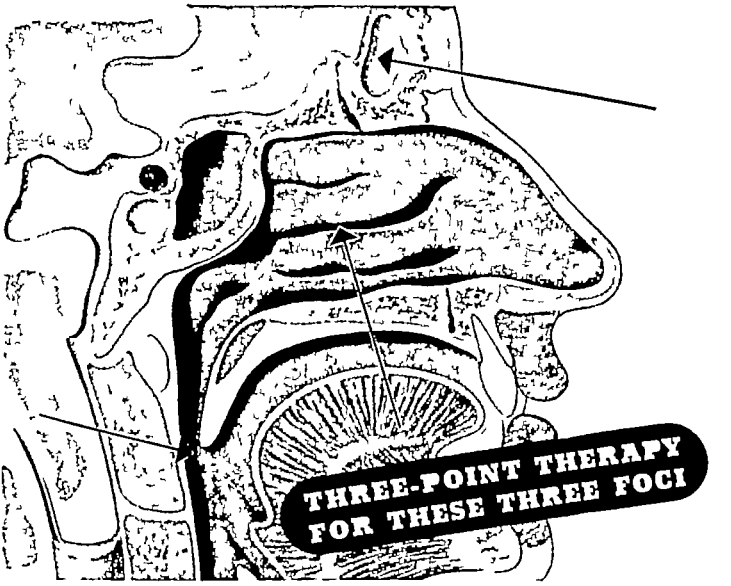
RICE POLISHINGS CONCENTRATE

No. 2

WITH ADDED THIAMINE HYDROCHLORIDE, RIBOFLAVIN AND NICOTINAMIDE

'Ryzamin-B' registered trademark.

BURROUGHS WELLCOME & CO
(U S A.) INC.
9 & 11 EAST 41ST ST
NEW YORK 17



IN the treatment of paranasal infection ARGYROL offers more than effective antisepsis decongestion without vasoconstriction, and cleansing effect. It also provides for stimulation *synergetically* of the membrane's inherent, natural defense mechanism

Treatment with ARGYROL is wisely directed to these three foci of paranasal infection

1 the nasal meatus — by 20 per cent ARGYROL instillations through the naso-lacrimal duct

2 the nasal cavities — with 10 per cent ARGYROL solution in drops or by nasal tamponage.

3 the fauces and pharynx — by swabbing with 20 per cent ARGYROL solution

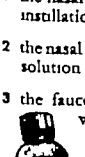
How Argyrol Acts on the Membrane

DECONGESTIVE—ARGYROL's decongestive effect on the membrane is the result of its demulcent, osmotic action. The withdrawal of ARGYROL tampons from the post nasal cavities frequently brings forth a long ropy mucous discharge measuring as much as two feet or more.

BACTERIOSTATIC—Although proved to be definitely bacteriostatic, ARGYROL is non toxic to tissue In nearly half a century of wide medical use of ARGYROL, no case of toxicity irritation, injury to cilia or pulmonary complication in human beings has ever been reported.

STIMULATING—Soothing to nerve ends in the membrane and stimulating to glands ARGYROL's action is more than surface action. For it acts *synergetically* with the membrane's own tissue defense mechanism.

When you order or prescribe ARGYROL, make sure you specify Original Package ARGYROL.



ARGYROL *THE PHYSIOLOGIC ANTISEPTIC WITH SYNERGETIC ACTION*

Made only by the A C BARNES COMPANY NEW BRUNSWICK N J

ARGYROL is a registered trademark the property of A. C. Barnes Company

Eye-witness Reports...

IT is one thing to *read* results in a published research. Quite another to see them with your own eyes

PUBLISHED STUDIES* SHOWED WHEN SMOKERS CHANGED TO PHILIP MORRIS SUBSTANTIALLY EVERY CASE OF THROAT IRRITATION DUE TO SMOKING CLEARED COMPLETELY, OR DEFINITELY IMPROVED.

But may we suggest that you make your own tests?

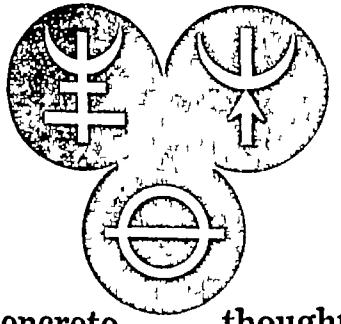


PHILIP MORRIS

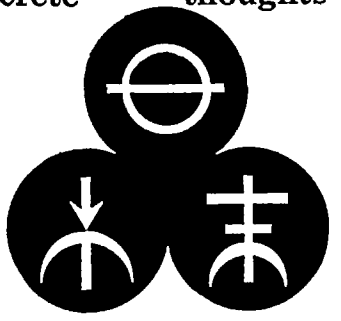
PHILIP MORRIS & CO, LTD, INC
119 FIFTH AVENUE, NEW YORK, N Y

*N Y *State Journ. Med* 35 No 11,590
Laryngoscope 1935, XLV, No 2, 149 154

TO THE DOCTOR WHO SMOKES A PIPE We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE Made by the same process as used in the manufacture of Philip Morris Cigarettes



concrete thoughts on concretions



There is impressive evidence that urinary concretions and renal blockage incidental to sulfonamide therapy may be avoided by

1 Alkalization of the urine to provide as much as a *tenfold* increase in solubility of excreted sulfonamides in order to prevent crystalluria, and consequent hematuria or anuria.

2. Maintenance of high urinary output through increased fluid intake

Systemic alkalization as well as increased fluid intake may be accomplished simply and directly with ALKA ZANE Alkaline Effervescent Compound. A refreshing drink when administered in water, 'ALKA-ZANE Alkaline Effervescent Compound assures both adequate diuresis *and* alkalization, thus eliminating the need to force fluids"

For additional pharmaceutical details consult your pharmacist — for more extensive medical data write Medical Division.

William R. WARNER and Co. Inc. 113 WEST 18TH STREET, NEW YORK 11, N Y

'alka-zane'

alkaline effervescent compound

supplies the important bases of the alkaline reserve—sodium calcium and magnesium as readily assimilable carbonates, citrates and phosphates. Available in bottles of 1½, 4 and 8 ounces (granules)

BELBARB



AN *Excellent* SEDATIVE *and* HYPNOTIC

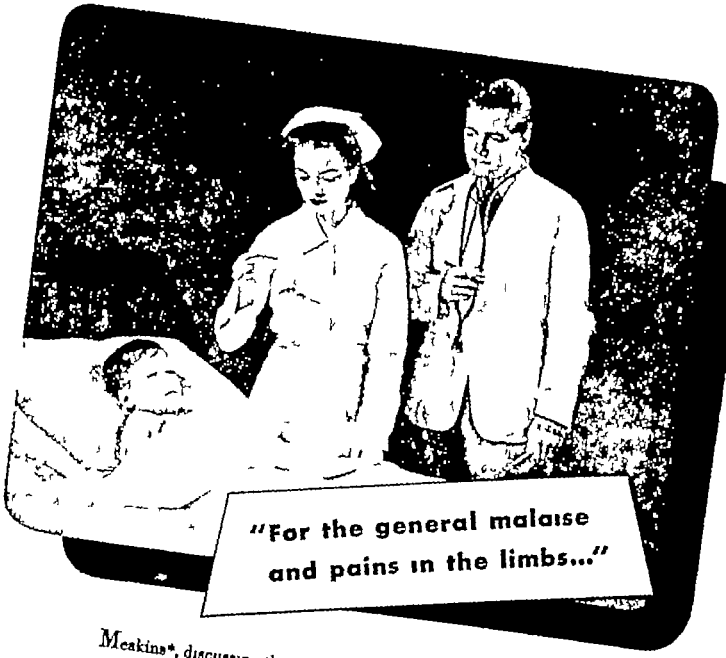
The potentiation of the central action of phenobarbital by the belladonna alkaloids (Friedberg, Arch f exp P & P CLX, 276) renders possible attainment of desired effects with relatively small doses, thus avoiding "hang over" and other unpleasant side-actions In contrast to galenical preparations of belladonna, such as the tincture, Belbarb *has always the same proportion of the alkaloids*

Indications: Neuroses, migraine, functional digestive and circulatory disturbances, vomiting of pregnancy, menopausal disturbances, hypertension, etc

Formula Each tablet contains ¼ grain phenobarbital and the three chief alkaloids, equivalent approximately to 8 minims of tincture of belladonna

Belbarb No. 2 has the same alkaloidal content but ½ grain phenobarbital per tablet

CHARLES C. HASKELL & CO., INC., RICHMOND, VIRGINIA



Meakins*, discussing the treatment of acute rhinitis suggests the use of aspirin several times daily as a means of affording symptomatic relief

An improved method of prescribing acetylsalicylate and assuring a concomitant intake of fluid is provided in—

Acetyl-Vess

—producing an effervescent salt of aspirin (8.5 grs.) buffered with sodium citrate (27 grs.)

CLINICAL ADVANTAGES: The buffer-alkali mechanism together with the CO_2 factor of the effervescent base combines to

Speed stomach emptying time—reducing tendency to gastric upset

Make preparation readily available for absorption—enhancing (augmenting) analgesic effect

Available through your prescription pharmacy in bottles of 25 tablets

*Meakins, J. C.: The Practice of Medicine. St. Louis, The C. V. Mosby Company 1940 p. 23

AMES COMPANY, Inc. • Elkhart, Indiana

Indicated therapy in Sequelae of

Epidemic Encephalitis

Pills Stramonium (*Davies, Rose*)

2½ grains

Physicians in private practice as well as in neurological clinics have widely prescribed these pills since 1929, and their continued interest in and use of them point to the serviceability of this therapy

Stramonium Pills (*Davies, Rose*) exhibit in each pill 2½ grains of alkaloidally standardized Stramonium (powdered dried leaf and flowering top of Datura Stramonium, U S P), equivalent to 25 minims (1 54 cc) of Tincture U S P

As a reassurance of the activity of the finished pills, they, too, are alkaloidally assayed, thus establishing as far as possible uniformity and dependability

A package for clinical trial and literature mailed free of charge upon request

---

Davies, Rose & Company, Limited

Manufacturing Chemists, Boston 18, Massachusetts

St 1

"*Some Griefs Are Medicinable*"
Cymbeline act III scene II

Many patients
stricken with grief
over misfortune or
bereavement develop
abnormal reactive
depressions
differentiated from
normal depressions of
mood by their inordinate
intensity and stubborn
persistence
With these patients,
Benzedrine Sulfate
therapy is often
dramatically effective
In many cases

benzedrine sulfate *(racemic amphetamine sulfate S.K.F.)*

tablets and elixir

will break the
vicious circle of
depression, renew
the patient's
interest and
optimism, and
restore his capacity
for physical and
mental effort



Smith, Kline & French Laboratories, *Philadelphia*

Precise dosage based on weight eliminates the uncertainty of doses based on variable units As Purodigin is completely absorbed from the gastrointestinal tract, most patients are adequately maintained on 0 2 mg daily

The recommended initial digitalizing dose of PURODIGIN is 1 2 mg (six 0 2 mg tablets)

PURODIGIN (Digitoxin, Wyeth) is "first in the choice of digitalis materials for general therapeutic use"—Gold et al , J Pharmacol 32 187, 1941

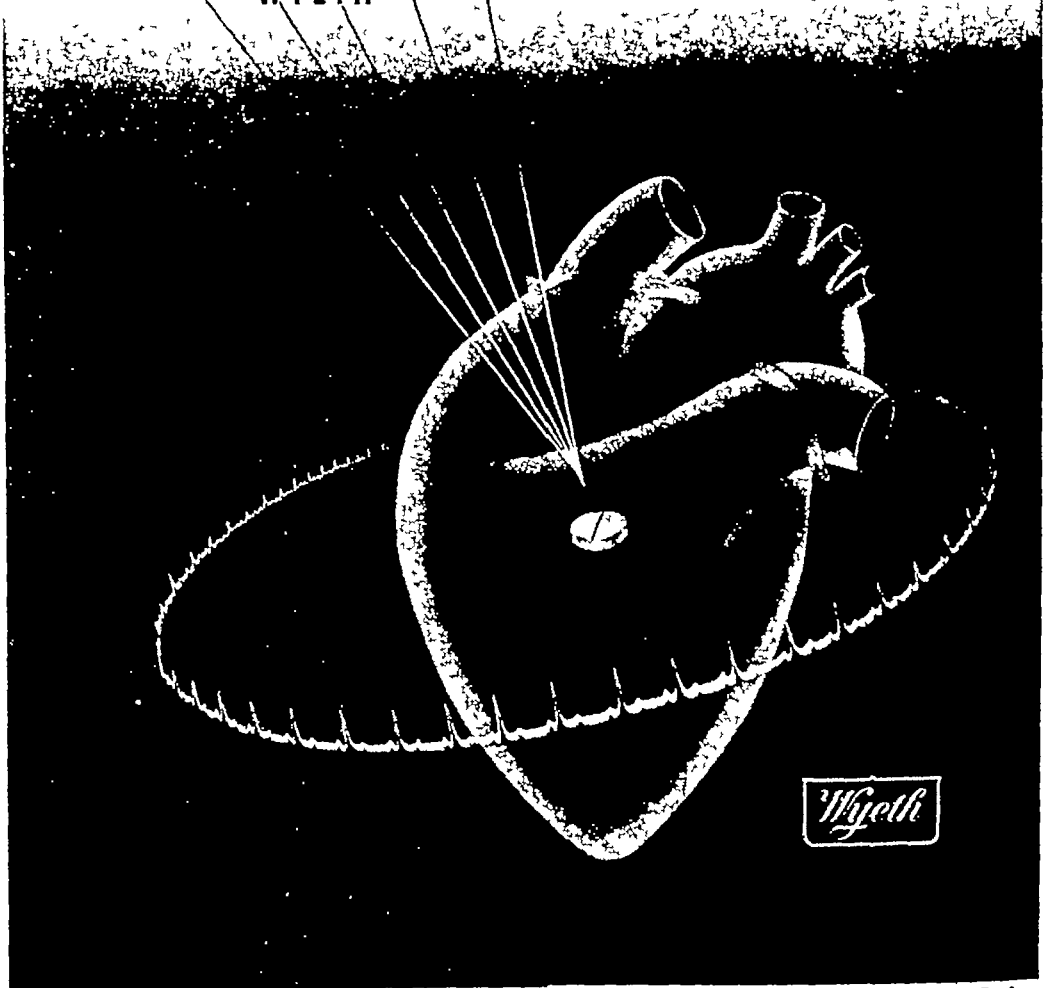
Tablets, 0 2 mg Bottles of 100 and vials of 30
NEW SIZE—Tablets, 0 1 mg Bottles of 100

Precision

PURODIGIN

REG U S PAT OFF

DIGITOXIN
WYETH



WYETH INCORPORATED • PHILADELPHIA 3 • PA

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1946 by the Medical Society of the State of New York

GEORGE W KOSMAK, M.D., *Managing Editor*
LAURANCE D REDWAY, M.D., *Assistant Managing and Literary Editor*
NORMAN S MOORE, M D, Ithaca, *Assistant Literary Editor*
DWIGHT ANDERSON *Business Manager*
ANNE MERRILL, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M.D., *Chairman*
KIRBY DWIGHT M.D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON, M D

VOLUME 46 FEBRUARY 1, 1946 NUMBER 3

Editorial

Civilian Nursing Problems

Much has been done, and done admirably, by the A N.A and the New York State Nursing Council for War Service in providing nurses for the armed forces and in thinking ahead for the future Certainly the efficiency of medical service in the State has been made possible to a great extent by the excellence of its nursing personnel We are desirous of assisting in any way possible the various agencies now endeavoring to develop better and more plentiful nursing service

"Nearly one-fourth of the nation's hospitals have been forced to take much needed beds 'off duty' because of the present acute nursing shortage. New York State has been affected as seriously as any other state in this respect. Today, right now, there are sick people being turned away from our hospitals because there is not adequate nursing personnel to take care of them

"The seriousness of this situation is brought to our attention more emphatically when we realize that it will be some time before the shortage can be overcome

"Demobilization of nurses from the Army and Navy Nurse Corps cannot correct this situation It is true that the total number of nurses needed by nonmilitary hospitals and health services today approximates that number of nurses in the Army and Navy Nurse Corps But all military nurses cannot be released now and returned to civilian nursing immediately The sick and wounded servicemen must continue to get nursing care and many of our military nurses are being retained in the services to give that care

"Even when nurses are released in any number, they will often require a period of rest and readjustment. In the meantime large numbers of married nurses are leaving civilian positions because their husbands are returning from service Volunteers and Nurses Aides are dropping off But the need for nursing service grows in civilian hospitals, in veterans' hospitals, and at home, our nurses are going to be needed to meet the aftermath of war as long as this generation lives

"The problem of adequate nursing care is not a new one for the New York State and local Nursing Councils for War Service This month marks the third anniversary of the State Council Since its inauguration three years ago to coordinate nursing service in the state, it has demonstrated effectively the need and dependability for military or essential civilian service to achieve the best possible distribution of nursing service, helped to procure eligible nurses for the Army and Navy Nurse Corps, and encouraged the training and use of auxiliary nursing personnel

"No one can look into the future without realizing that many of the accomplishments so successfully executed during wartime should be

continued in peacetime It is obvious that the future holds a need for more and more nurses and perhaps more nurses with specialized preparation

"With this thought in mind, the Council is now planning to meet the immediate and future needs for nurses and for community nursing services It is doing this by helping to staff civilian hospitals and agencies, publicizing the vacancies in hospitals, supplying nurses for emergency or special services, recruiting students for schools of nursing, maintaining a roster of nurse power and assembling information on nursing needs and resources

"If we are to have adequate nursing care in our State, in our community, it is important to realize the need for continuing the work of the New York State Nursing Council Knowing its accomplishments in time of war and its plans for peacetime, we are proud to endorse and to support this organization on its third anniversary "[1]

No one is better able to appreciate the fine work of the Council than the doctor It must be continued

[1] Release of New York State Nursing Council for War Service, November 9, 1945

Home Accidents

Apparently ordinary common sense and well-known safety precautions are not observed in many of the homes of the nation [1] As a result, the lives of many thousands of our citizens are needlessly sacrificed In a study of some seven hundred and twenty-nine home accidents made by the Industrial Department of the Metropolitan Life Insurance Company, falls and burns seem to be most frequent, followed by conflagration, gas poisoning, firearms, poisoning by other agents than gas, and injury by electric current Says the *Bulletin*

"It is a curious fact that a considerable majority of those who suffered fatal injuries in and about the home were not engaged, at the time the injury was sustained, in tasks necessary for the maintenance and operation of the household This was the case in about two thirds of the fatalities among women and in four fifths of the fatalities among men In many of these instances the person was merely walking from one room to another, or up or down stairs, relaxing on a chair or couch, or sleeping

"A surprisingly large proportion of the total number of fatal injuries in this experience occurred between 10 00 P M and 6 00 A M, when activity is at a minimum in most homes Injuries suffered during these hours accounted for about two fifths of all the deaths among women Conflagration and asphyxiation by gas contributed materially to this night-time toll Analysis of the death records reveals that conflagrations were often caused by defective or improperly used oil or coal stoves Gas poisoning arose from a variety of circumstances the inadvertent turning on of gas jets, leaking gas fixtures and appliances, and the use of gas heaters in poorly ventilated rooms

"But much more important numerically than either conflagration or gas poisoning as a cause of fatal home accidents at night are falls In fact, falls accounted for around 40 per cent of the fatal injuries suffered at night among both men and women The large number of persons reported as falling on the floor or stairs while on the way to the bathroom at night indicates the need for night lights or lights easily reached from the bed, especially in homes where there are aged or sick persons

"A considerable number of deaths also were caused by falls on entrance steps or hallway stairs by members of the household returning home late at night As the table shows, in this experience as a whole, including both night and day, falls are by far the outstanding cause of accidental death in and about the home Contributing to this large toll are fatal falls on steps, many of which are too steep or too narrow, have insufficient headroom, or are without handrails or adequate illumination

"That the smoking of cigarettes or pipes can be dangerous is evidenced by the considerable toll of life taken each year by accidents from this cause. One third of all the deaths from burns and conflagrations in the home among men were the result of careless smoking, even among women the proportion was as high as one sixth In many instances the victim dozed off in bed or in an upholstered chair with a lighted cigarette in the hand or mouth

"Another fairly common but dangerous practice is dozing off while liquids are being heated on gas stoves Last year, eleven people in this insurance experience—ten men and one women—died from gas poisoning because, while they were taking a nap, the liquid on the gas stove boiled over and extinguished the flame

[1] Statistical Bulletin, Metropolitan Life Insurance Co, October, 1945, p 4.

"Striking examples of preventable deaths are those due to firearms Playing with, lifting, cleaning, or scuffling for guns are the causes of accidents of this kind Even eating has its hazards In this experience, eight persons died last year from accidentally swallowing bones or fruit pits, with resulting choking or damage to the alimentary canal

"Altogether, the American people each year pay a high price in lives for home accidents which are preventable"

Certainly it would appear that many of these home accidents could be avoided As the report stresses, many of the fatalities were "off-duty" accidents occurring at times and in places where caution was relaxed If the facts were given wide publicity possibly something could be done about it It is noted that fatalities from smoking, in either bed, chair, or elsewhere are numerous Many ash trays, for instance, could be better designed It is a common experience to see a smouldering cigarette fall to the table or the floor from the thin edge of a badly designed or a makeshift receptacle As to smoking in bed or elsewhere, men were more frequently fatally burned than women, in the proportion of 25 to 18

Why should men more frequently die than women from dozing off while heating liquids on gas stoves, allowing the fluids to boil over, putting out the gas flame? The *Bulletin* says they do, 10 to 1 Those are perhaps the early risers, not yet fully awake

It is to be hoped that some means of reducing the number of these fatalities can be found by more intensive educational measures

Through Time's Fingers

"When the enterprising burglar's not aburgling
When the murderer's bloody hand's not steeped in crime
They love to hear the little brooks agurgling, yes, agurgling
And listen to the merry village chime"

Which brings us to the question of what editorial writers do in moments of leisure Do they take a walk, or sit and think, or just sit? Well—

Speaking of W S Gilbert, Deems Taylor says of the Savoy people, "They slip, laughing, through Time's fingers. He cannot destroy by making it ridiculous, a race that was never anything else"[1] Ho, hum—

And we of this day and age, especially those of us who are of the medical profession, are in a position to appreciate, perhaps more keenly than others, the appalling truth of that indictment, applicable not only to the Savoy people, but generally also It is not necessary to point out that we are privileged to attend humanity when it is at a low ebb, to comfort the statesman minus silk hat and striped pants, to gaze upon the diseased liver of the jurist sans robe, court attendants, and the panoply of the law, to discover, perhaps, the humble bunion of the majestic peace officer who has served us, dry-eyed, with a ticket in the past—ah, yes, "the policeman's lot is not a happy one," either

We labor to salvage what we can of this race afflicted in health with pomposity and in disease with a puffing neoplasm, to what end? To work seriously on atomic bombs, improved flame throwers, concentration camps, vitamin-enriched radio programs, and the new crystal-clear neoplastic Foreign Policy? Or perhaps to hustle people around faster, higher, lower, than ever before?

Speed, ever more speed Perhaps that is the answer The Savoy people "slip, laughing, through Time's fingers" But if only time could be abolished by shoving people around faster than time itself, what then? Isn't that the really *scientific* approach to the obliteration of the ridiculous human race? Already we have the supersonic plane. It should be no trick at all to improve that to the point where a pilot could shake hands with his own grandfather, or maybe with Mr W S Gilbert himself

Perhaps our late beloved Hans Zinsser had something of the sort in mind when he described the last of R. S.[2] "It was all mov-

[1] Preface to Plays and Poems of W S. Gilbert.

[2] Zinsser Hans: As I Remember Him 1940

ing too fast for him," he wrote of R S 's impending death "Indeed, he was not sure whether the world that was rushing by was going forward or backward He wondered whether he had not, perhaps, been born a little too soon and remained unable to catch up with his time The world to which he had been born had not alone speeded up with that acceleration of which Henry Adams complained, but it had actually seemed to change direction Scientific progress had brought as much sorrow as happiness With immensely enhanced powers of production, millions were out of work and starving. Ideas of democracy and individual freedom which he had accepted as the gradually evolved goals of centuries of struggle were not only being denied, but entire nations were frantically intent on destroying them Great racial masses seemed willing to fight and perish, if necessary, for their own enslavement New so-called 'ideologies' were tearing up the foundations of all that men had thought firm and permanently established Something had cracked in the old Western civilization, and its walls and lofty towers—cemented with the sweat and blood of their forefathers—were tumbling about men's ears And the intellectual calamity seemed to be that no one could say whether the turmoil was the result of avoidable stupidity or of the operation of laws of economic and social evolution that were acting on mankind as other laws had acted on the dinosaur and the sabre-toothed tiger "

Maybe something has cracked in the old Western civilization Could it be the doom of writers of editorials? If so, what difference?

Time Brings Changes

Readers of the JOURNAL in 1945 will have noted many changes These have been brought about slowly but they have been the result of action initiated sometimes years previously An instance is the front-cover "box" featuring the more important articles and editorials for ready reference

Then the contents have been departmentalized, and it is contemplated to amplify the clinical-pathologic conferences as soon as arrangements can be completed with the sources of this valuable material

Necessarily the war, difficulties with paper, and delays in printing-plant schedules have interfered with normal production, and have retarded the further improvements in the JOURNAL contents which the editors and the Publication Committee have had in mind for years, but have been unable to bring about as rapidly as could be wished Restrictions on travel and the holding of meetings has severely cut the normal inflow of scientific articles which ordinarily have been derived from the Annual and District Branch meetings These difficulties have taxed greatly the resourcefulness of the Managing Editor and the associate editors in coping with this situation To the fact that the Society now publishes its own journal with competent business and advertising management may be ascribed its healthy independent growth and development Luckily, we have had to contend with few strikes, up to the time of writing, which have interfered with production Many other publications have not been so fortunate, possibly through no fault of their own

The JOURNAL has been late, it is true, but it has eventually appeared The good nature of our members, our subscribers, our printers, and advertisers under these circumstances has been a constant source of gratification to the JOURNAL management Apparently we have a host of friends whose patience is only exceeded by their good manners We want them to know that we are appreciative, and that we shall not abuse the courtesy which they have extended to us in a difficult period On our part every effort will be made, as rapidly as circumstances permit, to raise the standards of the JOURNAL, to bring it out on schedule, and to increase the amount of scientific material published

Current Editorial Comment

Trouble Poor old medicine is in trouble again Time was when Moliere,[1] a competent French playwright, kicked it around in the high old times of Louis XIV Now, Bernard Shaw seems to be supplementing his vegetarian diet, his income, and his waning abilities as a thinker by a little shavian showmanship at the expense of Mr Douglas Guthrie, fellow of the Royal College of Surgeons, who has just written an English history of medicine The *New Yorl Journal American* has been publishing Mr Shaw's articles, commencing October 30, 1945, if any one is interested

We mention the fact more for the record than for any other reason, except possibly to call it to the attention of Mr Bernarr Macfadden, who might care to use some of the material in his Sunday lectures on Cosmotarianism, a Religion of Happiness Our perusal of Mr Shaw's first article in the *Journal American* convinces us that these articles will be right up Mr Macfadden's alley Nobody else that we know of would pay much attention to the first one, except perhaps Phineas T Barnum, and unfortunately he is no longer with us—though Mr Shaw's first article seems to prove the correctness of one of his remarks on the birth rate

Free X-Rays From the S C A A *News* for October, 1945, we learn of free chest x rays for all of Broome County adults

"Step right up, folks, and get your free chest x-ray!"

"It is as simple as that in Broome County following the dedication August 24, of a new $18,000 Mobile Chest X-Ray Unit, purchased by the Broome County Tuberculosis and Public Health Association with the financial assistance of numerous local industries in the Binghamton, Endicott, and Johnson City (Triple Cities) area.

"With a band playing and a fanfare of publicity the dedication ceremonies took place in the Assembly Hall of the I.B.M (International Business Machines Corporation) Country Club With Robert H. Austin, President of the Association, presiding, the dedication address was made by Thomas J Watson, President of I.B M Speaking also were Mrs. Charles F Johnson, Jr., prominent civic leader of the Triple Cities, and Dr Robert E. Plunkett, Superintendent of Tuberculosis Hospitals, State Department of Health

"Dedicating the unit to the future health and well being of the citizens of the county, Mr Watson said, 'I feel that all of the industries taking part in providing this unit believe that we are not contributing solely to the community but we are benefiting ourselves because we know from experience how much we have profited through the x-ray examinations our employees already have received Not only have we detected tuberculosis but we have found that while we were x-raying our people for signs of tuberculosis many other diseases were uncovered that our employees did not know they had'"

"'When compared with some other diseases, the purchase price of tuberculosis control may be considered a bargain,' stated Dr Plunkett in his address 'This is so because we know its cause, we know how it is spread as a communicable disease, we know how to prevent it, and we know how to treat it. Moreover, it costs only pennies to control it but dollars to tolerate it.

"'The purchase and intelligent use of this new mobile x ray unit are certain to pay encouraging dividends in health It is essential as the first tuberculosis-control step—early diagnosis Benefits of this splendid service will expand far beyond local boundaries Broome County, through its Tuberculosis and Health Association and its industrial leaders, has contributed signally toward the expansion and extension of tuberculosis control by means of their active interest in protecting the health of employees and their families'"

Eighteen industries of the area contributed to the purchase of the mobile unit It would be well if Dr Plunkett's observation on tuberculosis, "*it costs only pennies to control it, but dollars to tolerate it,*" were taken to heart by industrial management and the public It is well symbolized by the Christmas-seal campaign

Release of Medical Officers. "*Demand swells* from medical organizations, press, business, labor, Congress, from the doctors themselves in uniform, and above all from thousands who anxiously await the return of their own family doctor, *for the release* of the greatest number possible of the *doctors in service*

"Very definite *official* word should be forthcoming soon from Army and Navy

[1] Jean Baptiste Poquelin 1622-1673.

authorities as to *how many, how soon,* and on *what basis* doctors are to be released Newspapers report that *13,000* to *18,000* doctors now in the Army are to be out by the end of the year, and *30,000* by July 1, 1946 "

So says the *News Letter* of September 20, 1945, of the Council on Medical Service and Public Relations of the A M A We hope that the Council's report of the newspapers' report will not prove to be overly optimistic We receive daily rather disheartening correspondence from the Pacific, from Germany, and from domestic sources which tends to make us keep our fingers crossed and view with skepticism nearly all statistical data on the release of medical officers With us, seeing is believing

• • •

Residences and Fellowships. "Elsewhere in this issue (*J A M A*) is a newly revised list of Approved Residences and Fellowships for Veterans and Civilian Physicians Included in this group are seven hundred and thirty-six hospitals whose educational programs have been investigated and approved by the Council on Medical Education and Hospitals Education in these institutions is acceptable to the American boards The hospitals are also eligible for the training of veterans under the G I Bill of Rights The current list offers seven thousand, six hundred and sixty-six residencies and assistant residencies as compared with five thousand, seven hundred and ninety-six in 1943 However, in relation to the normal peacetime number of five thousand, two hundred and fifty-six residents reported in 1941 there is a total of two thousand, four hundred and ten additional openings to meet the immediate needs of returning veterans As the peak of medical demobilization is reached, hundreds of additional residencies will no doubt be available Many of the approved intern and residency hospitals which have not yet attained a full development of educational services are now organizing new training programs or creating a further expansion of residencies already in existence Hospitals in every part of the country have indicated a desire to participate in the postwar educational program as far as their facilities and teaching material will permit In many institutions these plans are already well advanced, so that a considerable number of residences now in process of investigation may soon be added to the approved list The Council, in collaboration with the Committee on Postwar Medical Service and the American Boards, will continue to exert every effort to provide additional educational opportunities of high quality for physicians seeking advanced hospital training on their return from military service "[1]

•

Office Space To relieve the present shortage of available office space, practicing physicians are urged to share their offices with doctors who are returning from service

An editorial appearing in the September 29 issue of the *Journal of the American Medical Association* said

"In large communities, such as cities of over 100,000 population, the problem is apparently far more serious than in the smaller areas In some larger cities physicians are even remodeling old houses into office space Many a physician whose office is not fully utilized either in the morning or in the afternoon or even in the evening can make available time and space, as well as the use of his own facilities The least that can be done for such veterans is to make available to them an opportunity to begin the earning of a livelihood at the earliest possible moment "[1]

•

Association of Military Surgeons The Association of Military Surgeons of the United States will hold its next annual session in Detroit October 9–11, 1946 The 1945 meeting was deferred Any correspondence relative to the scientific program should be addressed to Dr William D Ryan, 5837 West Vernor Highway, Detroit 4, and any correspondence relative to the commercial exhibits should be addressed to Mr Steven K Herlitz, 280 Madison Avenue, New York 16 Maj Carleton Fox, Dental Reserve, U S Army, the general chairman, is at 557 David Whitney Building, Detroit 26 [1]

[1] J A M A 129 No 5 (Sept 29) 1945

OBSERVATIONS MADE DURING A POLIOMYELITIS EPIDEMIC IN 1944 IN THE HORNELL STATE HEALTH DISTRICT, NEW YORK

JOHN A CONWAY, M D , and D E BIGWOOD, JR , M D , Hornell, New York

THIS report concerns a description of the poliomyelitis epidemic which occurred in 1944 in the three counties comprising the Hornell District of the New York State Department of Health These observations were made by various members of the district staff under the direction and supervision of the senior author Some of the data are by-products of activities incident to the epidemic, other information was obtained from routine reports submitted to the district office, and a third category of facts was collected specially, through visits to patients and their homes

Scope of the Epidemic

It was apparent early in the summer of 1944 that a poliomyelitis epidemic of sizable proportions was under way, and though we were aware at the start that numerous field studies had already been published, it was thought desirable to obtain as clear a picture of the outbreak as possible within the limits of the time and the personnel available From a personal point of view, such a study was considered profitable, and locally it will have a historic value if no other

For the epidemic is unique in the area involved, and of unusual severity in any comparison About 600 cases—591, to be exact—occurred in the three counties of Allegany, Steuben and Chemung, among a population of about 200 000, according to the 1940 census The over-all rate has been calculated to be 288 6 per 100 000 a striking contrast with the previous low incidence of poliomyelitis in the district No one recollects any large number of cases there prior to 1916, and since then the average annual rate of reported poliomyelitis has been 7.5 per 100,000 Even in 1916, the year of New York's first major statewide epidemic, there were only 61 cases in the Hornell District as now constituted During the twenty-seven years since, the annual total of reported cases has exceeded 20 only eight times, the largest number being 30 in 1930

Clinical Observations

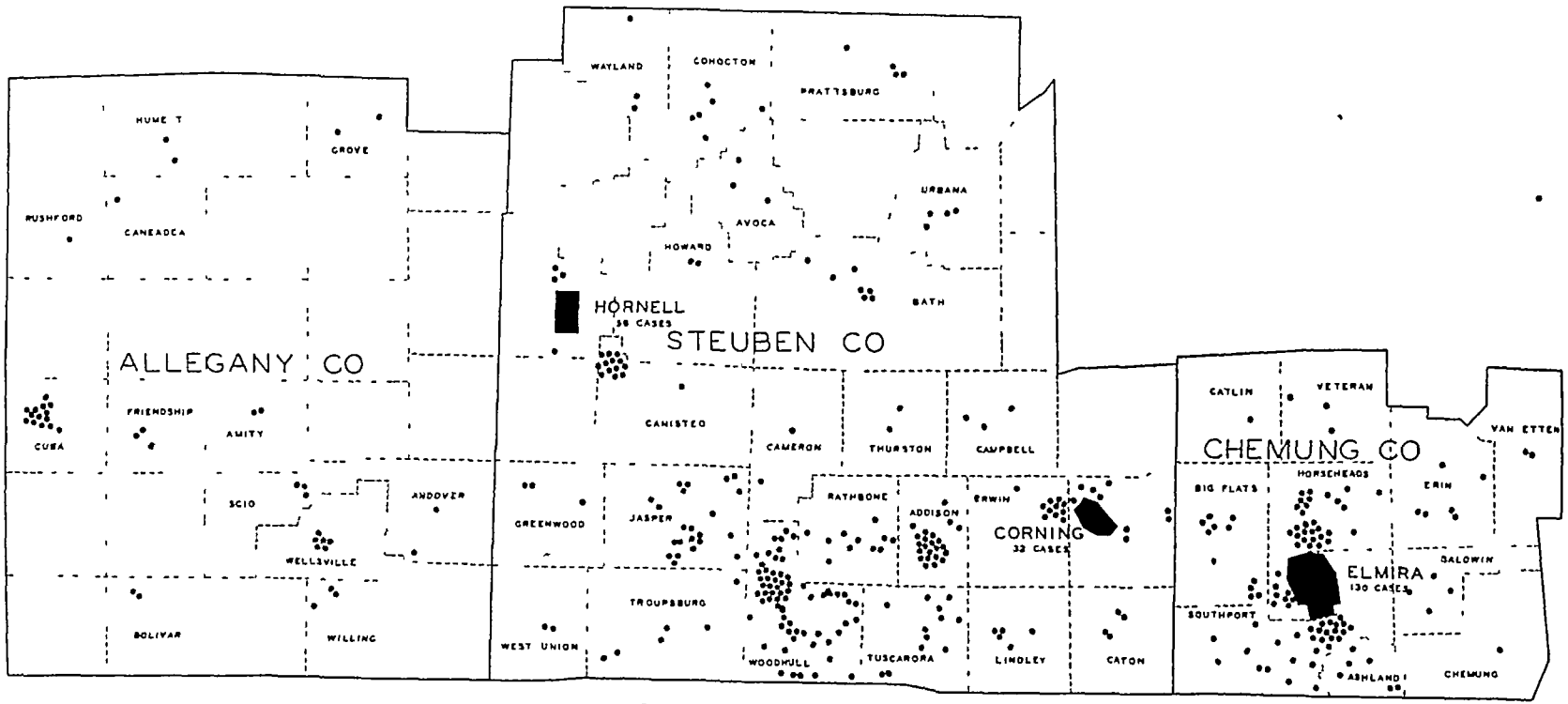
Although our major interest in this outbreak concerned its epidemiology, the opportunity presented for clinical observations could not be ignored Much of the material under this heading collected during consultations visits to hospital wards, and calls at the homes of patients, is discursive and does not lend itself to concentration For example, a number of interesting diagnostic problems were encountered and several case histories with unusual signs and symptoms could be recorded if space would allow The size of the epidemic also ensured a good representation of the usual types of cases—bulbar, meningitic, and polyneuritic—as well as a large number of "abortive" or nonparalytic cases In fact, the extent of the epidemic is appreciably greater than would have been reported a few years ago, due to the inclusion of many patients who were paralyzed slightly or not at all

The criteria for a diagnosis of poliomyelitis differed in minor details for each reporting physician and changed as the epidemic became manifest In general, a fever plus resistance by the patient to flexion of the neck and back were two essential findings If these were combined with an elevated spinal-fluid cell count, muscle spasm (e.g , "tight hamstrings"), or gastrointestinal symptoms, the diagnosis was usually made Headache and vomiting were two other frequent symptoms Muscular weakness together with fever and stiff neck was the syndrome universally accepted as diagnostic

Throughout the epidemic there was a tendency to rely heavily on abnormalities of the spinal fluid, particularly an elevated cell count, in making a diagnosis The prognosis too was apt to become more reserved, the higher the count. The usefulness of an objective laboratory test in clarifying and confirming a diagnosis of poliomyelitis was generally appreciated and the large majority of reported cases had such tests. But it was also clear that the spinal fluid examination had to be integrated with the clinical picture This is demonstrated to be true by tabulations of more than 350 spinal fluid examinations recorded in the district office during the epidemic. Somewhat more than one examination in eight on reported cases of poliomyelitis showed a normal spinal fluid cell count and only a few (9 of 48) of these patients were nonparalytic On the other hand, 2 of the 5 patients with cell counts over 500 had no paralysis at any time and, broadly speaking, no clear correlation could be established between the extent of paralysis and the height of the count.

When considered in relation to the duration of the disease, the lower cell counts were found to occur early as a general rule, but even on this point the analysis shows at best a tendency which is not followed by a considerable minority of cases

HORNELL STATE HEALTH DISTRICT WITH POLIOMYELITIS CASES REPORTED 1944



PENNSYLVANIA

FIG 1

POLIOMYELITIS
CASE RATES PER 100000 BY TOWNS
HORNELL DISTRICT - 1944

0 | 50 100 | 100 200 | 200 300 | 300 500 | 500 - 1000 | 1000 & over

With the exception of a few who were given penicillin and sulfonamides in varying doses without effect, and excepting also the patients treated with gamma globulin,[1] also unsuccessfully, treatment during the acute stage was not directed toward an immediate cure No convalescent or adult blood or serum was used, since the consensus of the local medical group was that such agents had no therapeutic value Rather, treatment was built around a program of support and symptomatic relief Hot packs in particular were used extensively both in the hospital and at home and were efficient in relieving pain and spasm of affected muscles The very warm weather during the epidemic, compounded in effect by the use of hot packs, made the danger of heat exhaustion among the patients a real one In at least one hospital this danger was averted by the routine use of more or less continuous proctoclyses

Hospitalization, with all its attendant benefits, was perhaps the most effective means of treating the poliomyelitis cases, and almost three quarters of the patients were sent to such institutions during their acute sickness This is considered an excellent showing in a largely rural area with limited facilities, and certainly was instrumental in minimizing the death rate and limiting the development of deformities It is not possible to demonstrate this effect in figures, since there was a definite selection of cases for hospital care as, for example, those needing respirators

A classification of cases according to the maximum extent of paralysis during the acute phase of the disease was felt to be pertinent and interesting, but difficulties were encountered due to the lack of any accepted scale which would consider the number and size of muscles involved as well as the severity of the involvement Some such scheme of rating as Drs Bahlke and Perkins evolved in their study of the effect of gamma globulin on the disease[1] was needed Even without such a scale, however, it is possible to say that about one in five was a bulbar case and at the other extreme, about the same proportion had no involvement A rough classification of the remainder shows that 16 per cent of all the patients had minimal involvement, 27 per cent were moderately affected, and 10 per cent were severely paralyzed This type of grading is admittedly subjective and unreliable, but the basis for it is not Practically every patient had at least one muscle grading by an orthopedic nurse during the acute stage of the disease, and these examinations were verified in almost every instance by an orthopedist

A determination of whether a given patient should be called paralyzed or not presented difficulties both in the examination and in the classification Painful, spastic muscles were difficult to test for strength, and in the classification, the question was encountered of deciding when an unimpressive weakness was to be called "paralysis" The dilemma was resolved in this paper by deciding that any patient who had less than normal strength in any muscle, as determined in an orthodox muscle grading, was classified as paralyzed It is appreciated that such a definition of "paralysis" is very inclusive, but less precise ones shade vaguely and lead to errors of interpretation

It may be argued that the inclusion of so many patients with minimal involvement among the paralyzed is a distortion of the true picture, and certainly it is impossible to correlate such an analysis with many others in the literature However, a review of the progress of these patients shows that many of them with minor muscle imbalances originally now show scolioses and other preventable defects, so that administratively at least, they must be considered as needing continuing medical supervision

Prolonged hospitalization in reconstruction institutions was necessary for 90 patients, or 16 per cent of the total, and about half of those were still there during the summer of 1945 The progress which other patients have made can be determined from orthopedic clinic and nurse records From these charts, it has been determined that at least half of the patients reported now show no paralysis according to the rigid criteria already discussed And gradings of minimal, moderate, and severe involvement now include 17 per cent, 20 per cent, and 7 5 per cent, respectively, of the entire case count It is interesting also to note that 17 patients (3 per cent) still show evidence of involvement of one or another of the cranial nerves

Epidemiologic Data

Much of the preceding discussion concerns activities of practicing physicians and the district staff in behalf of individual patients, and the comments have been abstracted from routine records of these activities No such reservoir of information was available which bore on the epidemiologic features of the outbreak For this reason, visits by an epidemiologist were planned to the home of each reported patient with poliomyelitis in order to verify the data on the report cards and to obtain a variety of supplementary information about the present illness of each patient and his past history, about the home, its inmates, and its physical and animal surroundings These visits were to be made as promptly as possible after the reports were received, but the pressure of other activities prevented the full realization of this program

And, as is usually the case, when the records of the visits were reviewed, some were found to be incomplete or otherwise unacceptable This explains why many of the following tabulations are concerned with fewer cases than the 501 reported

General Course of the Epidemic.—The Hornell District is located in southcentral New York State and its topography is hilly upland It is composed of the three counties, Chemung Steuben, and Allegany The largest city in the district, Elmira, had a prewar population of 45,000 and is now estimated to have more than 50,000 Two other cities, Hornell and Corning, also are in the district and each has a population exceeding 15,000 There are about thirty villages in the three counties, varying in size from a few hundred to 5,000 people With the exception of Elmira and its vicinity, there has been no great disturbance of existing population patterns since 1940, except that due to the operation of the selective service system The total population of the district, as mentioned before, is about 200,000

The first reported case of poliomyelitis in the district in 1944 occurred in a small hamlet about three miles southwest of Addison village in Steuben County on June 9 Within the next two weeks, a number of other cases were reported along the Pennsylvania border, south of the home of the first patient, and Addison village immediately to the east, experienced a sharp outbreak of 17 cases between mid-June and mid-July Meanwhile, other cases continued to occur in the rural area south of the villages of Addison and Woodhull, with a number soon reported from the latter place Thereafter, other cases were reported east and west of this original focus and by the first week of July, Hornell—about 25 miles away to the northwest—had its first case and the following week Corning, 12 miles to the east, had its first case. As the epidemic continued in these areas, scattered cases were reported in the northern part of Steuben County and in Allegany County to the west. This outward spread from a central point was expected but the persistent occurrence of new cases in the rural area first involved was not. Woodhull town and village, where the disease appeared early, continued to have cases through November with a final total of 63 among 1,292 people, a rate of almost 5 per cent (4,876 per 100,000)

Almost simultaneously with the first case near Addison, another was reported from the area immediately south of Elmira, with quick spread of the disease to that city and its suburbs, and later, to the surrounding rural area No connection, direct or indirect, could be discovered between the cases first reported near Addison and south of Elmira, and each originated a wave of

POLIO CASES BY WEEK OF ONSET AND TYPE OF INVOLVEMENT HORNELL DISTRICT - 1944

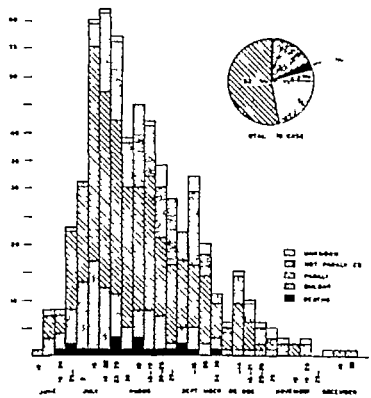


FIG 3

peripheral spread which can be fairly clearly outlined The spot map of the cases (Fig 1) shows the general distribution of the reported disease

Investigation of the first case in Steuben County indicates that the patient made many visits to Elkland, a Pennsylvania village just across the state line, where there was preexisting poliomyelitis and where he probably acquired his infection Nine cases were reported from the vicinity of Elkland during the winter and spring of 1943–1944 and during the ensuing season the disease spread throughout nearby northcentral Pennsylvania, as well as into New York State This report is therefore incomplete as an investigation of a circumscribed outbreak to the extent that it neglects more than 150 cases in Pennsylvania which followed the original ones in Elkland and were, of course, a part of the same outbreak.

During that same year, extensive outbreaks occurred in other parts of the state, particularly in Buffalo and vicinity, with 1,069 reported cases. The upstate report for 1944 was 4,180 cases, with all but two counties contributing to the total

Case Rates.—When the information of the spot map is transposed into case rates per 100,000 population, the picture of the epidemic appears as in Fig 2 In this representation, rates have been calculated according to towns, including the

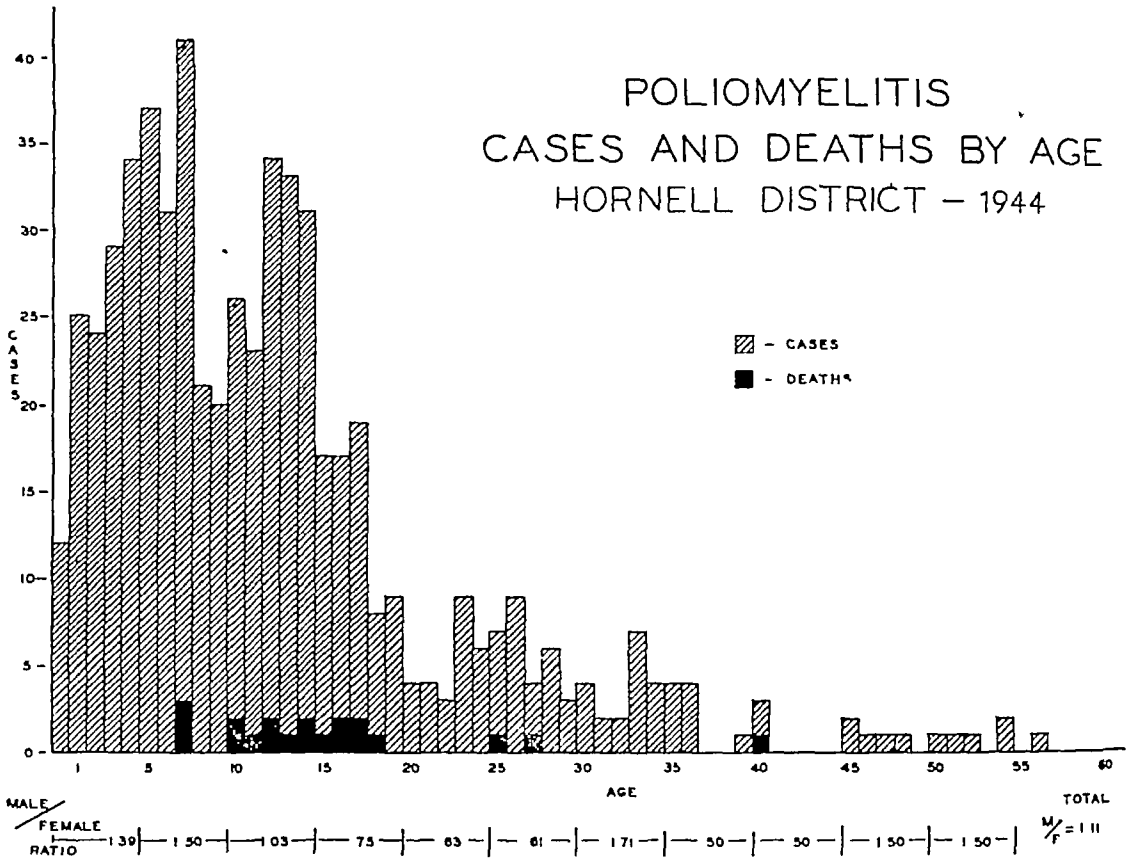


FIG 4

population of any municipalities in them The high incidence in the rural area of Steuben County first affected is immediately apparent, and the fantastic rate of almost 5 per cent in Woodhull has already been mentioned During this epidemic the higher rates occurred generally in rural areas, and in those towns (exclusive of villages) which had cases the average rate per 100,000 of reported cases was 474, compared with an average of 287 per 100,000 in the three cities of Elmira, Corning, and Hornell

Fig 2 also demonstrates a comparatively low rate in Corning (179 per 100,000), although this city had its first case in mid-July with ample time to develop a severe outbreak As can be seen, Corning lies between two areas of severe involvement, the area of high rates to the west is naturally tributary to it, and the city is linked to Elmira by the most heavily traveled road in the district On both of these counts, Corning was expected to have more cases than it did

Another interesting observation is the low incidence of the disease in most of Allegany County and the northern half of Steuben County Although the map integrates these areas in the general picture as places with gradually decreasing incidence at a distance from the original center of the outbreak, it is otherwise difficult to explain why so few cases occurred in these areas Allegany County reported its first case the second week of July, the same time as Hornell, but only twelve of twenty-nine towns had cases Northern Steuben County had its first case the following week, but eight towns in the county had none Neither area has had much previous experience with poliomyelitis and average annual rates since 1916 for these two areas are actually slightly lower than for the southern half of Steuben County which was so severely affected

Incidence in Time —Fig 3 represents the cases reported during the calendar year 1944 according to week of onset and type of involvement The dates of onset as plotted have been verified by home visits for a majority of the cases and the types of involvement obtained from orthopedic clinic charts The criteria for classifying a patient as paralyzed or not have been discussed previously

The maximal number of cases, 62, was reported during the third week of July, less than two

months after the first patient was afflicted, and thereafter, the curve of incidence fell more or less steadily in spite of at least eight weeks more of generally hot, dry weather Conversely, the regularity of the decline was not abruptly altered by frosts, which occurred during and after the last week of September

None of the various categories of cases were concentrated during any particular period of the epidemic Nonparalyzed patients were few during the first month, but as the outbreak continued this type regularly accounted for about a quarter of each week's total of new cases The lack of reported abortive cases early in the season is a common observation attributed to diagnostic difficulties in the absence of known prevalence of the disease.

The case fatality rate of 3.5 per cent is worthy of comment, both on its own account as an exceedingly low rate, and as well, as an indication of very complete reporting, a fact which may have been obscured by the classification of so many patients as paralyzed

Age and Sex Distribution.—The age and sex distribution of the 576 cases reported in 1944 are shown in Fig 4 This demonstrates the observation, which is now commonplace, that the disease is no longer an affliction of infants In the Hornell experience, 7-year-old children were most frequently attacked, and the group from 10 to 15 years old had more cases than the group under 5 years of age. There is evidence, too, that if the epidemic had occurred in the district before so many young adult males had been inducted, the number of cases in those from age 15 to 35 would have been appreciably higher For in this group, the normally expected predominance of male cases is reversed, when the calculation is based on 1940 census figures as in the chart. When the withdrawals of men for service in the armed forces are used in reckoning the actual civil population in the district in 1944 by age and sex, male cases actually exceed females by ratios from 1 09 in the 15- to 19-year age group to 2.24 in the 30 to 34 age group

The deaths, in addition to being remarkably few, have an unusual age distribution Most of the poliomyelitis mortality is expected at the extremes of life, but in the Hornell District in 1944, the adolescent patients were relatively the most apt to succumb, and no deaths at all occurred in those under 7 years of age. Patients over 25 years old died less frequently than those from 10 to 20 years of age

Age Distribution According to Environment.—Fig 5 demonstrates that age distributions of the cases differ depending on where they occur Thus, relatively more infants and children under 5 were attacked in an urban environment than in

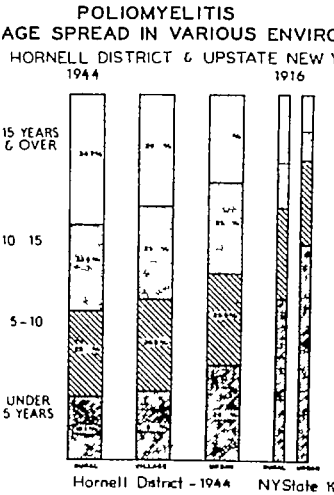
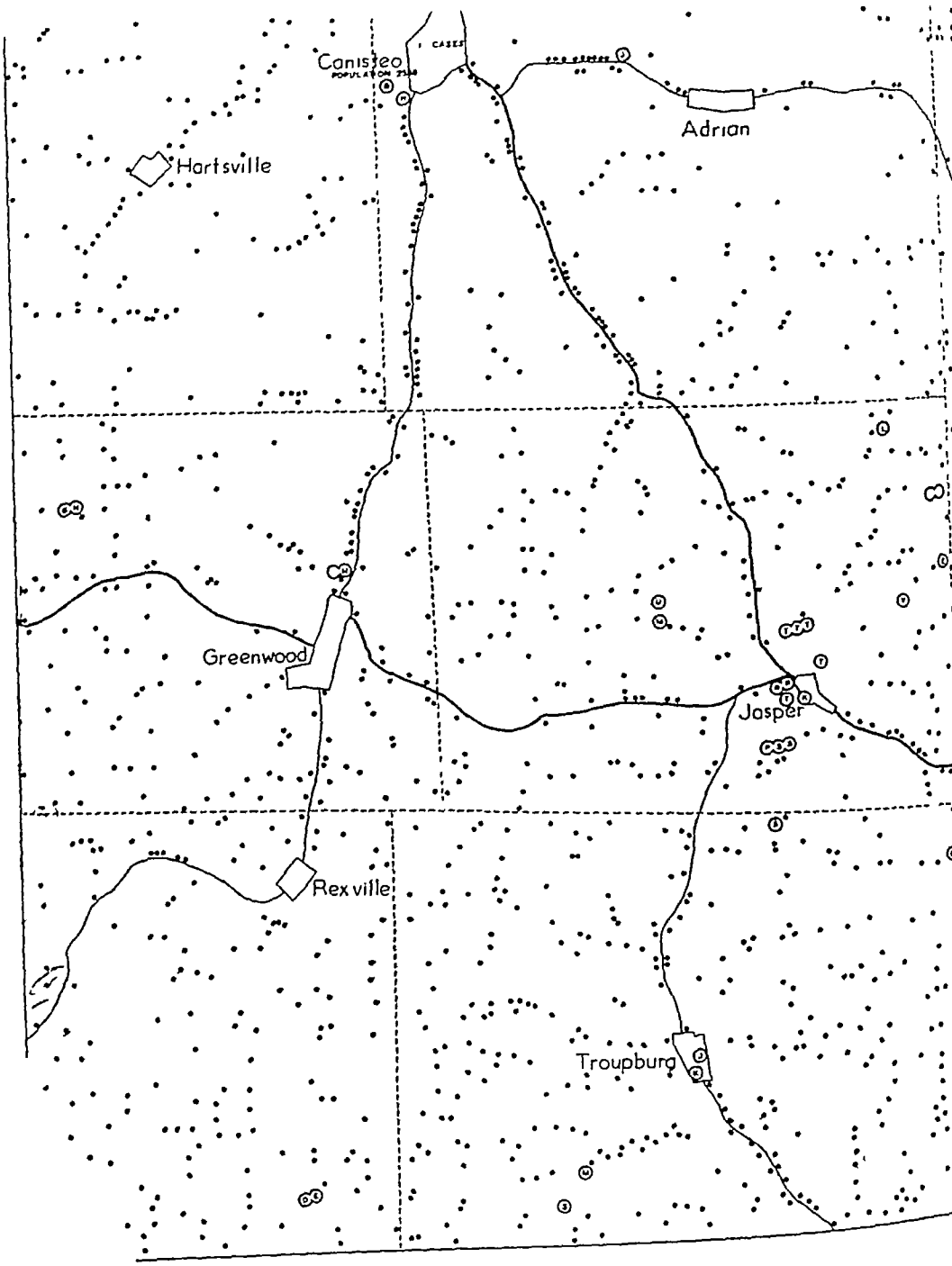


FIG 5.

rural areas, and, conversely, fewer people over 15 were found to be cases in the city than in the country If an intermediate group is chosen, composed of cases reported from villages and suburban areas, its age distribution also compromises the differences between the other two This observation has been made many times before, and is usually explained as due to greater exposure to poliomyelitis virus during the multiplicity of person-to-person contacts in urban environments and a resultant greater immunity among adult city populations

Dr M Nicoll analyzed the data for the 1916 epidemic in New York State in the same way with a demonstration of the same differences, as indicated on the chart.[2] However, the striking shift of age incidence to older groups in the 1944 epidemic in the Hornell District compared to that of the epidemic in upstate New York in 1916, a shift which has been noted in other recent epidemics, has had no very satisfying explanation

Sickness in Poliomyelitis Homes.—The diagnosis of poliomyelitis in the absence of frank signs of muscle weakness is a puzzling one and, as previously pointed out, is dependent to a degree on the circumstances surrounding the case, as well as the signs and symptoms presented Thus, a nonparalyzed patient with poliomyelitis is usually reported only when the virus is known


LOCATION & SEQUENCE OF POLIOMYELITIS CASES
MAJOR ROADS
HOUSE
Canisteo
Adrian
Hartsville
Greenwood
Jasper
Rexville
Troupburg

months after the first patient was afflicted, and thereafter, the curve of incidence fell more or less steadily in spite of at least eight weeks more of generally hot, dry weather Conversely, the regularity of the decline was not abruptly altered by frosts, which occurred during and after the last week of September

None of the various categories of cases were concentrated during any particular period of the epidemic Nonparalyzed patients were few during the first month, but as the outbreak continued this type regularly accounted for about a quarter of each week's total of new cases The lack of reported abortive cases early in the season is a common observation attributed to diagnostic difficulties in the absence of known prevalence of the disease

The case fatality rate of 3.5 per cent is worthy of comment, both on its own account as an exceedingly low rate, and as well as an indication of very complete reporting, a fact which may have been obscured by the classification of so many patients as paralyzed

Age and Sex Distribution —The age and sex distribution of the 576 cases reported in 1944 are shown in Fig 4 This demonstrates the observation, which is now commonplace, that the disease is no longer an affliction of infants In the Hornell experience, 7-year-old children were most frequently attacked, and the group from 10 to 15 years old had more cases than the group under 5 years of age There is evidence, too, that if the epidemic had occurred in the district before so many young adult males had been inducted, the number of cases in those from age 15 to 35 would have been appreciably higher For in this group, the normally expected predominance of male cases is reversed, when the calculation is based on 1940 census figures as in the chart. When the withdrawals of men for service in the armed forces are used in reckoning the actual civil population in the district in 1944 by age and sex, male cases actually exceed females by ratios from 1 09 in the 15- to 19-year age group to 2.24 in the 30 to 34 age group

The deaths, in addition to being remarkably few, have an unusual age distribution. Most of the poliomyelitis mortality is expected at the extremes of life, but in the Hornell District in 1944, the adolescent patients were relatively the most apt to succumb, and no deaths at all occurred in those under 7 years of age Patients over 25 years old died less frequently than those from 10 to 20 years of age

Age Distribution According to Environment — Fig 5 demonstrates that age distributions of the cases differ depending on where they occur Thus, relatively more infants and children under 5 were attacked in an urban environment than in

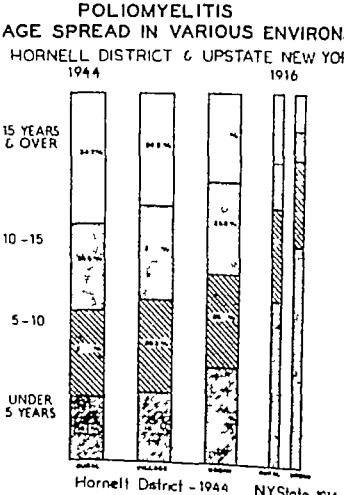


FIG. 5

rural areas, and, conversely, fewer people over 15 were found to be cases in the city than in the country If an intermediate group is chosen, composed of cases reported from villages and suburban areas, its age distribution also compromises the differences between the other two This observation has been made many times before, and is usually explained as due to greater exposure to poliomyelitis virus during the multiplicity of person-to-person contacts in urban environments and a resultant greater immunity among adult city populations.

Dr M. Nicoll analyzed the data for the 1916 epidemic in New York State in the same way with a demonstration of the same differences, as indicated on the chart.[3] However, the striking shift of age incidence to older groups in the 1944 epidemic in the Hornell District compared to that of the epidemic in upstate New York in 1916, a shift which has been noted in other recent epidemics, has had no very satisfying explanation.

Sickness in Poliomyelitis Homes —The diagnosis of poliomyelitis in the absence of frank signs of muscle weakness is a puzzling one and, as previously pointed out, is dependant to a degree on the circumstances surrounding the case, as well as the signs and symptoms presented Thus, a nonparalyzed patient with poliomyelitis is usually reported only when the virus is known

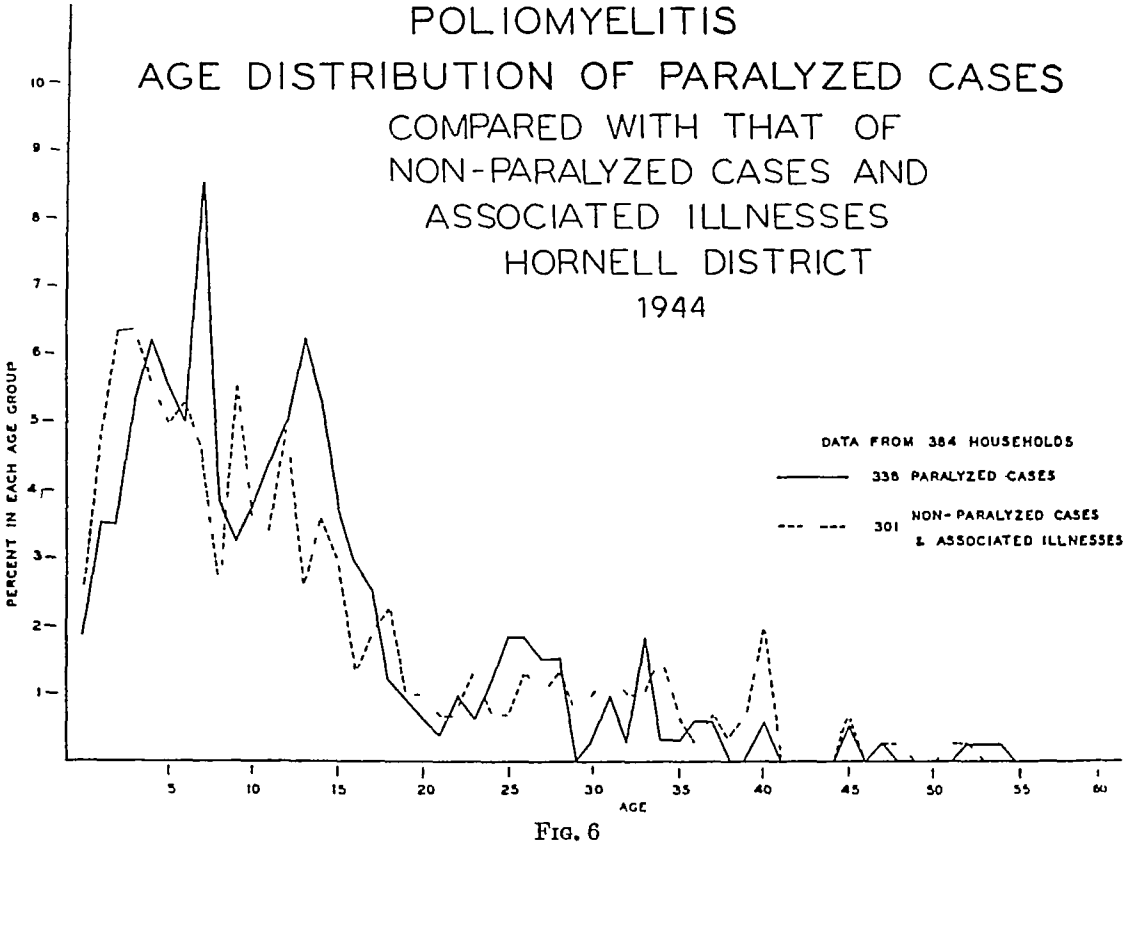


FIG. 6

to be prevalent in a given population and so, to a degree, is an epidemiologic diagnosis It would seem, then, that other phenomena of abortive cases in the mass would be interesting The paper on "Abortive Poliomyelitis" by Paul, Salinger, and Trask[3] included a chart showing curves of age distribution which were roughly a parallel for paralyzed patients with poliomyelitis and for so-called "associated minor illnesses" in the homes of patients The inference that the two clinical entities were manifestations of the same disease was substantiated by the discovery of virus in the oral secretions of the patients with minor illness

It was not possible to complete this final link of evidence in the Hornell District last year, but in 384 homes where poliomyelitis was present, with a gross population count of 1,900, information concerning sickness of all members of the household was obtained A tabulation of these data in Fig 6 shows that, as in the study referred to, the percentage of the total of paralyzed patients in each age group was followed fairly closely by the percentage at each age of non-paralyzed reported patients and "associated minor illnesses" which had fever as a common complaint Most of these "associated minor illnesses" had symptoms either of a gastro-intestinal upset or of an upper respiratory infection A smaller group of patients complained of a headache with their fever, or, in the younger age groups, were merely drowsy or irritable

This is, perhaps, as far as field observations can go to corroborate numerous laboratory studies in which virus has been found in the excretions of contacts as well as of patients

It is interesting to note that in the group of homes studied, about a third of the people were sick, either with diagnosed poliomyelitis or with some feverish malady

Chronology of Sickness in Poliomyelitis Households—The time relationships of onsets of 71 "secondary" cases and 215 "associated minor illnesses" in the home of diagnosed poliomyelitis patients are shown in Fig 7, using as a point of common reference the day of onset of the first diagnosed case This is another device borrowed from Dr J R Paul and his associates, and again, the original work is duplicated For the graph shows a grouping of onsets of minor feverish sicknesses as well as of diagnosed cases of poliomyelitis more or less contemporaneously

Certain statements should be made in qualification of the basic data from which this chart is

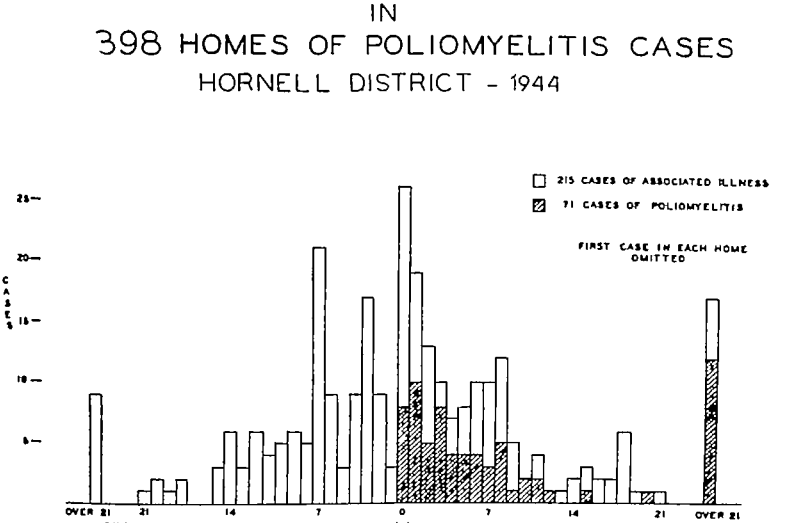


FIG 7

derived First, it should be noted that it was not possible to follow these families closely, and the information was obtained at a single home visit some time after the first case was reported For this reason, inquiries concerning sicknesses before the frank case were answered vaguely at times, and this accounts for the large number of onsets of minor sickness "a week" before. Information concerning sicknesses after the onset of the first case is also limited to the time elapsed between the onset of the case and the time of the visit. And finally, it should be explained that the data on this chart concern the same homes as in Fig. 6 plus fourteen more which are added because of multiple diagnosed cases, although knowledge about the others in these homes is not satisfactory

Even with these admitted limitations, however, it is felt that the analysis has merit. Certainly, the chronology of the reported secondary cases is valid, and seems to show a regular curve of fewer and fewer cases the longer the interval between the first case and the second in the home No regular interval between household cases or even a majority of them can be detected and there is no clear indication of which are due to chance variations of incubation period, and which are truly secondary Perhaps those cases which occurred three weeks or more after the first reported case may be considered as obviously secondary, but it is possible to wonder whether even they too may not be part of the same basic curve. Long incubation periods (up to forty-three days) have been demonstrated in the laboratory and no one knows how often the virus behaves similarly in humans

As mentioned, the information concerning minor illnesses in the homes was obtained at a single visit, usually about two weeks after onset of the first reported case As such, the information is historic, and hence, less valid for the earlier data. But even if this criticism is taken into account, the chart suggests a pattern of normal distribution about a point. If this observation has any validity, it implies that households are affected as units and the various members of families are infected simultaneously The difference in dates of onset of sickness could be explained as varying according to dosage or susceptibility with observed onsets falling into a familiar statistical figure when pictured in a graph.

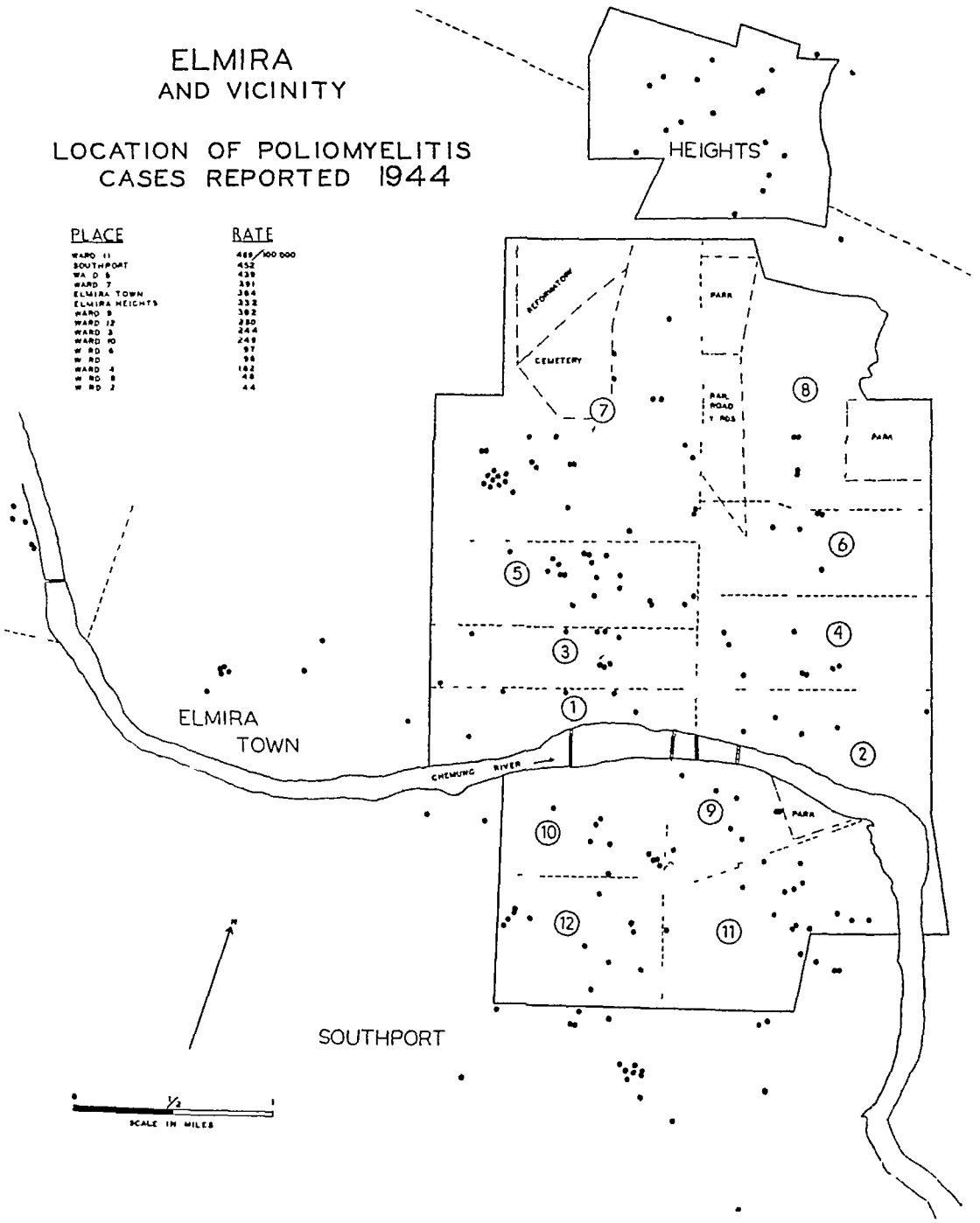


FIG 8

Case Contacts

There is general agreement that attempts to trace one case of poliomyelitis to another as a means of demonstrating a chain of infection are not usually very impressive In addition, such investigations are always criticized as inconclusive, since they neglect the healthy and sick carriers known to exist in any epidemic area Nevertheless, during the visits to the homes of each patient with poliomyelitis, information was obtained whenever possible to determine contact with other patients As already discussed, 71 cases occurred in the homes of patients with previously existing reported cases, in addition, 108 extrahousehold contacts were found Eliminat-

ing ten duplications between the two groups, a total of 169 patients gave histories of contact with previously reported patients, or more than 28 per cent of the 581 patients in the entire epidemic. A percentage as high as this of traced contact between poliomyelitis cases is believed possible only in rural areas with stable populations and placid social habits

However, when supplementary information concerning those contacts is obtained, difficulties are encountered in determining which of them should be considered infective and which not. For instance, 85 of the extrahousehold contact were with incubating cases, 17 with convalescents, and only 7 with persons having acute cases The latter two categories are known to have virus in respiratory and intestinal tracts, but the status of incubating cases as vectors of the virus is not so clear A tabulation of extrahousehold contacts according to time indicates that eighteen of them occurred within four days of onset of the "secondary" cases and in succeeding spans of four days, there were thirteen, eleven, seventeen, and six Sixteen of the extrahousehold contacts were more than twenty-one days prior to the onset of the second case and the remainder (twenty-seven) were repeated contacts

With the exception of this last group, all of these contacts must be interpreted in the light of knowledge about the incubation period of the disease, a vague guide at best In any case, if these contacts are significant, and if there is a usual incubation period for poliomyelitis, one would expect a grouping of them in some time period prior to onset of the disease in the contact. This is not apparent in the material presented If the criteria of another recent study[4] of an epidemic of poliomyelitis are adopted, only those contacts occurring from four to fourteen days prior to the onset of the exposed case would be considered significant. In this study, contact during that period totaled 42, which, added to the repeated exposures, would bring the sum of extrahousehold contacts to 69 There were 22 secondary cases in homes with poliomyelitis during the same interval, bringing the total percentage of contacts, both intra- and extra household, to previous cases during the interval from four to fourteen days before the onset of the second case to 15 4 per cent. This proportion does not seem impressive, when the extent of intermingling of populations, both rural and urban, is taken into account

Neighborhood Grouping of Cases

The significance of histories of contact of patients with poliomyelitis with pre-existing ones should be considered in relation to who and where these contacts are. Fig 8 gives in detail the location of cases in Elmira. On the map can be seen definite "nests" of cases in particular neighborhoods, as well as a more generalized distribution One of these groupings occurred in a large housing project

It is to be expected, and it is true, that many of these neighborhood patients gave a history of contact with other poliomyelitis patients in the vicinity Person to-person spread of the disease may explain such a distribution On the other hand, sceptics might say that neighborhood patients share a great many other things in their environments besides respiratory or intestinal-tract flora

Rural Grouping of Cases—Southern Steuben County

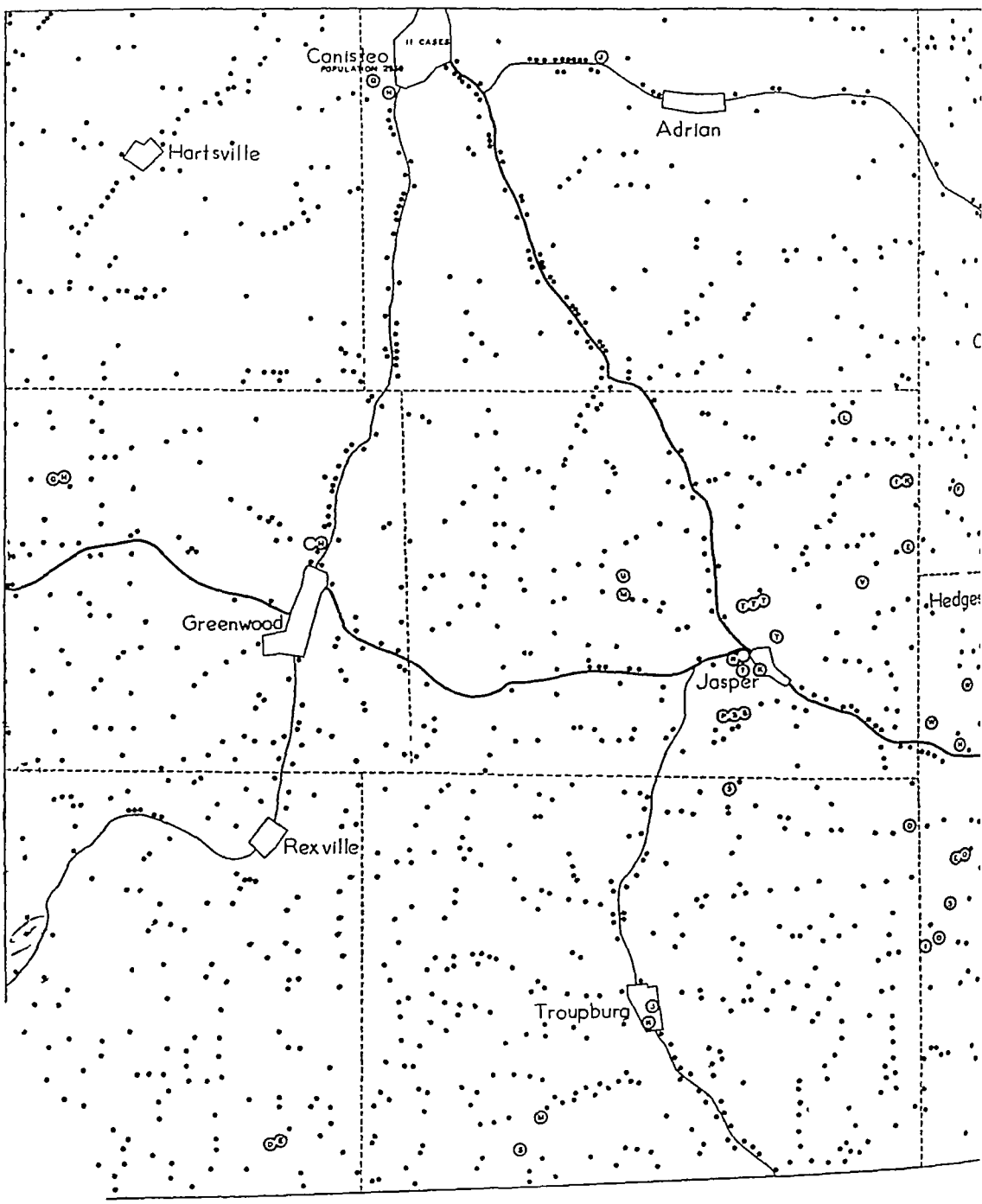
In Fig 9 an attempt has been made to locate in time as well as space the cases occurring in the severely involved section of Southern Steuben County Here again, neighborhood groups of cases can be found, some with onsets at intervals from one another, others with surprisingly close onsets in time It is believed that such neighborhoods should be studied in detail to determine whether, in fact, person-to-person contact is the only way to explain the high incidence of poliomyelitis in them

This detail map also shows clearly a peculiar fact—that with the exception of a few patients in one corner, one who lived alternate weeks in Hornell, and another who moved from Woodhull while she was sick, the town of Jasper—adjacent to Woodhull, so seriously and early affected by the epidemic—had no cases until the third week of September

Animal and Insect Contacts

About 1 patient in 5 gave a history of contact with cattle, with horses, fowl, rats, and mice Slightly less than two thirds had cats or dogs in the home As would be expected, all types of animal contacts were more frequent in rural areas, where incidentally, practically 90 per cent gave a history of contact with cats

The senior author's report of the outbreak of poliomyelitis in Tompkins County in 1916[5] suggested that cat fleas be investigated as a means of spread of the disease. Since then many additional facts have been discovered about poliomyelitis and its behavior in population groups, and though insect vectors, particularly cat fleas, are not generally believed to be concerned in the spread of the disease, the fact remains that this insect is prevalent seasonally, geographically, and locally where poliomyelitis occurs The cat flea, Ctenocephalus felis, is found as a parasite of cats in temperate climates from early in the spring to late in the fall and, on occasion when cats


LOCATION & SEQUENCE OF POLIOMYELITIS CASES
• - HOUSE
MAJOR ROADS
Conisteo
11 CASES
Hartsville
Adrian
Greenwood
Jasper
Rexville
Troupburg

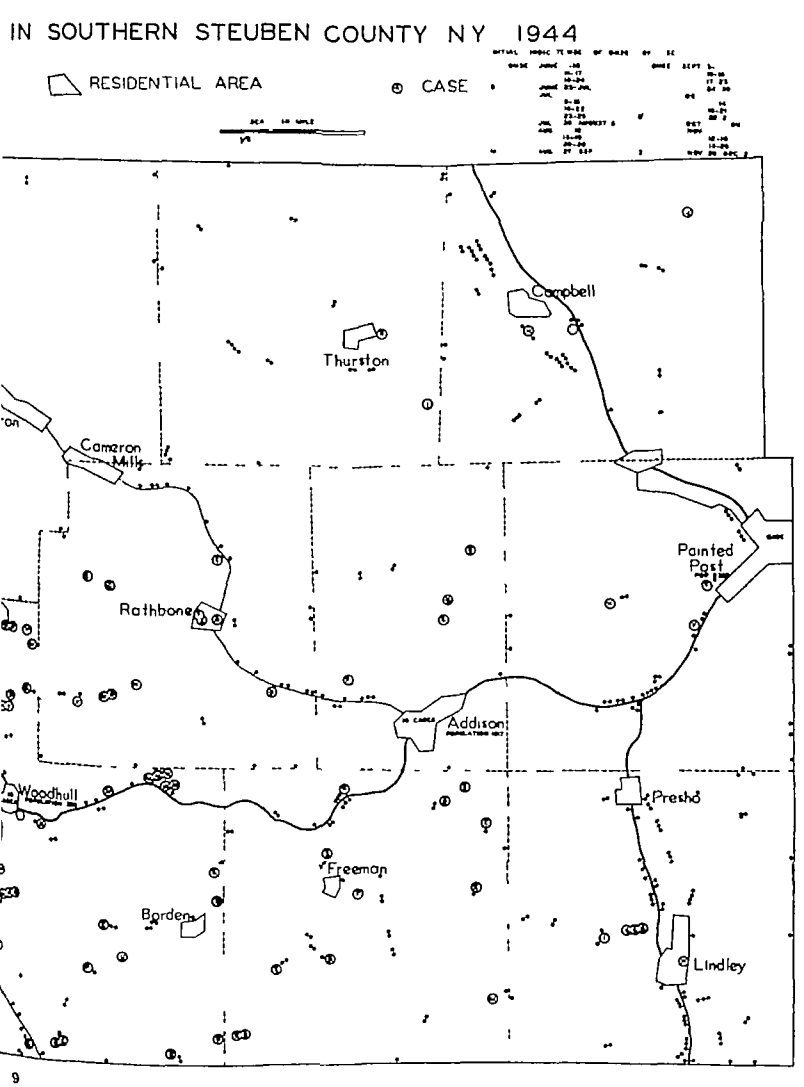

IN SOUTHERN STEUBEN COUNTY NY 1944
RESIDENTIAL AREA
CASE
Campbell
Thurston
Cameron Mills
Painted Post
Rathbone
Addison
Woodhull
Freeman
Bordens
Lindley
9

TABLE 1.—POLIOMYELITIS INCIDENCE IN RURAL AND URBAN AREAS OF THE HORNELL DISTRICT, 1944, COMPARED WITH CAT CENSUS

	Population per Square Mile	Poliomyelitis Case Rates, 1944, per 100,000 Population	Percentage of Homes with Cats, Estimated
Rural area	25	323	76
Villages	1,500	214	39
Cities (Hornell, Corning Elmira)	5,000	287	30

are warmly and closely housed in the winter, it may exist throughout the year The cat flea does not occur extensively in equatorial climates, but reports indicate that it is now more prevalent than twenty years ago in the southern United States

A survey made during the latter months of the outbreak in the Hornell District of an unselected group of homes visited by public-health nurses shows that 76 per cent of 187 farms maintained cats, whereas the percentage in urban homes was only 30 per cent This higher incidence of cat contact in rural environments corresponds to the more severe involvement of rural areas in most poliomyelitis epidemics In the experience of the Hornell District in 1944, this correlation is indicated in Table 1

Although the investigations made at the homes of the poliomyelitis patients do not show cat contact for all cases, nevertheless it is known that fleas dropped from cats are more liable to bite humans when not on their usual hosts There may have been no reaction to the bites or all evidences of them may have disappeared before the onset of the disease It is known that only about one person in eight shows any reaction to flea bites

An attempt was made, in view of these facts, to investigate the possibility that cat fleas served as vectors of poliomyelitis virus during the epidemic About two thousand fleas were collected from cats in the vicinity of cases These were pooled for injection into animals at the Yale Poliomyelitis Study Unit through the courtesy of Dr J R Paul No poliomyelitis virus was found in these pools, however, the results are not considered conclusive It would be interesting to see the effect of D D T , as an agent to control fleas, on the progress of a poliomyelitis epidemic

Supplementary Information

Information concerning several factors of possible importance in the spread of poliomyelitis was obtained during the visits to the homes of cases

However, nothing of significance was discovered concerning the relationship to poliomyelitis of sanitation of the surroundings of patients and no evidence was discovered to indicate water or milk-borne poliomyelitis There were many more flies than usual early in the epidemic, but as the summer progressed, the number of flies diminished without appreciable effect on the course of the epidemic About 50 per cent of the patients gave a history of insect bites of one sort or another

Only 4 of the patients, none with the bulbar type, were found to have had tonsillectomies during 1944 Twelve of the patients were pregnant

Summary

Facts concerning the clinical and epidemiologic features of an outbreak of 591 cases of poliomyelitis in a three-county district of New York State with a population of about 200,000 have been presented

Criteria for diagnosis have been discussed, and limitations of spinal-fluid cell counts pointed out

More than one such examination in eight for reported cases revealed normal counts, and few of these patients with normal counts were non paralytic A tabulation of patients by extent of involvement during the acute stage shows that 3 5 per cent died and 17 per cent more who survived had bulbar involvement, 10 per cent were severely paralyzed, 27 per cent moderately, 16 per cent to a minimal extent, and 22 per cent were not at all paralyzed

The spread of the disease in many directions from a central focus has been traced and diminishing attack rates noted on the periphery of the area involved Exceptions to this generalization have been pointed out, particularly the late appearance of the disease in a town adjacent to the center of the epidemic where the attack rate among the general population approximated 5 per cent An attack rate of 474 per 100,000 population in the rural areas affected was contrasted with an average rate of 287 per 100,000 in the three cities of the district

The rapid rise in incidence of reported cases of poliomyelitis to a peak during the third week of July has been indicated and a gradual, even decline noted thereafter Age distribution of cases shows most cases at 7 years, with more cases in the ten- to fifteen-year age group than in those under 5 years The frequent occurrence of minor illnesses with fever in the homes of patients has been shown, and the age distribution and chronology of these patients compared with reported cases Contacts between patients have been traced in 28 per cent of the reported cases and comments made on the significance o finding

Conclusions

Most of the standard tabulations of the epidemic in the Hornell Health District last year conform with those of other recent outbreaks of poliomyelitis, and such data have been interpreted to indicate that the usual mode of spread is by means of person-to-person contact. However, this study has emphasized for the authors that the accepted explanation of the spread of poliomyelitis is based on the weight of the evidence, and that some of the observations reported here do not fit nicely into the theory that poliomyelitis is usually spread by person to-person contact

For instance, this epidemic showed no particular correlation of cases with the distribution of presumptive susceptibles, no clear-cut evidence of spread of the disease from one member to another in families could be detected, and contacts with previously existing cases could be interpreted in this experience as a matter of chance The possibility of an insect vector as an agent in the spread of poliomyelitis is suggested by the seasonal incidence of the disease. Data have been presented showing that the cat flea is at least one insect whose distribution can be correlated closely, both seasonally and geographically, with the incidence of poliomyelitis.

The lack of public-health virus laboratory facilities seriously handicapped the investigation reported here and made impossible any extensive search for virus in patients or their environments We believe that such virus laboratory facilities should be provided, not just for the purposes of more thorough investigation of poliomyelitis epidemics but for more detailed study of all the virus diseases which affect humans

The theory of person-to-person spread of poliomyelitis, we feel, must be considered in the nature of a diagnosis by exclusion, and we agree with some other students of the problem that its firm establishment depends on a more thorough elimination of other possible explanations of the epidemiology of poliomyelitis

Acknowledgments—Most of the material presented in this paper would have been impossible to obtain without the continuing active cooperation of the practicing physicians of the Hornell District. Their contributions were most important. Acknowledgment is also gratefully made to Drs. J R. Paul and R. F Korns for their helpful suggestions and criticisms

References

1 Dahlke Anne M., and Parkins, James E. Treatment of Preparalytic Poliomyelitis with Gamma Globulin (unpublished)
2 Nicoll, M., Jr: Am. J Dis. Child. 14: 69 (1917)
3 Paul, J R. Salinger R. and Trask J D: J.A.M.A. 98: 2202 (June 25) 1932
4 Top, F H., and Vaughan, H F: Am. J Pub Health 31: 777 (Aug.) 1941
5 Conway J A: New York State J Med 17: 264 (June) 1917

THE MEDICAL IMPLICATIONS OF THE ATOMIC BOMB

Some of us remember when the roentgen rays were discovered. The very obvious penetrating quality of the new form of energy was studied and various uses were made of it. It was some time before we were aware that x rays had other almost unbelievable powers. The effect upon living tissue was both stimulating and destructive, depending upon the dosage and screening Furthermore, there was some selectivity, depending upon the structure of the tissue involved. Before this was learned many pioneers in the field of radiology became sterile lost fingers or limbs and some even lost their lives. When radium was discovered the scientific world was ray-conscious and there were fewer disasters. Nevertheless we still have radium and x-ray "burns" which are difficult to heal. In fact they behave in a way entirely different from injuries caused by heat that is produced by oxidation.

For this reason the first reports from Hiroshima of rescuers being stricken when they entered the devastated area did not sound too fantastic. The greatest obstacle to believing them was that they were Japanese reports We are now getting reports from American sources. Vern Haugland gives an interesting account of Hiroshima and it happened that one of his interpreters was a Japanese physician. He has something to say about the injured The bomb was exploded over Hiroshima at a height of from 1,000 to 1,500 feet. For this reason the surface of the earth was not rendered radioactive, as was the case with the experimental bomb in Arizona which was set off at a height of 100 feet. The death toll at the time of Haugland's visit had mounted to 53 000 and it was expected to reach 80 000 eventually Many persons who were only slightly wounded died from no apparent cause and any who were shocked by the atomic bomb were in danger of external or internal hemorrhages. Even slight scratches or burns were apt to become seriously infected.

The situation offers a wonderful opportunity for investigation in pathology Those who were killed instantly were probably so completely destroyed that there is no hope of learning anything about the effect of atomic energy upon living tissue from that source The late and secondary deaths should give a clue Furthermore those who have been exposed to the blast and who are still living should be subjected to careful clinical study No one can predict what the future holds in reference to atomic energy, and no opportunity should be lost for studying its effect upon human beings.—*Virginia M Monthly Oct 1945*

DIAGNOSIS AND MANAGEMENT OF CERTAIN TROPICAL DISEASES IN RETURNING VETERANS

WILLIAM KAUFMANN, M D , Albany, New York

(From the Departments of Medicine, Pathology, and Bacteriology of the Albany Medical College and the Albany Hospital)

THE deployment of American troops over the entire world in areas where modern methods of sanitation are unknown or poorly applied has made it inevitable that numerous men and women of our armed forces should come into contact with infectious diseases heretofore not encountered in our own country Many of these infectious diseases are acute in nature, producing severe illness, usually of short duration When properly treated these diseases clear up without leaving noticeable aftereffects Others, however, while sometimes acute in onset, are actually chronic and run a protracted course, even when symptomatic treatment is given Still others of these diseases are apt to relapse more or less frequently, in spite of the fact that specific treatment produces apparent clinical cure

The symptomatology of these diseases is often varied and confusing Chills, fever, malaise, and nausea, frequently accompanied by vomiting, generalized aches and pains, delirium, and unconsciousness are only a few of the general symptoms encountered This complexity of symptomatology makes it necessary that diagnostic means other than a recording of clinical symptoms be looked for to help in arriving at a correct diagnosis Fortunately, it can safely be said here that nowhere else in the field of medicine is the aid of the laboratory so essential and so helpful as in the field of tropical medicine and parasitology, and the diagnosis of a tropical or parasitic ailment is essentially a laboratory diagnosis

Most infectious diseases are cosmopolitan because the causative, infectious agent is not completely dependent for life on climate, surroundings, or intermediate hosts requiring special environmental conditions However, a fair number of infectious organisms thrive better in warm and humid climates than in cool or temperate zones, and often they require for the completion of their life cycle intermediate animal or plant hosts not commonly found in temperate climates There are many such infectious agents, but of these relatively few are of major importance in the production of human pathology One of the reasons is that many are adapted for parasitic life only in animal hosts and rarely, if ever, attack man Another reason is that contact with human beings is difficult or accidental so that infections resulting from contact with such organisms are rare Possibly the major reason for the relatively rare occurrence of parasitic infections in our own troops is the selection of carefully controlled public-health methods by the armed forces and strictly enforced preventive medical practices Yet, in many instances, contamination cannot be avoided, especially with those micro-organisms which are transmitted by vectors so numerous in endemic areas that complete protection is impossible

In Table 1 an attempt is made to group together the most frequent infectious diseases of warm and humid climates

The majority of the bacterial, virus, and rickettsial diseases are essentially acute and because of this they will not present a diagnostic problem in the returning veteran This leaves the protozoan and helminthic infections, most of which are insidious in onset and protracted in their course These are the diseases which the physician will have to suspect in any veteran who has lived in areas in which certain parasites are endemic and who complain of symptoms not readily explainable on clinical grounds In the following I shall attempt to give a brief description of certain ways and means of making accurate diagnoses of these diseases as well as methods of treating those tropical ailments which we are most liable to encounter in returning veterans

Amebiasis

This world-wide disease, prevalent in both warm and humid climates, is caused by Endamoeba histolytica, a rhizopod protozoan which affects primarily the large intestine The life cycle of the parasite is simple, requiring only one host The cyst of E histolytica is the resistant and infective form of the parasite and is responsible for the transmission and the propagation of the disease Cysts usually possess one to four nuclei, although eight-nucleated forms have been reported When ingested, cysts pass unharmed through the stomach and small intestine but excyst in the region of the ileocecal valve After excystation, freed trophozoites, the vegetative forms of the parasite, attack the mucosa of the large intestine, multiplying by simple, binary

Read at the Thirty-ninth Annual Meeting of the Sixth District Branch of the Medical Society of the State of New York, Cortland September 26, 1945

TABLE I

1	Bacterial diseases
	(a) Bacillary dysentery
	(b) Plague
	(c) Cholera
	(d) Leprosy
2	Virus diseases
	(a) Dengue
	(b) Yellow fever
	(c) Pappataci fever
3	Rickettsial diseases
	(a) Scrub typhus
	(b) Classic typhus
4	Protozoan diseases
	(a) Amebiasis
	(b) Malaria
	(c) Leishmaniasis
5	Helminthic diseases
	(a) Intestinal helminthic diseases
	(b) Filariasis
	(c) Schistosomiasis

fission and producing ulceration of the mucosa by tissue lysis Characteristic inverted, flask-like ulcers are formed, with the neck and mouth of the flask pointing toward the lumen of the intestine and the bottom buried deep in the submucosa This accounts for the small, often pinpoint-sized ulcers seen through the sigmoidoscope These ulcers are actually more extensive and destructive in the submucosa than the sigmoidoscopic findings would indicate Trophozoites constantly escape from these ulcers, are swept downward by the fecal stream, and attack the intestinal mucosa wherever stasis occurs Thus, lesions are most frequent in the cecum and in the rectum, but may occur anywhere in the large intestine Trophozoites disintegrate rapidly when passed to the outside world, and continue to live only within the tissues Transformation of trophozoites into cysts thus occurs within the intestinal lumen and not in the tissues

When the cysts are passed from the intestine they may remain alive in feces at room temperature for several weeks. Freezing does not harm them for about one year, but temperatures over 50 C are fatal for them within three to five minutes

Clinically, amebiasis is primarily a colitis characterized by frequent dysenteric stools, tenesmus, anorexia, indigestion, loss of weight, and dehydration. In general the symptomatology of amebiasis in temperate climates is rather vague and the onset, in contrast to bacillary dysentery, is insidious While symptoms may occur within two weeks after infection, especially in hot and humid climates, it is more common for the incubation period to last for a month or longer The patient's temperature is often normal or only slightly raised and there is no leukocytosis These findings are in contrast to acute bacillary dysentery

Diagnosis depends entirely upon the finding of the parasites in the feces Special precautions are necessary to preserve trophozoites in the stools in order to demonstrate their structure and their characteristic, explosive "ameboid" movements Both their movement and their structure differentiate them from the harmless E coli, a frequent saprophyte of the human intestine. Several methods of stool examination have been devised and should routinely be employed to increase accuracy of diagnosis Identification of these micro-organisms should only be attempted by skilled, well trained personnel, since confusion of typical and atypical forms with large epithelial cells, macrophages, and harmless intestinal protozoa, or even fungi, is altogether too common

The course of amebic colitis in the absence of specific treatment is protracted and is characterized by alternating periods of remissions and relapses In many instances diarrhea and dysentery may persist for months, resulting in considerable dehydration and prostration of the patient In other cases dysenteric or diarrheic attacks may alternate with periods of constipation

The real dangers of chronic amebic colitis lie, of course, in the production of permanent damage to the large intestine produced by the extensive ulcerative lesions, in the possibility of sudden perforation with consequent peritonitis, and finally, in the development of metastatic infection, such as liver, lung, and brain abscesses Hepatitis is a frequent complication of amebic colitis and may occur early in the disease It is not always associated with liver abscess, however

Treatment.—Amebiasis therapy is specific and depends on the clinical symptomatology of the illness Patients with dysentery, hepatitis, or liver abscess should be hospitalized and kept in bed Patients with mild symptoms or with no clinical symptoms at all, as well as carriers, may be treated as office patients

The following specific drugs are available for the treatment of amebiasis

1 Emetine hydrochloride
2 Diodoquin
3 Chiniofon
4 Vioform
5 Carbarsone

Emetine hydrochloride is the drug of choice in amebic hepatitis, liver abscess, and other metastatic amebic infections and should be employed in all cases of severe amebic dysentery until the symptoms are controlled It should then be followed by one of the iodine preparations Emetine hydrochloride is administered sub-

cutaneously or intramuscularly in daily doses of 0 065 Gm Not more than six to eight daily doses should be given Emetine hydrochloride should not be considered a curative drug, since about 81 per cent of patients who have received one or two courses of treatment with this drug and whose fecal specimens have shown no parasites have become positive again within forty days after cessation of the treatment (Craig) [1]

Diodoquin (5,7-diodo-8-hydroxy-quinoline) contains 63 9 per cent iodine and has been found to be a very effective drug in the treatment of all forms of amebic colitis, once the severe dysentery has been controlled It is administered orally in the form of 0 21-Gm tablets six to nine times daily for twenty-one days Toxic symptoms, except for occasional slight headache, have not been reported

Chiniofon, also known as anayodin or yatren, contains 28 per cent iodine (iodoxy-quinoline sulfonic acid) It is a good substitute for diodoquin and should always be given when two full courses of diodoquin have failed This drug is administered orally in doses of 0 25 Gm in pill or tablet form three times daily for seven to ten days The course may have to be repeated after an interval of two weeks

Vioform (iodochlorhydroxyquinoline) contains between 37 5 and 41 5 per cent iodine It is administered three times daily in 0 25-Gm gelatin capsules for ten days After an interval of one week the same course is repeated Serious toxic reactions to this drug have rarely been noted

Carbarsone (4-carbaminophenylarsonic acid) contains 28 85 per cent arsenic It is a more toxic drug than all the others but is very efficient in the treatment of the disease It should be used when other medication has proved unsuccessful It is given orally in gelatin capsules, containing 0 25 Gm of the drug, three times daily for ten days The treatment may be repeated, if necessary, after an interval of ten days Carbarsone has proved very valuable, especially in the treatment of carriers, but it possesses the disadvantages of the toxicity of the arsenicals The usual precautions against arsenic intoxication should be employed and the drug should not be given if arsenical treatment is contraindicated for reasons of concomitant organic liver or kidney diseases

Supportive treatment in the form of high-caloric diets and vitamin therapy may be necessary Constipating drugs or laxatives are generally contraindicated, since they may interfere with the proper action of the amebicidal drug Severe anemia may require specific treatment once the infection has been checked

Patients should return periodically for check-up stool examinations Monthly stool examinations for three to six months should insure permanent cure if no recurrence has occurred meanwhile Relapses should be treated as the initial attack

Malaria

This serious and world-wide disease is due to infection of the red blood cells with one of four hemoparasites

1 Plasmodium vivax
2 Plasmodium malariae
3 Plasmodium falciparum
4 Plasmodium ovale

The disease is really a parasitemia characterized by periodic destruction of red blood cells accompanied by chills and fever and producing serious anemia

Malaria produces such a variety of symptoms that a clinical diagnosis is often impossible to make, and any person who recently resided in areas in which the disease is endemic and suddenly complains of chills and fever should be suspected of having malaria until it is proved otherwise The scope of this paper does not permit a detailed discussion of the often complicated symptomatology of the various forms of malaria The typical periodicity of chills and fever, contrary to general belief, is not always established in the first few days of the clinical infection and therefore fails to be of help in early diagnosis Suffice it to say, then, that in case of sudden chills and fever in a returning veteran immediate hemodiagnosis should be resorted to in order to establish or rule out a diagnosis of malaria Antimalarial therapy without confirmation of the disease by blood films is a dangerous practice, since one always runs the risk of missing a serious nonmalarial infectious disease such as meningitis or pneumonia

As with other parasitic infections, correct diagnosis thus depends on the identification of the causative micro-organism in the laboratory Species diagnosis is essential, since patients suffering from falciparum infections should be watched carefully for the development of complications, such as cerebral malaria and blackwater fever Also, it should be remembered that falciparum malaria is not liable to cause repeated relapses, while vivax malaria characteristically produces frequent recurrences in spite of specific antimalarial treatment These recurrences can be brought under control readily and are not apt to result in serious complications

In order to understand symptomatology and methods of diagnosis as well as treatment of malaria knowledge of the life cycle of the parasite appears essential The life cycle of all four species of Plasmodia is identical and is conveniently divided into two main parts, namely,

the asexual cycle, or schizogony, occurring in man and responsible for the clinical symptomatology of the disease, and the sexual cycle, or sporogony, occurring in the mosquito and responsible for the production of the infective, mosquito-borne forms of the parasite When a female mosquito takes a blood meal she injects into the human circulation sporozoites (infective forms) which disappear from the circulation for several weeks, probably being carried in reticuloendothelial cells After a period of intracellular residence (exoerythrocytic phase) young ring forms, or trophozoites, appear in the red blood cells of the circulating blood These trophozoites show ameboid movement of their cytoplasm and their nuclear chromatin begins to divide The parasite is now known as a schizont and within a short time enlarges so as to occupy the major portion of the red blood cell Division of the nuclear chromatin continues until a certain number is reached, at which time the term "merozoite" is applied to each of the nuclear divisions and their tributary cytoplasm When the full number of merozoites is reached the parasitized red cells rupture and the thus liberated merozoites attack other red cells to repeat the cycle This cycle is called schizogony and varies in duration with the species, requiring forty-eight hours for Plasmodium vivax and ovale, seventy-two hours for P malariae, and twenty four to thirty-six hours for P falciparum

Some of the merozoites, originating from several generations of asexual forms in the red blood cells, develop into sexual forms, the so-called gametocytes, which enlarge and almost fill out the entire red cell The latter finally ruptures and allows the gametocytes to flow free in the plasma Female gametocytes are called macrogametocytes and the male forms are called microgametocytes

During a blood meal these gametocytes are taken up by the female mosquito and as soon as they reach the midgut of the insect, after further structural changes in the parasites, fertilization occurs. The male organism exflagellates and each of the flagellate organisms penetrates one macrogamete. The form resulting from this union is referred to as a zygote The zygote then changes into an elongated body, the ookinete, which penetrates the wall of the midgut. In the intestinal wall it comes to rest and develops into a spherical structure, the oocyst, within which are produced numerous slender fusiform elements, the infective sporozoites The oocyst finally ruptures and liberates the sporozoites, which escape into the hemocele of the mosquito, from which they are attracted to the salivary glands Here they are stored until the insect is ready to take another blood meal, when they are injected into man to start the asexual cycle The sexual cycle is called gametogony and sporogony and varies in duration from ten days to four weeks, depending on climate and surroundings in which the mosquitoes live

Identification of the species of malarial parasite requires experience and should be attempted only by trained personnel, since confusion with blood platelets, molds, and bacteria growing on blood films with parasites is frequent. The Army requires periodic checking of its technical personnel by a competent laboratory officer

Thick and thin blood films are the diagnostic methods of choice, and such films should be made on each patient suspected of having malaria The thick film serves to insure a diagnosis of malaria, while the thin film allows for species identification Thick films should be carefully examined for at least five minutes and thin films for thirty minutes before being discarded as negative

Staining of the films may be done by any of the modifications of the Romanowsky method, the ordinary Wright's or Giemsa's stain being quite satisfactory Recently Field's method[2] has been found to be very helpful

Treatment.—The treatment of malaria is primarily directed toward sterilization of the blood from parasites and the prevention of relapses While the former is possible in almost all cases treated properly, the latter is extremely difficult and presents one of the unpleasant problems with our present-day antimalarial drugs. Several methods of treatment are recommended, but for the purpose of this paper only one form of treatment, namely, the so-called curative treatment is felt worthy of consideration The so-called suppressive treatment is a prophylactic treatment and is reserved for military or civilian personnel entering or residing in endemic areas It is therefore of no consequence in the treatment of returning veterans or in civilians having acquired the infection either here or abroad Several excellent drugs are available, and one or the other should be employed as soon as the diagnosis is established Patients with falciparum malaria should be hospitalized for the duration of the treatment, while those with other forms of malaria may be treated on an ambulatory basis except in complicated cases

Atabrine (quinacrine hydrochloride, U.S P XII) is today considered the drug of choice in all cases of malaria and has been found to be very efficient. It is administered orally in tablets of 0 1 Gm Uncomplicated cases should be treated in the following manner 0.2 Gm. of atabrine is given every six hours for five doses, to make a total of 1 Gm in thirty hours Then one continues with 0 1 Gm three times daily for six days

to make a total of 2 8 Gm All ordinary cases of infection should be clinically cured after this treatment Some authors recommend the use of equal amounts of sodium bicarbonate with each dose of atabrine

Since atabrine does not usually kill the gametocytes of P falciparum, plasmochin therapy should follow atabrine treatment as indicated below

In cases where oral administration is not possible, as in pernicious vomiting or in cerebral malaria, atabrine hydrochloride may be administered intravenously or intramuscularly However, it is generally felt that quinine dihydrochloride, given intravenously, is to be preferred in such cases, since intravenous injection of atabrine hydrochloride has in a few cases produced instant collapse and death The intramuscular injection of atabrine hydrochloride generally produces less tissue necrosis than quinine dihydrochloride The recommended dosage for intramuscular or intravenous atabrine hydrochloride is 0 2 Gm in 10 cc of sterile distilled water, to be repeated if necessary in six hours by one other injection Oral treatment with atabrine should then be instituted as soon as the patient regains consciousness or stops vomiting

Quinine is a specific antimalarial drug and its salts, quinine sulfate for oral administration and quinine dihydrochloride for intramuscular or intravenous injection, would eventually eliminate malaria in any given patient However, treatment would have to be prolonged and since most patients will not carry on, strictly, frequent relapses are common in cases treated with quinine

Numerous forms of treatment with quinine have been devised, the one recommended by the National Malaria Committee in 1918 having given good results In cases of acute attacks quinine sulfate is given orally in doses of 0 65 Gm three times daily for four days, or until the acute symptoms are controlled Following this 0 65 Gm is given nightly for eight weeks In cases of parasitemia without acute clinical symptoms the latter part of the treatment only is necessary.

Intravenous administration of quinine dihydrochloride should be reserved for cases of pernicious malaria with biliary vomiting or cerebral manifestation The following dosage should be employed 0 65 Gm to 1 Gm of the drug should be diluted in at least 200 to 250 cc of sterile normal saline and injected very slowly into the vein If no relief of symptoms is obtained within six hours the procedure should be repeated or should be followed by one intramuscular injection of atabrine hydrochloride in the dosage given above It has recently been found that if human blood plasma is substituted for the diluent, better results are obtained with one injection, and the fall in blood pressure is less serious

Intramuscular injection of quinine dihydrochloride is often complicated by local tissue necrosis and thus has been replaced by atabrine hydrochloride Oral administration with quinine should be instituted as soon as the condition of the patient permits

Totaquine is a mixture of the alkaloids of cinchona and has proved a valuable substitute for quinine Dosage and administration are identical with those for quinine However, it has no advantage over atabrine or quinine and thus is relegated to a secondary role in the treatment of malaria

Plasmochin is the gametocidal drug of choice, although some dispute as to its specific value still exists However, recently the Director of the Medical Services, Middle East Forces, British Army, 1942, stated that plasmochin not only kills the gametocytes but also reduces the relapse rate, presumably acting on the exoerythrocytic forms which survive during the latent period [3] Plasmochin is administered after treatment with atabrine or in conjunction with quinine in the form of a 0 01-Gm pill three times daily for four to five successive days, or 0 01 Gm three times daily every third or fourth day until the gametocytes disappear Since it is a toxic drug its use should be supervised carefully and it should never be given in conjunction with atabrine

Once the acute attack of malaria has been clinically cured and the parasitemia checked, the convalescent patient may require supportive treatment In general the frequently present anemia will respond favorably to liver and iron therapy Only in rare cases will blood transfusion be necessary Relapses, occurring so often with vivax malaria, should be treated as the initial attack With proper treatment they will become less frequent and finally not recur

Leishmaniasis

This disease is found throughout the tropical and subtropical belt of the globe and is caused by a protozoon of the genus Leishmania There are several species of Leishmania, three of which are pathogenic for man, namely

1 Leishmania donovani, causing visceral leishmaniasis, or kala-azar

2 Leishmania tropica, causing cutaneous leishmaniasis

3 Leishmania brasiliensis, causing mucocutaneous leishmaniasis

Differentiation of these three species is based largely on clinical and pathologic grounds and

not on parasitologic findings All three species are transmitted from man to man by an intermediate host, a small sandfly of the genus Phlebotomus. The micro-organisms are parasites of the reticuloendothelial system of the body, parasitizing especially the reticuloendothelial cells of the liver, spleen, and bone marrow in kala-azar, and the skin and subcutaneous tissues in cutaneous and mucocutaneous leishmaniasis.

The onset of the disease is insidious, ranging from several weeks to over one year after infection The symptomatology is very complex, fever of a continuous type with slight daily remissions or occasionally double or even triple peaks being present for days or weeks, especially in the beginning of the disease Ulcerations of the skin and mucocutaneous junctions in patients returning from endemic areas are suggestive of cutaneous leishmaniasis Hepatosplenomegaly in the absence of malaria should make one suspect kala-azar This latter form of leishmaniasis is often characterized by extensive weight loss, prostration, and abdominal protrusion Frequently enlargement of lymph nodes without specific distribution is noted The course of the disease is protracted and progressive and in kala-azar ends fatally within two years if no treatment is instituted

Diagnosis again depends largely on the demonstration of the micro-organisms, although serologic tests have been devised which have proved valuable aids in diagnosis, and blood findings in kala-azar are thought to be quite characteristic There is generally leukopenia, especially a decrease in the number of granulocytes Anemia sets in rather early and often is of the hypochromic type The sedimentation time is generally increased

Significant are the changes in the plasma proteins There is a reversal of the albumin-globulin ratio with a rise in the globulin fraction, beginning early in the disease and reaching as high as 8 Gm per 100 cc. These findings have led to several so-called qualitative tests for leishmaniasis which have proved helpful in the diagnosis but which have not replaced the parasitologic examinations In addition some of these tests have been found to be positive in other parasitic infections.

Therefore, conclusive diagnosis rests upon the demonstration of the causative micro-organism in blood films or in cultures made from the blood of patients suffering from leishmaniasis The parasites are usually found in the cytoplasm of reticuloendothelial cells and leukocytes in the blood, but in kala-azar they may be discovered in almost any organ of the body Sternal and splenic punctures are especially helpful and smears should be stained with any of the modifications of the Romanowsky method

Culturing of Leishmania organisms has been perfected thoroughly and should always be attempted simultaneously with direct blood examination The N N N (Nicolle, Novy, and McNeal) medium has proved most satisfactory and the development of the parasite may readily be studied in such cultures

Treatment—Since the introduction of the pentavalent antimony compounds in the treatment of kala azar, the prognosis of this disease has lost much of its serious aspects, while for the other forms of leishmaniasis trivalent antimony preparations, such as sodium or potassium antimony tartrate and fuadin, are still the drugs of choice.

Neostibosan, containing about 40 per cent of antimony, is administered either intramuscularly or intravenously It is the least toxic of the pentavalent preparations and therefore is especially valuable in the treatment of kala-azar

Napier advises the following intravenous adult dosages 0.2 Gm the first day, 0 4 Gm. the second day, 0 5 Gm the third day, to be continued daily for twelve injections in infections contracted in India, eighteen injections for cases contracted in China, twenty-four injections for infections contracted in the Mediterranean area, and at least twenty-four injections for infections contracted in the Sudan

Toxic manifestations due to injection of any antimony compound will have to be watched for and include irritation of the respiratory epithelium with coughing, headache, and vomiting, bradycardia, and finally pneumonia The latter, serious toxic complications, require interruption of the treatment.

Certain diamidine compounds have been found to be valuable in the treatment of kala-azar in the Sudan and in British East Africa. However, Napier, Sen Gupta, and Sen[4] recommend that these drugs be used only in the rare cases refractory to neostibosan because of the high degree of toxicity of diamidine compounds.

For the treatment of cutaneous and mucocutaneous leishmaniasis fuadin is probably the most efficient drug It contains 13.5 per cent of antimony and is given preferably in intramuscular injections Two injections of 5 cc should be given biweekly and continued for eight weeks Local treatment of the sores with x ray, carbon-dioxide snow, or phosphorated oil may be helpful, but is not necessary in conjunction with fuadin and certainly should not replace the latter

It is advisable to cover open sores with protective dressings to prevent autoinoculation and bacterial contamination Once cured, recurrence of any of the leishmaniases is rare

Filariasis

Filariasis is a generic term for a group of diseases produced by a variety of helminths, all of which are transmitted by the bite of mosquitoes There are several genera of "filaria worms" pathogenic for man, namely

1 Wuchereria bancrofti
2 Wuchereria malayi
3 Loa loa
4 Onchocerca volvulus
5 Mansonella ozzardi
6 Acantocheilonema perstans
7 Dracunculus medinensis

Of these only the first two are of importance as far as returning military personnel is concerned and in American military medicine the term "filariasis" has been widely used with reference to infection with either W bancrofti or W malayi The reason for the predominance of Wuchereria infection over the others is the widespread geographic distribution of the Wuchereriae and their ready transmission by a number of mosquitoes of the genera Culex, Anopheles, Aedes, and Mansonioides, while the other "filaria worms" have either a more limited geographic distribution or require a more complicated life cycle than Wuchereria In speaking of filariasis we thus will be referring to a disease caused either by W bancrofti or W malayi

Filariasis is insidious in onset and pursues a protracted course Massive infection with the filaria is necessary to produce demonstrable tissue changes in the body, while symptoms may occur with light infection Early in the disease, i e , several months after the bite of the mosquito patients may show urticaria, fever, and transient lymphangitis The latter is usually located in the lower extremities with W bancrofti infection, while in W malayi infection the lymphatics of the upper extremities are involved These symptoms may last from five to six days to several weeks and recur with frequent relapses In addition there may be lack of energy, general lassitude, fatigue, anorexia, nausea, vomiting, headache, vertigo, blurring of vision, photophobia, and muscle spasm Symptoms of neuropathy and depression are frequent in military personnel

An early physical sign in cases of W bancrofti infection is a unilateral or bilateral funiculitis which may subside after months Lymph nodes in the inguinal canal or in the axilla are often enlarged early

The changes in the circulating blood are characteristic, since about 70 per cent of the patients reveal a marked eosinophilia However, one should not overlook the possibility of other intestinal helminthic infection concomitant with or overshadowing filariasis, since eosinophilia is a common finding in all helminthic infections

Elephantiasis, i e , the permanent, gross enlargement of external genitalia and extremities, has often been referred to and pictured as the most characteristic and specific physical sign of filariasis While this is probably true in natives of endemic areas who are exposed to frequent massive reinfections, it is certainly not so for returning veterans Elephantiasis is the result of repeated infections over a period of many years resulting in definite tissue changes in the affected parts of the body Due to blockage of the lymphatics as a result of destruction of lymph nodes by dead adult worms, lymph stasis will be produced with consequent thickening of the soft subcutaneous tissues This, of course, will become more and more severe and extensive if more lymph nodes are destroyed, but the development of elephantiasis is a matter of many years In natives of endemic areas who are exposed to the bite of the infective mosquitoes from birth on, elephantiasis is rarely seen before the age of 20 years and in general not more than 5 per cent of the population will be affected, thus indicating that it is not a necessary complication of filariasis

Transmission of the disease is due to the bite of an infective mosquito, and a large number of them have been incriminated as actual and potential vectors Culex quinquefasciatus is the most widespread and the most important vector, but other species of Culex and other genera of mosquitoes, as outlined above, have been proved to propagate the infection The complete life cycle of both W bancrofti and W malayi is still somewhat disputed The adult worms live in the lymphatics of man and the females release large numbers of microfilariae into the circulating blood

These microfilariae are then picked up by bloodsucking mosquitoes in whose gut and muscles, after a certain time of in vivo incubation, they develop into infective forms This period may last from ten to twenty days, depending upon the climate and the surroundings as well as other factors guiding the life of the mosquito The infective microfilariae soon migrate into the mouth-parts of the mosquito, only to be deposited onto the skin during a blood meal They then actively penetrate the skin and develop into male and female adult worms It is estimated that at least twelve to eighteen months elapse between the time of infection and the appearance of microfilariae in the blood The actual place of the change of microfilariae into young adult worms is still not known

The diagnosis of filariasis depends, of course, on the demonstration of the microfilariae in the circulating blood, although a symptom complex such as outlined above should make one suspect the disease even in the absence of microfilariae

in the blood It must be remembered that microfilariae will not appear in the circulating blood until about twelve to eighteen months after the infections, i e , long after the symptomatology of early filariasis is well established A curious phenomenon of this disease is the periodic appearance of microfilariae in the circulation between the hours of 10 00 P M and 2 00 A M , although in certain areas of the Southwest Pacific (east of the New Hebrides) nonperiodic forms have been found

It is usually satisfactory to examine a patient's blood by the thick- and thin-film methods as used for the diagnosis of malaria Thick films are, of course, more concentrated and should be used in preference over thin films However, in the early stages of the infection (after at least twelve to eighteen months of incubation) other concentration methods may have to be used to find microfilariae

The adult worms lodge in the lymph nodes and may be seen in biopsies Such adult worms have been found in about 30 per cent of the cases, recently reported from the Pacific Simultaneously the observation was made that removal of lymph nodes or other tissues for microscopic examination at a time when acute symptoms were present, was sometimes followed by severe exacerbations and led to more serious complications Therefore, it is recommended that biopsies should not be performed at such times

Additional laboratory tests are sometimes helpful in the diagnosis of the disease, especially when hemodiagnosis fails Skin tests and complement-fixation reactions have been devised but are not species specific Antigens are usually prepared from a canine filarioidea, namely, the Dirofilaria immitis These tests are reliable only in the hands of skilled and specially trained personnel

Treatment —The treatment of filariasis is so far disappointing, both in the early and in the late stages Brown, in 1944 [6] demonstrated the value of the trivalent antimony preparation, anthiomaline, in selected cases and fuadin is claimed to be of certain value Arsenicals may kill the microfilariae but are not lethal for the adult worms

In elephantiasis, Auchincloss[8] advises a modified Kondolean operation which will reduce the size of the affected extremity temporarily A helpful procedure in the treatment of elephantiasis is the pressure-bandaging technic of Knott.[7] This will definitely reduce the size of those extremities in which the degree of subcutaneous fibrosis is not yet too far advanced

Schistosomiasis

This disease is the result of infection with one of three different blood flukes all of which have a complicated but similar life cycle, but differ in their geographic distribution, their definitive location in the human body, their intermediate hosts, and especially in the morphology of their eggs

The three species of blood flukes are

1 Schistosoma hematobium, which is found especially in North Africa

2 Schistosoma mansoni, found in Africa, South America, and some of the Caribbean islands

3 Schistosoma Japonicum, found in East Asia and some of the islands of Japan, Formosa, and the Philippines, and in the Dutch East Indies

The disease produced by each of these flukes is quite characteristic, once it is fully established, because of the definitive location of the adult worms and the distribution of the lesions caused by the eggs S hematobium is located generally in the venous plexuses of the genitourinary system, while the adults of S mansoni and S japonicum have a predilection for the branches of the superior and inferior mesenteric veins, with S japonicum also favoring the portal circulation Pathologic tissue changes, however, are not produced by the adult worms which live in the vessel lumens, but by the eggs which are deposited by the female in the circulation of the submucosa and mucosa of the bladder in S hematobium infection, in the mucosa and submucosa of the large intestine in S mansoni, and in the liver in S japonica.

The complicated life cycle of the parasites begins with the oviposition of the females within the venules Many eggs are swept into the tissues via the capillaries, where, once arrested, they are the cause of severe tissue damage Others are extruded through submucosa and mucosa into the lumen of the intestine or the bladder from which they are passed with the feces and the urine When these eggs reach water they hatch within a few hours and give rise to first-stage larvae, the so-called miracidia These larvae are equipped with swimmers and actively penetrate definitive species of fresh water snails which act as intermediate hosts Inside these snails they are transformed into second-stage larvae, the so-called sporocysts, which produce second-generation sporocysts the latter giving rise to third-stage larvae, the cercariae These cercariae under certain circumstances, break out of the snail and swim about in the water until they find the definitive host, namely man whose skin they may penetrate within thirty seconds Cercariae must find their definitive host or they will die within sixteen hours Once in the skin they reach blood vessels and after passing through

heart and lungs they reach their definitive destination, where they grow up into adult male and female flukes

The eggs which have not reached the outside world, but have been retained in the tissues, are the cause of the severe tissue changes characteristic of the disease These eggs, acting both by the elaboration of toxic substances and by their mechanical irritation, produce extensive chronic inflammation, in which pseudotubercles, especially around dying or dead and calcified eggs, predominate In the liver extensive hepatitis and cirrhosis is the result of infection with S japonicum The eggs of S mansoni produce severe colitis with thickening of the mucosa, submucosa, and even the entire intestinal wall, often leading to fistula formation or even to widespread intestinal papillomatosis Infection with S hematobium leads to diffuse thickening of the bladder wall and papilloma formation Even carcinoma of the bladder has been said to result from longstanding schistosomiasis hematobia

The early symptomatology of schistosomiasis is vague and not conclusive Allergic reactions, vague aches and pains, slightly raised temperatures, and leukocytosis with marked eosinophilia are the main clinical features Diagnosis, therefore, depends on the demonstration of the eggs in urine or feces and their identification This should be relatively easy, since the eggs of the three species of blood flukes differ considerably from each other The eggs of S hematobium are oval in shape and possess a long terminal spine, those of S mansoni are less elongated and are equipped with a lateral spine, while the eggs of S japonicum are almost round and have only a minute, rudimentary, subterminal spine

The full-blown disease, of course, may simulate any severe liver disease, such as Laennec's cirrhosis in S japonicum infections, chronic ulcerative colitis in S mansoni, and chronic cystitis, urethritis, prostatitis, and vesiculitis in case of S hematobium infection Almost any type of metastatic complication has been observed with all species of schistosoma

Treatment—Treatment is specific and very effective in active infections Chronic infections with severe tissue alterations respond, of course, less favorably Potassium and sodium antimony tartrate have been widely used in the past but fuadin has almost replaced the former, because of their toxic effects on the respiratory epithelium Fuadin is used with good results in the following dosages 1 5 cc of the drug are given intramuscularly on the first day of treatment, 3 5 cc on the third day, and 5 cc on the fifth day The dose of 5 cc is then continued on alternate days, until a total of ten injections have been administered If living eggs are still found in the feces or the urine several weeks after the termination of the treatment, at least five more injections should be given Surgical intervention is indicated only in cases of urethral or intestinal obstruction or in vesicular or intestinal papillomatosis Splenectomy has been performed in cases of schistosomiasis japonica, but the results of this procedure are questionable

Summary

In summary, therefore, the following parasitic diseases are most likely to be encountered in returning military personnel

1 Amebiasis
2 Malaria
3 Leishmaniasis
4 Filariasis
5 Schistosomiasis

Diagnosis is necessary for proper treatment The history of service in tropical countries and careful, accurate laboratory examination are essential to accomplish this end

References

1 Craig, C F Mil Surg 40 286, 423 (1917)
2 Field, J W, and Le Fleming H Tr Roy Soc Trop Med. & Hyg 32 467 (1939), 33 507 (1940), 34 297 (1941)
3 Director of the Medical Services, Middle East Force British Army Memorandum on the Clinical Aspects of Malaria in the Middle East, May, 1942, 34-35
4 Napier, L E Sen Gupta, P C, and Sen, G W Indian M Gaz 74 600 (1940)
5 Brown, H W J A M.A 129 952 (1944)
6 Auchincloss, H Puerto Rico J Pub Health & Trop Med. 6 149 (1930)
7 Knott, J Tr Roy Soc Trop Med & Hyg 32 243 (1938)

SOCIAL LION

A reporter was sent to write up the great social event of the year The next day he was called on the carpet by the editor

"What do you mean by saying that among the most beautiful girls present was the eminent surgeon, Dr William Whoozit? Dr Whoozit is not a girl and he is an important stockholder of this paper"

"I can't help that," the reporter insisted doggedly "That's where he was"—*J Am Inst Homeop, Oct, 1945*

A REVIEW OF THE VARIOUS METHODS USED IN THE TREATMENT OF PHLEBOTHROMBOSIS OF THE EXTREMITIES

FREDERIC W BANCROFT, M D , New York City

MY INTEREST in postoperative thrombosis and embolism started actively in 1928. At that time I was dissatisfied with the progress being made to combat these most tragic accidents of surgery and medicine I felt that reports of a series of cases got us nowhere. Therefore, I interested Dr Margaret Stanley-Brown and we started on a five- to ten year study

Our theoretic thesis was as follows We believed that everywhere in medicine there are hyper and hypo conditions. For example, there is hyperthyroidism and hypothyroidism, gastric hyperacidity and gastric hypoacidity, hyperinsulinism and hypoinsulinism, and so on.

We theorized, therefore, that if you would admit that there were potential bleeders, such as hemophiliacs, nutritional bleeders, etc , why should not there be potential intravascular "clotters?" We admitted that hemostasis, hemoconcentration, trauma, and infection were the potential causes of intravascular clotting However, we felt that there must be another factor inherent in the individual which made one patient more susceptible than another

We have seen cases in which all the causes were present and no accident occurred, while others with minimum factors present produced an accident. As an example, we had a patient who sold tickets at a movie booth. She rested her arm on the shelf and developed a thrombosis of the median basilic vein. We therefore theorized that there must be an unknown, X, which was an additional factor in the causes of thrombosis and embolism I should like to review very briefly the theory of blood clotting

The following formula, I believe, is advisable to consider

Blood clotting factors in normal blood prothrombin + platelets + calcium + fibrinogen.

Blood clotting factors in blood preceding thrombosis prothrombin + thrombokinase (from platelet disintegration) + calcium + fibrinogen.

Resulting in blood clotting prothrombin + calcium + thrombokinase = thrombin, fibrinogen + thrombin = fibrin + thrombin.

Of the above elements of blood clotting, prothrombin is decreased in certain bleeding diatheses, the most notable of which is the bleeding diathesis of obstructive jaundice. In our studies it was increased in the patients that developed thrombosis. Thrombokinase unquestionably is produced from platelet disintegration, but this is a difficult problem to evaluate in human patients Calcium is necessary, but in cases of hypocalcemia, there is no bleeding tendency nor is there a tendency for increased thrombosis in patients having a high serum calcium Fibrinogen is increased during infection, and therefore is probably a factor in intravascular clotting Bleeding is not increased when fibrinogen is diminished to a moderate degree. We developed what we called a "clotting index," which consisted of tests for prothrombin and fibrinogen as an evaluation of a patient's bleeding or clotting tendencies.

Before proceeding further with an analysis of our tests, I think it is advisable to define briefly the lesions found in the veins so that we know what we are talking about. Alton Ochsner has given a very good terminology, I believe, which helps us.

1 Thrombophlebitis is characterized by infection, prominent in the vein, accompanied by perivenous lymphangitis.

We all recognize this case clinically, with an elevation of temperature, a red, swollen leg, often with red lines showing the inflamed veins This type is usually recognized early Rest in bed and elevation, as a rule, bring about a cure Embolism is relatively rare from this condition The analysis of embolism from thrombophlebitis at the Mayo Clinic and at the clinic in Toronto shows about 10 per cent of emboli resulting from thrombophlebitis

2 Phlebothrombosis is characterized pathologically by a clot within the lumen of the vessels, gradually extending upward. There is very little perivascular inflammation Temperature is usually only slightly elevated and this condition may not be recognized until a fatal embolism has resulted.

3 Suppurative thrombophlebitis is recognized by marked sepsis and frequent septic emboli Fortunately, this condition is the rarest of the three groups.

During our early study at the Fifth Avenue Hospital, we made routine prothrombin and fibrinogen tests on all patients subjected to surgery These tests were made preoperatively and the fifth and ninth days postoperatively

In our analysis of over 2,000 cases which were routinely studied in patients subjected to

Presented at the meeting of the First District Branch of the Medical Society of the State of New York, October 30, 1945 White Plains.

surgery and also in cases wherein thrombosis or thrombophlebitis had occurred in other hospitals besides our own, we found that, with one exception, these patients were in the so-called "clotting group" with a high prothrombin and fibrinogen index Unfortunately, due to change in the hospital conditions, we had to discontinue this study in 1937

The objection that may be readily entered to our work was that of all routine cases operated upon, 14 per cent showed high clotting factors, while only 2 per cent of these developed accidents In studying the postoperative charts of the patients with high clotting indices, however, we found that these patients ran a slight elevation of temperature for eight to fourteen days postoperatively, in contradistinction to those in the "low clotting index" group, and we felt that while these patients did not show external evidence of thrombosis and embolism, they were in the danger group

Since discontinuing the plasma clotting tests, I have found that there are certain clinical findings which make one suspicious that thrombosis and embolism may occur

In analyzing the cases of the patients who had developed these complications in our own and in other hospitals, we noted that in the abdominal cases most of them had had moderate or prolonged distension and a sense of malaise, and almost universally a longer elevation of temperature than would be expected Since that time, it has been my practice to consider any patient running an elevation of temperature over five days postoperatively which is not attributable to chest, kidney, or wound infection, as a potential thrombosis and to treat him immediately prophylactically, as I shall attempt to describe

Homans has drawn attention to the fact that the greatest danger of thrombosis and embolism lies in the deep veins of the calf, and that if the foot is hyperextended, causing extension of the gastrocnemius, the patient often complains of pain in the calf, whereas lying normally, he is unaware of it Also, I have found by comparing the two calves, with the knees in semiflexion and the patient on his back, that the affected leg gives one an impression of more resistance in compressing with the fingers the gastrocnemius muscle against the posterior surface of the tibia Any swelling of the thigh is more easily detected, as usually the patient complains of some tenderness in the region of Poupart's ligament Careful palpation will reveal a pencil-like cord behind the femoral artery These clinical signs are well worth noting in patients with unexplained temperature

Prophylactic therapy demands First, careful, meticulous handling of tissues at the time of operation, second, the prevention of dehydration, third, the early mobilization of the patient, and fourth, prevention of postoperative distension

All surgeons have encouraged patients to move their extremities early, and recently, getting the patients out of bed on the second or third postoperative day has diminished but not eliminated thrombosis Not a sufficient series has been studied to state how much the percentage has been reduced I have seen 2 patients who were mobilized early develop pulmonary embolism

Postoperative distension may be reduced by early inspection of adhesive-plaster dressings over the abdominal wound On the first postoperative day, these dressings should be inspected and the plaster cut so that the patient can take a deep inspiration and there is no tendency to compress the interabdominal organs It is obvious that if the compression of the abdominal wall by adhesive plaster is severe, it will present intestinal peristalsis, create distension, and second to this, cause compression of the vena cava, allowing venostasis to occur in the extremities It is interesting to note that if adhesive plaster is cut on the side after thirty-six hours, if the patient has to take a deep breath, there is often a spread of an inch or more between the cut ends The patient is much more comfortable with a looser dressing

While I realize that there are many who disagree with me, it is my conviction that, if there is no contraindication, the early giving of food creates a peristaltic wave through the intestines which prevents stagnation with its accompanying fermentation and putrefaction Moreover, I believe that if patients are given food early, they are less likely to swallow air and this helps to diminish distension I also believe that early evacuation with a two-tube colon irrigation aids in the discharge of flatus and in preventing distension

Given a patient that we may suspect may develop thrombosis, what prophylactic measures should we inaugurate? From our experimental studies on dogs, we found that we could diminish the clotting factors by putting them on a low-fat and relatively low-protein diet, and I would suggest that this diet be administered several days preoperatively

In our early experimental work, we went to Dr Charles Loeb, who was professor of pharmacology at Columbia University, and asked him if he knew of a satisfactory anticoagulant that might be given as a therapeutic measure to prevent thrombosis and embolism He stated that he had used sodium thiosulfate in dogs to prevent extra corporeal clotting We didactically started to

use the routine injection of sodium thiosulfate Since that time, considerable experimental work has justified our impression that it had anti coagulant properties The possible rationale for the use of sodium thiosulfate is described by Jorges and Bergstrom, who state that the anticoagulant activities of different heparin preparations obtained in a similar manner from the liver vary in their sulfur contents. Preparations of liver heparin containing from 7 to 12.26 per cent of sulfur show anticoagulant potencies varying from 45 to 160 per cent of the standard heparin from which they are derived Heparin is largely produced by the mast cells in the intima of the blood vessels, and it is possible, therefore, that the sulfur element of sodium thiosulfate may increase the anticoagulant activities of the heparin which is liberated in the blood stream

Therefore, if we suspect that a patient may develop thrombosis, we inject 10 cc of 10 per cent sodium thiosulfate intravenously for three days preoperatively We discontinue the drug immediately postoperatively, and four to five days afterward inject it for several days in succession We delay the immediate postoperative therapy because we have noted cases of bleeding into the wound If there are evidences of old thrombosis of the extremities or varicose veins with recurring phlebitis, it is my custom to ligate the long saphenous vein before attempting the general surgical procedure.

Anticoagulants

I have already described the use of sodium thiosulfate The other two anticoagulants are dicumarol and heparin

Heparin.—If thrombosis has occurred, I do not believe that sodium thiosulfate compares in any way with either heparin or dicumarol. You are all aware of the continuous intravenous therapy with heparin. You know its expense, the difficulties to the patient of having a continuous intravenous solution during several days and the dangers of hypoproteinemia from too much intravenous fluid If heparin is given intravenously, it has to be given continuously because its anticoagulant effects cease within two or three hours after the injection has been discontinued Patients have been seen who have developed thrombosis or embolism following the discontinuance of the use of heparin

Recently a newer method for heparin treatment has been developed by Dr Leo Loewe. I should like to describe his method of using heparin subcutaneously, by injections at two- to three-day intervals I quote from Loewe as follows

"To accomplish a slower and more equitable absorption of heparin, the Pitkin menstruum was adopted as a vehicle This menstruum was developed to regulate the rate of release of water-soluble drugs injected intramuscularly or subcutaneously The ingredients are gelatin, 15 to 30 per cent, dextrose, 5 to 12 per cent, acetic acid, 1 to 1 5 per cent, distilled water, as much as will suffice to make 100 per cent. The viscosity of the menstruum, which is predicated on the concentration of the gelatin and dextrose, determines the rate of liberation of the drug, the greater the viscosity, the slower the liberation In the preparations containing heparin, the optimum percentages of gelatin and dextrose were 18 per cent and 8 per cent, respectively

"Ampules containing varying proportions of heparin and Pitkin menstruum, with or without vasoconstrictor elements, were prepared All ingredients apart from heparin were found to be inactive in control tests

"The contents of the ampules were liquified at 110 F , drawn up through a 2 5-inch 19-gage needle into a previously warmed, sterile 5 cc. or 10 cc syringe and immediately injected subcutaneously, preferably in the anterior or lateral aspect of the thigh. Intragluteal injections were also done in a limited number of instances Although this method of administration was abandoned because of too rapid absorption, further experience may eventually prove it to be just as effective as by the subcutaneous route When two ampules were employed, the contents were thoroughly admixed in the syringe before injecting The material congealed promptly following inoculation The injections were administered with a minimal amount of discomfort to the patient. Some patients subsequently complained of pain, tenderness, and swelling at the site of inoculation, particularly when a large amount (3 to 4 cc.) of the menstruum was used This, however, did not prove to be a deterrent to further treatment, and symptoms promptly subsided upon cessation of therapy"

My observations of Loewe's method show that it does lengthen the bleeding time, and that the patient has no ill effects from the treatment save for the pain in the injection area. This tenderness in the area where the heparin Pitkin solution is injected becomes quite a problem, as the patient may, about the time of the third injection, oppose the injection because of the pain involved As the process is improved, however, I feel certain that this one difficulty will be remedied To those who have had to give heparin constantly for from five to ten days, this method is a great improvement. The expense of the old method, and the amount of fluid given during each twenty-four hours, almost make continuous injection prohibitive in these days of diminishing nursing care.

The results of Loewe's treatment are that it is

possible now to heparinize a patient for ten days at much less expense and with possibly three to four subcutaneous injections during this time

Dicumarol—This is a compound which occurs in spoiled sweet clover silage, and it was discovered in the study of the sweet clover diseases which caused the hemorrhagic diatheses in cattle from the ingestion of spoiled sweet clover hay

Link and his coworkers completed the isolation and synthesis of dicumarol in 1940 Lately it has been used in various clinics as a possible substitute for heparin It has the advantage that it is relatively cheap, that it can be given by mouth, and that it produces a prolongation of the prothrombin and coagulating time Its disadvantages are that it takes from twenty-four to thirty-six hours before it begins to show its anticoagulant effect, and that the action may continue several days after the drug itself has been discontinued Experimental study shows that it causes a widespread dilatation of the superficial vessels but no lesion of the vessel walls, and does not create liver necrosis

Dicumarol is being used more and more extensively by all observers It has disadvantages in that it is hard to control if hemorrhages should occur following its use However, Willard Parsons has recently reported the control of the hemorrhagic tendencies following the use of dicumarol by administration of vitamin K. If this is possible, it makes the drug much safer in our hands Previously, it has been thought that only transfusions would in any way control its hemorrhagic tendencies

Prophylactically, dicumarol is given in many clinics and so far with many promising reports In my own experience, I have never seen a case of thrombosis or embolism occur after the use of intravenous sodium thiosulfate when administered prophylactically I think it is less dangerous and more controllable

Treatment After the Complications Have Occurred

Treatment of Thrombosis—Thrombosis of the long saphenous vein is readily recognized I have given the clinical signs that may make one suspect thrombus of the deep veins of the calf and leg We will assume for the moment that no embolus has occurred and that we have discovered the presence of thrombosis What should be the therapeutic procedure?

Venographs have been advised as an aid to diagnosis by many authors The procedure demands either an excellent portable apparatus or movement of the patient to the x-ray department at a time when you wish to keep the patient quiet It is not always possible to determine whether the filling defect shown in the venograph is due to thrombosis or spasm In the majority of cases, I believe the diagnosis can and should be made clinically

There are three therapeutic measures, namely

1 Proximal ligation and thrombectomy
2 The use of anticoagulants
3 The injection of the first, second, third and fourth lumbar ganglia as described by Leriche and Ochsner

1 *Proximal Ligation*—I mention this first because it seems to me that if an early diagnosis is made, this is the quickest and safest method of preventing pulmonary emboli

If the femoral vein is exposed and no thrombus is discovered, it is a relatively simple matter to ligate the vein between ligatures and excise a piece

Also at this time the long saphenous vein should be exposed to be sure that there is no clot in it If none is evident and there is no evidence of varicosities or superficial phlebitis, it need not be ligated The advantages of this procedure are The patient can be immediately mobilized without fear of developing an embolus and the time and expense of further hospitalization are saved

If a clot is found in the femoral vein, the clot should be sucked out with a sucker until free bleeding occurs It has been my custom to use a female glass catheter which has been sawed off just at the proximal lateral opening and flamed in a Bunsen burner This may be readily passed up the vein for a distance of five or six inches One can observe the clots coming out of the vein and later, free bleeding If free bleeding does not occur, then I have used a rubber catheter, the end of which has been cut off, and I observe again the results of suction through the glass tube The catheter I have often passed up as far as the bifurcation of the vena cava As soon as free bleeding occurs, the vessels are ligated and the wound closed

My experience is not as great as Allen's, but at the present time, I have ligated at least 20 patients above the thrombus I have sucked a thrombus out of the femoral and iliac veins in 14 cases with one mortality due to recurrence of embolism

In 9 of these cases antecedent emboli had occurred, the remainder showing no evidence thereof In three of the cases simultaneous thrombectomy of both the iliac and long saphenous veins on each side with ligation was done, as described below

Of the 14 cases, one was medical, namely, an endocarditis with thrombus of the femoral vein Two were preoperative, one immediately preceding a bilateral oophorectomy for extensive bilateral ovarian carcinoma, and one two weeks

prior to hysterectomy for degenerating fibroids This case (Case 1) is reported in detail later

Eleven cases occurred postoperatively as follows 2 following pregnancy, 1 after cesarean section, 1 after cholecystectomy, 1 after prostatectomy, 1 after amputation of a leg for tumor, 2 after hysterectomy, 1 after recurrent attacks six years following the original thrombophlebitis preceded by herniorrhaphy, 1 after a bumper fracture of the tibia, and 1 after herniorrhaphy

Three of the above group had bilateral thrombectomy performed simultaneously by two surgical teams working at the same time One patient (Case 2) had a thrombectomy on the left side followed two weeks later by thrombectomy on the right side

There were two deaths in this series, one in a patient with bilateral extensive carcinoma of the ovaries wherein the thrombectomy was performed simultaneously with the removal of the tumor This patient died two weeks later of renal insufficiency with no evidence of any return of the original thrombosis

Time is too short to analyze each of the 14 cases in this series in which thrombectomy was performed. The procedure was primarily the same in each and the results in those who convalesced were satisfactory except that one patient has continued to have persistent swelling of the thigh and leg The others have had a fairly rapid return to normal size of the leg and thigh and have complained of no interference with function I should like, however, to describe two patients, since I feel that they present some of the important features concerned with this disease

Case Reports

Case 1 —A woman, aged 46 years, had been seen by a gynecologist who recommended hysterectomy for an extremely tender uterine fibroma which was fixed in the lower portion of the pelvis. The uterus extended midway to the umbilicus. Ten days later, while awaiting operation, acute phlebothrombosis occurred in the left iliac and femoral veins.

I was called to see the patient at this time There was no evidence of pulmonary embolism It was felt, however, that this patient would need hysterectomy in the near future because of a degenerating fibroid, and that it would be advisable to remove the clot from the iliac vein beforehand. The clot was sucked out from the left iliac vein and she was treated postoperatively by subcutaneous injections of heparin. Two weeks later, while still under heparinization a supracervical hysterectomy was performed. The iliac vein was palpated and there was no evidence of any clot in the lumen. There were, however, some old thrombi in the veins of the broad ligament.

This patient's convalescence was uneventful. She left the hospital two weeks after the hysterectomy

Comments

This case was one of the few I have known in which inspection occured within two weeks following a thrombectomy No evidence could be seen by the operating surgeon of occlusion of the vein

Case 2 —This patient had a cesarean section performed for a premature separation of the placenta in a seven-months' pregnancy A live baby resulted, and the postoperative convalescence of the mother was extremely smooth. There was no postoperative elevation of temperature, and no complaint of abdominal or thigh pain. The patient left the hospital on the twelfth postoperative day Three days later she complained of an acute attack of pain in the chest. She was readmitted to the hospital Her temperature rose to 103 F Three days after admission, x ray of the left chest showed irregular consolidation. Her physician had carefully gone over both legs and thighs there was no difference in their circumference by mensuration. There was no tenderness.

Ten days after her admission, the patient had a sudden swelling and pain in the left thigh. I was called to see her on the next day Under local anesthesia the left femoral vein was exposed A clot was removed. I did not feel however, that I had reached the upper end of the clot because free bleeding was not encountered. It was in a strange hospital and there was some difficulty in getting the proper kind of suction consequently I did not insert a catheter high up in the iliac vein as I should have done and I did not get as free bleeding as I wished. Her postoperative condition improved for about six days. Her temperature receded almost to normal, and she had no pain or swelling in the leg. However eight days after thrombectomy, she had a sudden attack of pain in the right side of the chest, with elevation of temperature. X-ray showed a cloudy right lung, with not as great consolidation as on the other side. Up to this time there had been a question whether this was virus pneumonia followed by phlebothrombosis, or whether the initial infarct antedated the appearance of the phlebothrombosis by ten days.

Eight days after the second attack of pain in the chest, phlebothrombosis developed in the right thigh. This time under spinal anesthesia, a clot was removed from the left femoral vein, followed by free bleeding The patient, however began to go into collapse during the administration of the low spinal anesthesia, and her collapse continued after the removal of the clot. She was taken to her room in a serious condition. She died three days thereafter

I quote from the autopsy report

Lungs.—The right lung is completely collapsed and attached to the chest wall by numerous strands of fibrin and purulent exudate. There is about 500 cc. of a fibropurulent fluid in the right pleural cavity The right lung weighs 400 Gm. The left lung is adherent at the apex to the chest wall by

old fibrous adhesions About 100 cc of thick purulent exudate is present in the left pleural cavity The left lower lobe is completely collapsed The left upper lobe is well aerated and pink in color Examination of the branches of the pulmonary artery shows a large thrombus in the lumen of the right vessels with branches running to all of the lobes This thrombus is yellow in color and adherent to the intimal layer of the vessel On the left side, there is a similar-appearing thrombus in the lumen of the branch of the left pulmonary artery leading to the left lower lobe There is no thrombus found in the lumen of the main pulmonary artery No mediastinal node is found

Uterus —The uterus is small and anteflexed The operative wound in the anterior wall of the myometrium is well closed by chromic catgut sutures which are still present Adherent to the anterior surface of the endometrium is some granular pink tissue which grossly resembles placental tissue The tubes and ovaries are essentially normal

The veins in the broad ligament of the right side are natural On the left side, the vessels at the base of the broad ligament contain distinct, well-organized thrombotic tissue The vena cava and both iliac veins are opened The right vein contains some postmortem clot which is lying free in the lumen of the vessel On the left side, however, the blood clot in the iliac vein is well organized, yellowish-pink in color, and adherent to the vessel wall The thrombus runs up into the vena cava for a distance of 3 cm At the upper end of this thrombus the blood clot is distinctly postmortem in nature The branch of the hypogastric vein leading from the left iliac vessel is also thrombosed, as are those of the veins in the pelvis on the left side In the region of the left femoral vein the thrombus in the lumen of the vessels appears relatively fresh but distinctly postmortem in character

Comment

My impression of this case is that, if I had been successful in removing the clot on the left side, there probably would not have been an extension of the process on the right side nor would there have been the later casting off of emboli The unusual picture in this case consists of the time element, that is, the development of the signs in the thigh ten days after the original infarct in each case This was obviously a case which showered emboli from the pelvic veins, as the examination of the uterus showed evidence of broad ligament thrombophlebitis

2 *The Use of Anticoagulants* —Murray, in Toronto, has reported 15 consecutive cases of pulmonary embolism treated by heparin without another embolus The recent literature reports excellent results from the use of dicumarol I have seen emboli after heparinization and feel that proximal ligation or thrombectomy is a much safer procedure

3 *Paravertebral Sympathetic Block* —Leriche first, and later, Alton Ochsner in this country have advocated the paravertebral block of the first to fourth lumbar sympathetic ganglia for thrombosis and thrombophlebitis The rationale for this procedure is that it relieves the venospasm and allows for compensatory venous circulation of the affected limb In many cases the pain is relieved almost instantly In the majority of cases the process rapidly subsides However, most men believe that this is particularly advantageous in thrombophlebitis, but that it does not preclude the danger of embolism in phlebothrombosis and therefore its use is limited mostly to the inflammatory type I have used it as an adjuvant of proximal ligation when there has been continued pain in the extremities This, however, has been limited only to one case

The great value of sympathetic lumbar block is in emboli in the extremities The great difficulty has been when the embolus has been removed from the femoral artery, let us say, that the spasm of the artery was so great that the blood supply was not quickly re-established With lumbar sympathetic block,* this spasm is overcome and there is a greater chance of returning the circulation to the extremities

Sympathetic block and the use of heparin have been two great aids in embolectomy when it is possible to perform the operation early after the embolus has occurred Unfortunately, the surgeon does not see these cases, often, before several hours have elapsed If we are to do successful embolectomies, they should be done within four hours of the time of the arterial occlusion

Summary

Early mobilization, gentle surgery, replacement of fluids, and, if it seems advisable, the use of anticoagulants such as sodium thiosulfate or dicumarol will prevent many of the distressing accidents due to thrombosis and embolism

After the thrombosis has occurred, if one can easily and quickly ligate the vein above the thrombus, this is a simple and safe procedure that does not demand the use of anticoagulants and the patient can be immediately mobilized and his hospital stay shortened When the thrombus has extended above Poupart's ligament, thrombectomy with the use of anticoagulants following this procedure has, in my hands, been very successful This is, of course, a small series of cases, and yet is sufficient to give one a definite impression of the end result I believe that it is safer than the use of anticoagulants alone If the patient is first seen a week or ten days after the thrombus has occurred in the femoral vein, and if no embolus have resulted therefrom, it has seemed advisable to me not to attempt any dis-

turbance of the clot. Emboli, as a rule, occur early in the course of thrombosis, and therefore, if they have not occurred within ten days, the clot is well organized and an accident is not likely to ensue. I have seen only a limited number of these cases, seven in all, but in none of them have any accidents occurred when conservative methods have been utilized

When the thrombus starts in the calf or thigh, the problem is much simpler than in the two cases reported in detail, in which it presumably arose in the pelvic veins of the broad ligaments. In Case 2 emboli were shot before there was any evidence of thrombosis in the extremities In such cases there are two possible operative methods of treatment

1 Inspection of the femoral vein, incision and despite the fact no clot is observed, the passage of a suction tube up to the bifurcation of the vena cava

2 The exposure of the iliac vein or vena cava and ligation proximal to the clot

I do not agree with Allen that all cases need a bilateral ligation. The case reported in detail is the only case I have seen that needed a later ligation of the opposite side

The conclusion that one must make is that one is gunning in the study of thrombosis and embolism for the hundredth case, and one in a hundred saved is worth all the trouble one takes to prevent embolism

16 East 90th Street

VARIED TRAINING COURSES ARE PLANNED FOR MEDICAL OFFICERS

With hostilities ended, medical officers in the armed forces, as well as hospitals and medical schools, have set machinery in motion to repair the holes torn in medical education by the war

In a comprehensive review of specific plans to meet the educational needs of returning medical officers, the September 1 issue of the *Journal of the American Medical Association* says that all veterans regardless of the age at which they entered the service and whether or not they had been in practice are eligible under the G I Bill of Rights for a retraining course of one year at any institution approved by the Veterans Administration.

The *Journal* reports that both the Army and the Navy have already taken steps to provide postwar educational rehabilitation of medical officers.

Even before the defeat of Germany steps were taken by the Army so that officers assigned to field, tactical, and administrative positions would be given an opportunity to get a twelve-week refresher course in one of the large general hospitals in this country

Many officers returning from overseas are now applying for refresher training.

'It is important," the Navy reports in the *Journal* "that intensive training be afforded especially to young officers of the regular Medical Corps, who will become the leaders and 'key men' later in conducting the medical services of naval hospitals in the long postwar period for which provision must definitely be made.'

The Council on Medical Education and Hospitals of the American Medical Association reports that an analysis of questionnaires returned by twenty-one thousand and twenty nine medical officers concerning their postgraduate wishes indicates that approximately 20 per cent of this group will desire short term refresher and review courses of less than six months' duration.

Reports from medical schools hospitals medical societies and other agencies, the *Journal* says, give assurance of continued expansion of educational programs in anticipation of postwar needs.

The University of Wisconsin Medical School has four plans for meeting the desires and needs of physicians returning from military service

A training plan termed flexible enough "so that it can start tomorrow morning or at any time a medical officer returns ' has been adopted by the medical schools of Duke and North Carolina universities the Bowman Gray School of Medicine of Wake Forest College and the cooperating North Carolina hospitals

Three-month full time courses have recently been organized by the medical schools of the universities of Wisconsin Illinois, and Iowa.

The Cook County (Chicago) Graduate School of Medicine has plans to accommodate returning medical officers by offering a large variety of courses at frequent intervals.

The University of Michigan Department of Postgraduate Medicine plans three courses of two months each probably continuing throughout the year 'Such institutions as Tulane, Johns Hopkins, Harvard, Tufts, New York Eye and Ear Infirmary, the New York Medical College, the New York Polyclinic, and the University of Pennsylvania are continuing to offer organized courses," the *Journal* states, adding "These examples emphasize the fact that, even though the staff physicians of all institutions are sorely taxed they have been able to develop or continue opportunities for graduate education.

Fourteen state medical societies have initiated or are planning programs of continuation education for returning physicians.

'It is becoming increasingly important" the *Journal* says, ' that the medical profession and hospitals continue their efforts to maintain and develop adequate facilities and opportunities for the continued training of veteran and civilian physicians." Under peacetime conditions the approved hospitals in the United States provide opportunities for approximately five thousand three hundred resident physicians The *Journal* estimates that hospitals may be called on to furnish a total of about twelve thousand residencies in the immediate postwar period.

GROUP PRACTICE

E C Foster, M D , F A C S , and John A Hatch, M D , Penn Yan, New York

SINCE the time of Hippocrates the medical profession has been one of the most valuable of all the professions of the world Without the art of healing, civilization could not have advanced nor could the other learned professions have progressed satisfactorily Our profession has passed through the mystic stage and the stages of the most learned and experienced individual to one of scientific procedures until, at the present time, no one physician is able to cope with all the necessary procedures required in the art of healing

Today, bureaucracy and politics are threatening our profession, and unless some method is devised by the profession whereby we are organized to give to the public the medical care that is needed, we are doomed to become employees of the State and to be told, without reference to ability, what we can or cannot do It is urgent that we take steps at once to keep our profession, as such, intact

No one will deny that, from the standpoint of curative medicine, it is fundamental that the personal relationship between physician and patient should be preserved On the other hand, it cannot be denied that modern medical science has brought a new concept into the field of medical practice Today we are on the verge of a revolution in this field We know that modern medical practice is a cooperative undertaking It involves a definite understanding between physicians and patients We fully believe that only through concerted, cooperative effort such as is possible and practical in a medical group can we hope to reach our ideal goal, which is the reduction of disease to its minimum, the prolongation of life for all to the full biologic limit, and the very best facilities for competent diagnosis and treatment

It is an axiom of modern industry that waste should be eliminated Industry and commerce are making continual self-appraisals to ascertain whether their methods are inadequate and obsolete, and if so, to find more modern ones We hear of mergers, founded on careful study, which strive for greater efficiency and the saving of waste Medicine, too, applying the same principle, must undertake self-appraisal and study

If such evaluation does not come from the medical profession itself, it is apt to come from the State and Federal government Such appraisals have been made by various governmental agencies and by the medical profession in certain areas It is our belief that group medicine is the answer It has arisen in the medical profession as a result of its own appraisal We believe that group medicine assures the preservation of the professional, ethical, and economic status of the physician We believe, also, on the basis of careful analysis, that group practice is the ideal method of practice for the physician and furnishes the best medical care to everyone at a cost commensurate with the services rendered

We are desirous of focusing the attention of the medical profession on our experience in group medicine In twenty years of private practice and sixteen years of group medicine, we have come to the conclusion that the physician can best do his part to give to his patients the best care available by working with a group Unfortunately, it has been characteristic of the medical profession to be more or less individualist This, no doubt, was sufficient in the early days, but as the years have passed the requirements have become more urgent for specialized work It now becomes evident that we must have some method for facilities and consultation which make it possible to give the public a more adequate service in the diagnosis and treatment of disease than any individual physician can possibly provide

The lay people are becoming constantly aware, through articles written for the lay papers, radio, and magazines, some rightly and some wrongly, as to what is being accomplished in the medical profession They are learning to know whether they are receiving proper treatment When the physician or his family acquires a serious or complicated condition, they usually go to an outstanding medical center where they know they can receive the latest treatment However, most patients are not financially able to do this It is necessary for them to depend on the local facilities available, which they know may not be adequate but which are the best that they can afford in money or time

It is because of this condition that we are interested in helping others to know about the practice of group medicine We think the profession as a whole will agree that there should be some method whereby the rural districts and smaller cities could receive more adequate medical care In presenting the claims of group practice, therefore, we feel that we are performing a duty which we owe to our profession and to our communities

Presented at a meeting of the Seventh District Branch of the Medical Society of the State of New York, held at Clifton Springs, September 27, 1945

As we have mentioned, we consider that group practice is the best answer to this need, and we believe you will be interested to know how a group may be formed, the advantages of a group, and, also, perhaps the disadvantages We have been approached many times by professional men who are interested in group practice, but they have not known what steps to take in organizing their own groups Their chief question is, "How are the physicians in my community going to react toward me?" We wish to emphasize the fact that no one physician should ever attempt to organize a group of doctors by himself It is necessary that at least two or more physicians be interested in the formation of a group before the idea should be attempted Again, you must look to the future and not to the present if a properly functioning group is organized

Financial Organization of a Group

We believe doctors cannot incorporate in New York State, therefore, it must be a partnership or a copartnership All the doctors in a group may be financially interested and, therefore, may share in the profits, or two or more may form the partnership and organize the group and employ other physicians with or without the privilege of becoming partners later An agreement should be entered into giving definite protection to all financially interested partners Such an agreement should include protection against anyone's leaving the group and resuming practice in the same town or city Such an agreement should also cover mutual understanding among the physicians in the group at the time of organization. This is essential because it eliminates cause for misunderstanding in the future

Physical Requirements

We think you will be interested to know the requirements for the formation of a group We will give the most important ones The location should be central, with a driveway to the rear to accommodate an ambulance, and parking space for the doctors' cars The building should be of one or more stories on a separate lot If of new construction, it should be one story if possible If not, the business office and laboratory can be located on the second floor

It should have a large, well-equipped waiting room with comfortable seatings and attractive surroundings At one end should be a receiving secretary s office preferably enclosed in glass with a small teller-type window so that conversation at the window is not audible in the reception room A telephone switchboard should be in this office and each doctor and all offices in the group should have an individual telephone going through this switchboard In this office should be the files containing records of all the patients who come to the group Each individual patient should have his own card on which is listed his card number, name, address, telephone number, etc Adjoining the reception room should be offices on each side of a central hallway leading to the emergency room with an x-ray room adjoining and with an outside entrance for ambulance and accident cases There should also be a well-equipped laboratory and physiotherapy room, including electrocardiograph and metabolism equipment In the rural areas where the physicians are expected to furnish a certain amount of medicines, stocks of the commonly used drugs should be available for each physician. A portable x-ray machine is necessary for patients confined to their own homes If available, dual electrical and heating connections have been found valuable in case of breakdowns

A well-organized library with current journals and reference books is necessary

A business office with modern equipment is essential A room or small apartment is needed for the receiving secretary on night duty

In addition to this, and we consider this important, there should be a smoking room with facilities for making tea, coffee, or light lunches, comfortably equipped, for the female personnel associated with the group There should also be a dining room with kitchenette where the physicians can have their luncheons served

Costs of Physical Requirements —The cost will depend on the size of the building, labor expense, and the type of equipment purchased The best equipment will be the cheapest over a period of years of use In a village of 5,000 to 6,000 this cost will range from about $50,000 to $75,000 A definite plan could be worked out to retire this cost over a period of ten to fifteen years

Personnel

Professional Personnel —The personnel for group practice is necessarily important It should consist of a good internist and he a man of experience. There should be also an experienced surgeon He should have an assistant, a younger man who is a surgeon or at least has had good surgical training One of them should be able to do orthopedic work and another able to do urology There should be a pediatrician who may also handle obstetrics An eye, ear, nose, and throat specialist is very important in the set up In addition to these there should be two or three younger men, according to the size of the community and group, to make calls and assist at operations, one of whom should be trained in giving anesthesia One of the members of the group should be capable of interpreting x rays

and the internist should be capable of interpreting electrocardiograms

Other Personnel—Next to the physicians come the technicians It is important that a group consisting of five or six physicians have one general technician who is able to supervise a laboratory and do x-ray-technician work She should be able to do allergy tests, take metabolism tests, and do electrocardiograms She should have under her a second technician who can do the routine urine examinations, blood counts, and smears, and can assist with the blood chemistries One or two "floating" nurses are essential, according to the size of the group

Office Personnel—A business manager is necessary He should be well acquainted with the people of the community and should supervise effectively the general office work in making out of bills and compensation, welfare, financial, and federal and state tax reports

Three receiving secretaries are needed for day and night service, as someone has to be available for night telephone calls

Two secretaries are needed in the business office, one to keep the books and the other to make out the ever-increasing compensation, welfare, and other reports required by physicians They send out the statements each month

The office personnel should be trained to carry on the work of any member of the business department in case of illness or vacation This relieves the doctors of a great amount of detail and allows them more time to devote to the practice of medicine

Janitor service for the building is necessary

How the Plan Functions

We must not forget that in small communities it will be necessary for most of the group to do general practice This you cannot get away from, and it is very natural because patients coming to a group still want their personal physician and will ask for him If he is not available, they will usually accept another physician This is where the group idea functions well If a surgeon gets a medical case or a medical man gets a surgical case, he has at his fingertips a man for reference who can be brought in at once for consultation The original physician may hold this patient, but he has had advice along the line in which the patient needs treatment In other words, the physician does not lose his individuality in group medicine

Some one or two of the personnel of a group will have the responsibility of making final decisions after consultation as to what will have to be done for the particular patient This is a responsibility which should be given to the older members who have had the greater experience In the group practice of medicine, however, the individual physician should be given freedom to take care of his patients as he sees fit After practicing with a group, the physician soon learns that he has at his command facilities necessary to help him decide proper treatment It is surprising, too, how much the older members of a group can learn from the younger men who have been recently graduated, and the younger men have the advantage of the experience of the men who have had the longer years in the practice of medicine

It is generally true that from 75 to 80 per cent of the patients going to a physician do not require any great amount of special study Therefore, only 15 or 20 per cent really need consultation of any special nature, but these are the patients who require special examination and treatment and require the combined medical personnel and facilities of the group

It is desirable that once a week all of the physicians in the group get together at a luncheon This can be done in the group dining room, if one is available Such a luncheon conference gives an opportunity for discussion of the work being done by the various physicians and any special cases of interest which may be under treatment at that time One of the doctors might be designated to give excerpts from some interesting medical article which might be of value to the rest of the group Once a month there should be a compulsory meeting which all members of the group attend At this meeting reports should be handed each doctor showing the amount of work done the previous month, each individual doctor's business, etc The books of the group should be open for inspection to the partners in the group at any time

In regard to salaries, we have found that doctors should be placed on basic salaries according to their length of service and experience These salaries should be augmented by bonuses according to the amount of business done by the group as a whole, after necessary expenses for running the group are deducted We feel that bonuses should not be based entirely on the amount of business produced by one physician but other conditions should be taken into consideration For example, it is generally conceded that surgeons with relatively higher fees would naturally earn more money for the group than would an obstetrician or an internist, although the latter will spend more time producing the same amount of money We also believe that the younger physician who refers a surgical case and works up that case, making the diagnosis, etc , should be compensated for the actual work and services rendered

In group practice there should always be a doc-

tor left on call These hours should be arranged so that it will not be necessary for all doctors to be on call during the night No one man should be on duty more than one or two nights a week The older men in the group should not be required to have evening office hours The man who is on duty during the evening is the one who will be on call that night for any emergency which may arise

Advantages to the Patient

The patient may select any doctor in the group as his personal physician If his physician finds that the patient is in need of x-ray or special care by another physican in the group, the patient is given this care This gives the patient the advantage of consultation of two or more physicians when needed

If he has traumatic injuries he is x-rayed and if a fracture is found, it is reduced at the group office unless it is of a very serious nature, in which case he is sent to the hospital for treatment

When laboratory work is required the physician can know the results in a short time because of the available equipment Physiotherapy, cardiograms, and metabolism tests are available also when needed.

Portable x-ray and electrocardiograph equipment make it possible to diagnose disease and injuries in the patient's own home Prompt care in emergencies is given day and night In many instances, the patient is relieved of added hospital expense.

A patient who is not acquainted with the group, but happens to come in for an emergency or for some other reason, is frequently surprised to find that his needs can be taken care of without his being sent to a hospital or to a laboratory for tests.

The injured person is quite likely to choose a place where he knows he is going to get prompt attention He usually is not particular which physician takes care of him, but he is desirous of prompt treatment.

Advantages to the Physician

The medical student who has finished his course in medicine and goes to a hospital where he takes his internship soon learns the advantages that are present in that hospital After one to three years of internship he grows more and more to depend on these consultations and facilities When he enters private practice he soon finds that he does not have all of these advantages If he is in a small community, this lack is felt keenly He knows the advantages, but cannot have the needed equipment. Few young medical graduates starting in the practice of medicine can afford to set up by themselves the type of office which will provide the advantages which they had in their hospital training He has had heavy expense to get through medical school and he realizes that he must begin to make a living This is one of the reasons why many men who have taken fellowship courses in some of the larger medical centers today are starting out in twos and threes to locate for their practice of medicine This is especially true with men from the Mayo Clinic and was emphasized to us by one of the young men taking a fellowship there There are, in fact, groups which are doing splendid work today which will not take on a new man who has not had a fellowship at some medical center This is advantageous to the group as well as to the physician starting out on his career

One of the bugbears to a physician if he starts practice alone is the long period which it takes before he becomes self-sustaining This is the downfall of many a potentially good physician

He becomes discouraged With the lack of adequate facilities, it is certainly discouraging to the young man starting to practice Therefore, he is liable to seek some place where his remuneration is sufficient to maintain himself and possibly a family from the time he starts Here is where the advantage of joining a group is outstanding to the physician His valuable services are utilized by the group, and in a very short time he is busy carrying on his profession He is sure of a living, he knows what his income is going to be, he is surrounded by a group of doctors who are interested in his making good, and he is self-sustaining from the time he enters the group It will probably be interesting to know that as far as his actual production on his own initiative is concerned a year or more will be required before he will produce income equivalent to his salary and bonus

He receives many other advantages besides his salary, his bonus, and his associates in the group Let us mention a few

Two to four weeks' vacation with pay

No lost time from sickness or accident, for salary continues

Social security and unemployment insurance

State compensation coverage

Malpractice insurance

County and state medical dues paid

Group life insurance

Hospitalization insurance, etc.

The only thing he is required to furnish in his practice is his transportation

A final advantage is that a physician working alone frequently will have the great responsibility of a very ill patient. In group practice this responsibility is shared by several physicians

The member in the group soon acquires the ability to work with his associates

It is interesting to notice how the younger men, especially those recently joining the group, depend on ideas of the older men in the group They also learn that there are many things in the practice of medicine which they have not learned while in a hospital They learn to meet people readily because they are constantly under the influence of men who have had that experience They learn quickly to handle patients well All of these are advantages to them as physicians

It is our firm belief that younger men, after long years in private practice, may earn a larger income, their net results in terms of personal health and financial gain will be proportionately greater in a group practice

Advantages of the Group to the Public

In all communities it is essential that the public should have access to adequate medical care at all times Just as people often choose their homes and places of business because of the educational and religious facilities, so do many people take into consideration the medical care available for their families in the communities in which they locate

Disadvantages

Many physicians have the misconception that when practicing in a group they are dominated by the heads of the group and have to practice medicine under dictation This would be a disadvantage if a physician were not allowed to practice as he sees fit. This consideration is important in group medicine and has been stated before in this paper There are young physicians who have erroneous ideas concerning their capabilities and think that they are not advancing rapidly enough They may become discontented in a group practice It has been our experience that this type of individual turns to private practice, moves from one place to another attempting to get something better, but is never satisfied There is no place in group medicine for the selfish physician, but there is a place, both professionally and financially, for the cooperative and progressive man

---

WATER SPREADS HEPATITIS

For apparently the first time, medical scientists have experimental evidence that infectious hepatitis spreads through contaminated drinking water This is an inflammatory liver disease sometimes accompanied by jaundice which became widespread among both civilians and military forces during the war

With this medical first comes also the first satisfactory evidence that a virus disease can be naturally acquired by humans through water

Studies showing these facts are reported in the *Journal of the American Medical Association* (Aug 11) by Capt John R Neefe, of the Army Medical Corps, and Dr Joseph Stokes, Jr , of Philadelphia

Gamma globulin from human blood, which is used to give protection against measles, will also protect against this infectious hepatitis, it was found in trials during an epidemic in a heavy bombardment group and various regiments of the ground forces in the Mediterranean Theater last winter These trials are reported in the same issue of the medical journal by Dr Stokes and Capt Sydney S Gellis, Maj George M Brother, Maj William M Hall, Col Hugh K Gilmore and Maj Emil Beyer, of the Army Medical Corps, and Capt. Richard A Morrissey, of the Army Sanitary Corps

Tests of gamma globulin as a protective against infectious hepatitis in the armed forces followed a test of the material by Dr Stokes and Capt Neefe during an outbreak of the disease in a camp for boys and girls last summer The discovery that the virus causing the disease could be spread through contaminated water was made in further studies of this same epidemic The water became contaminated through intestinal wastes from infected persons.

Chlorination of drinking water according to procedures commonly used for rapid disinfection under emergency conditions did not inactivate or weaken the virus, Dr Stokes and Capt Neefe found in studies made with Maj James B Baty, of the Army Sanitary Corps, and Dr John G Reinhold, principal biochemist of the Philadelphia General Hospital

"Superchlorination" of infected water definitely reduced the ability of the virus to cause disease Treatment of contaminated water with sodium carbonate and aluminum sulfate, used to remove extraneous material from drinking water by coagulation, and activated carbon, also used to remove materials from water, did not completely remove or inactivate the virus or germ of infectious hepatitis

Methods used to disinfect water, the scientists report, may have to be modified further in order to inactivate completely the germ that causes infectious hepatitis

Human volunteers had to be used for the studies, since there is no way of knowing whether the virus of the disease is present in a given material except by demonstrating the ability of that material to produce the disease in humans Conscientious objectors and members of the Civilian Public Service Unit 140 of Philadelphia were among those volunteering for the studies Besides drinking suspected and known-to-be-infected water, these volunteers had blood serum, nose and throat washings, and material from body wastes of patients given them, in order to learn how the germ spreads

All the studies were carried out under the direction of the commission on measles and mumps of the Army Epidemiological Board

FUNCTIONS OF A BLOOD BANK

S Miles Bouton, Jr, M D, M S, Rochester, New York
(Pathologist, St. Mary's Hospital)

With the continued growth in importance of hospital medicine as against home care it is becoming increasingly necessary to decide what hospital care should actually include, and to what extent medical house staffs and nursing and laboratory staffs can and should aid the practitioner in his diagnostic and therapeutic program It is an undeniable fact that the practice of medicine is being encumbered more and more with formidable technicalities involving specialized knowledge entirely separate from diagnostic and surgical ability, and intramural hospital medicine is evidently developing more and more as a highly complex field apart from extramural practice As a result the busy practitioner can less and less retain actual first-hand responsibility for a hospitalized patient's welfare over a full twenty-four-hour period, when the former is able to spend only one or two hours at that hospital during that period

The present relationship of practitioner to intern in the average general hospital is inadequate to bridge the gap, as the latter should not and cannot function other than as an instrument for carrying out the personal therapeutic plans of the former unless he may, in order to feel justified and safe in modifying such plans or acting on his own responsibility, fall back on some adequately authoritative and responsible individual in the institution, in order best to serve both the extramural doctor and his patients

A review of the development of parenteral therapy during the past years will serve to recall the initial scant variety and small quantities of fluids used intravenously—a range well within the scope of the technical and scientific understanding of the modern practicing physician—and the tremendous increase in quantities given, indications for use, variety and complexity of substances infused, as well as in equipment and manner of administration There has been a corresponding inevitable growth in number and importance of contraindications

There has, however, been no corresponding improvement in control or reorganization of the agencies concerned with such therapy, so that there now exists the anomalous situation of this whole complex and potentially most dangerous field of therapy being broken up among resident and intern staffs, laboratory technicians, nurses, supply room, pharmacy, and so-called blood bank. The practitioner, meanwhile, remains the only actually responsible medical man concerned, completely overwhelmed and outdistanced by developments not strictly within the field of medical practice, with which he cannot possibly maintain full contact because he has neither the temperament nor the time, and over which he can exercise only the most incomplete control.

The reference to "blood bank" in this connection calls for definition of the term There are at present in the city of Rochester, for example, four so-called blood banks (five, if we include the now defunct Red Cross blood bank), with another in the making, and literally no two of these are alike The term is applied so loosely that it is used to denote any storage arrangement at all within a hospital whereby either some blood or some plasma in some form is available without having to call in a donor at the actual time of use The usual conception at most includes the bleeding of replacement donors and the pooling of plasma, but not the actual typing and cross-matching, which are usually done by the separately functioning clinical laboratory, or the transfusing itself, which is usually in the hands of various interns and residents The so-called management of such so-called blood banks is usually in the hands of a more or less nonexistent "committee" composed of, strictly speaking, unqualified physicians, and the responsibilities involved are divided up to such a ridiculous extent that a mass of paper work is required as a means of safeguarding against errors.

This machinery, acting more or less automatically, is, moreover, ordinarily set in motion solely and unmodifiably, with practically no recourse to appeal, by a surgeon who specifies type of fluid, time and quantities of administration, and who may then be unavailable (for the greater part of the day (or even more than a day) after a brief review of the patient's condition at the time of ward rounds or of completion of the operation

If transfusion reactions of any kind occur, any one of a number of individuals and of factors may be responsible The means of tracing down the trouble are complicated and often result in guesswork and mutual recrimination because of this division of responsibilities Reactions may be due to dirty or old tubing, dirty glassware, bacterial contamination anywhere down the line of procedures, improper typing, improper cross-matching, administration of the right

Presented in part, before the New York State Association of Public Health Laboratories at Albany November 2 1945.

the wrong patient or of the wrong blood to the right patient, or the presence of unexpected allergen in either patient or donor When, however, all these factors have been controlled as well as they should be in present-day medical practice, there remain as the two recognizedly largest groups of reactions those due to too much fluid given too rapidly, and those due to the patient's own condition, that is to say, marked sepsis, profound anemia, cachexia, intrathoracic tumors, pulmonary edema, cardiac failure, etc , some of these manifested in part by the presence of autoagglutinins

These last-named groups form the often so-called "irreducible minimum" of reactions The term is absurd, as I am proving in my home territory With undivided responsibility for all blood bank functions vested in a qualified and more or less constantly available physician, with all procedures in the hands of the same specially trained workers, and above all, with authority to cancel temporarily or modify the practicing physician's orders in the event of the latter's unavailability, the reaction rate of infusion therapy drops sharply

For some years past I have maintained that there should be a close relationship between hospital pathologist and blood bank, involving direct or delegated, but in any event undivided, control and responsibility It is no longer novel to state that the hospital pathologist functions best when he is concerned at least as much with the living as with the dead, and that the study of tissue changes without a deep insight into chemical and related processes in the living organism represents a very inadequate service to hospital practice If this is granted, then the whole field of so-called fluid balance must be included

This presupposes, of course, that the pathologist is willing to assume such responsibilities so as to serve his hospital to the fullest extent of his specific training and knowledge

The foregoing is, furthermore, based on the premise that infusion therapy generally can in some way be centrally and medically controlled That this is so, I have for the past three years been in the process of proving, through the development of what is considered at our institution a unique type of blood bank This blood bank carries through all procedures from selection and bleeding of donors by appointment to administering the transfusions and checking on the patient's condition previous to and following the transfusion This includes examining the patient's chart as to diagnosis, previous intravenous fluid administration, and condition at the time, with postponement of transfusion and report to me in the event of possible danger Experience has shown that graduate nurses, trained by me initially and repeatedly in both the theory and practice of cross-matching, grouping, and all related procedures are best suited for this work By virtue of their initial nurses' training (in part, perhaps, also by virtue of their uniforms) their relations with the lay public are unquestionably better than those of laboratory technicians I meet regularly with the blood bank staff for discussion of latest developments, and the bank reprint library is kept up to date in everything relating to blood and blood products We have, for example, spent much time in the last few years on the Rh problem and now represent a sort of consulting bureau for the hospital staff

As a quasi-independent organization, we have been free to change methods, to experiment, and to introduce pioneering regulations involving even prices, as, for example, in the field of initial Rh typing of pregnant women free of charge, and, through arrangement with Dr Diamond's Blood Grouping Laboratory in Boston, Rh subtyping, examination for anti-Hr antibodies, and determination of possible heterozygote character of the husbands as the basis for advice to such individuals by their physicians

The blood bank has, for over a year and a half, been preparing and infusing red-cell resuspensions in steadily increasing amounts, coincident with education of the medical staff as to indications, it has for a long time been preparing and therapeutically administering red-cell paste in various forms, as well as powdered dry red cells, so far free of charge, while attempting to evaluate indications and results, and, throughout the past year, A and B substances have been use with O blood in many cases The latter sub stances are supplied for experimental use by leading pharmaceutical house ACD solutio is used to preserve rare bloods, such as Rh negatives, for more than the usual storage perio

As a result of the bank's control over choice o infusion fluid, we are able to maintain a constar adequate reserve of liquid plasma and, purchase with the income on nonreplaced compensatio transfusions, a larger rock-bottom reserve o commercial dry plasma for use in mass emer gencies or for special purposes It will be note that we are especially interested in better utiliza tion of side products, as a prerequisite for an logical means of adjustment of prices, some o which are, under present-day streamlined pro cedures, unjustifiably high

In addition to the individuals regularly i charge of the bank, all student nurses rotat through the blood bank for some training, aime chiefly at impressing them with the dangers in volved and enabling them to take over at th bedside after transfusions have been started, s that many transfusions may be given simul

taneously throughout the hospital The trend of developments in this field has been such, however, that it is pointless for an individual responsible for all blood-bank procedures to sit for one, two, or more hours with one patient when no one else can take her place in her other capacities This is so because today the various steps—from the first preparation of the blood donor to the moment of introduction of the transfusion needle into the patient's vein—in their present refinement represent so many checks on the safety of the final procedure of infusion that, on a purely mathematical basis, the likelihood of serious difficulty during infusion is reduced to a minimum, especially as the last precautionary step even includes a consideration by the blood bank staff of the patient's general condition in regard to tolerance of infusion of liquids It would, therefore, appear logical to be able to delegate responsibility from this point on The need here is for a watcher who has been trained to look for certain obvious signs, to stop the infusion if these signs are alarming (a simple procedure in itself), and to call for proper assistance, for which there is usually ample time.

The endless struggle to eliminate "pyrogens" has brought about the development of various modifications in the ritual of washing rubber and glass tubing used repeatedly in infusions, and substitute materials have been promoted on the market to replace rubber The most promising of these is "viscose" tubing, which is discarded after only one-time use It is quite inexpensive, even considering the quantities required, but its apparent advantages are counterbalanced sufficiently by inherent drawbacks to render its use at least debatable Personal communication to the writer from an American hematologic authority has discouraged its use here so far, but improvements in this field are being closely followed * The best solution of the problem to date here has been the introduction, some months ago, of the routine use of a wetting agent in the blood-bank cleaning procedures, and so far the results are highly satisfactory

The factor of overloading of patients with fluid stresses the need for control under one head of all hospital infusion therapy, including that of saline, glucose, amino acids, anticoagulants, penicillin, etc , as any separation means that an agency such as our present blood bank cannot so readily be aware of the amounts of fluid other than blood products with which a given patient is being flooded

I believe that it has been demonstrated to our medical staff at this hospital that the line of separation between the blood bank on the one hand and the utilization of glucose, saline, amino acids, etc., on the other is highly artificial and arbitrary at this time, and that the logical next step is the centralizing of all infusion therapy into one department to serve both physician and patient better, more uniformly, and more economically, and thus to justify more thoroughly the fact of hospitalization It is stressed that this development is not intended as a means of depriving the practicing physician of authority or prestige, but is, on the contrary, intended to assist, consult, and protect the physician through the agency of a constantly available service, and thus to lighten his burden by functioning as his delegate in his absence

I firmly believe that the hospital pathologist, as consultant and as link between science and medical practice, is to some extent under moral obligation to be a motivating factor in these developments and reforms If the objection is one of lack of time from other duties, he should still take or retain the lead by delegating this work to a qualified assistant directly responsible to him There is here, it seems to me, a possible field for young physicians returning from the armed forces and anxious to do intramural hospital work before going into civilian practice.

Summary

Attention is called to the growing complexity of the practice of medicine in hospitals, especially in the field of intravenous fluid therapy The inherent drawbacks of present-day blood bank and supply room organization are described, and the procedures outlined for centralization of all blood, blood-product, and other infusion therapy

The need is stressed for the vesting of over all authority and responsibility in one individual, who should be more or less constantly available within the hospital, and the role of the pathologist in this type of organization is defined

It is suggested that this represents a field for young physicians returning from the armed services in search of assistantships, fellowships, and residencies in hospitals

* The bank is experimentally changing to the use of disposable viscose tubing in the actual transfusion process, but is for the time being continuing with the use of rubber tubing in the bleeding of donors and pooling of plasma. We are contemplating a change to disposable rubber tubing for these steps.

ARTIFICIAL PNEUMOPERITONEUM BY CUL-DE-SAC PUNCTURE

A New Technic for Pelvic Pneumograms

ALBERT DECKER, M D , New York City

PUNCTURE of the abdominal wall and the introduction of air, carbon dioxide, or oxygen under pressure into the abdominal cavity has been used for many years as an aid in the diagnosis of intra-abdominal disease The procedure has also been used as a therapeutic measure in abdominal as well as thoracic lesions Transabdominal pneumoperitoneum was first introduced by Kelling in 1902 as an aid in visualizing the abdominal viscera by endoscopy Ruddock popularized this procedure and established the value and safety of peritoneoscopy Pneumoperitoneum as an aid in roentgenologic examinations was perfected by Stein and Stewart[1] twenty-five years ago and was hailed by some as a milestone in the progress of x-ray diagnosis The method has never been used extensively for several reasons The development of the contrast media which give excellent results in kidney and gallbladder study has made pneumograms unnecessary in these cases These media are safe and at most require no other procedure than phlebotomy Abdominal puncture when the cavity is not distended with fluid is eschewed by the nonsurgical technicians There have been deaths reported from embolism, hemorrhage, and infection following abdominal puncture and the introduction of air under pressure Fatal accidents have also occurred after intravenous use of contrast media

The antipathy of the roentgenologist and the psychic aversion of the patient to abdominal puncture have largely relegated this procedure to selected cases of obscure abdominal or retroperitoneal conditions that were not elucidated by other methods

Clear and striking demonstrations of adhesions between the intestines and abdominal wall by means of pneumograms have been reported Martin,[2] Orndorff,[3] and Sante[4] reported a large experience with pneumoperitoneum in the diagnosis of upper abdominal conditions such as cirrhosis of the liver, intestinal adhesions, and generalized abdominal carcinoma Martin states that it is useful in the study of tumors in the left upper quadrant Sante reports one thousand introductions of transabdominal pneumoperitoneum made without any untoward results The substitution of carbon dioxide for air has added to the safety of the procedure

Recent and ardent advocates of pneumoperitoneum in x-ray diagnosis have been in the field of gynecology Stein has a large experience with pneumograms in gynecologic diagnosis He concludes that pneumograms are more valuable and more informative and less harmful in some cases than hysterosalpingography Transabdominal pneumoperitoneum and hysterosalpingography were combined in selected cases with excellent results Stein[5] reports a case of unruptured ectopic pregnancy diagnosed by a pelvic pneumogram

Artificial pneumoperitoneum with carbon dioxide is a safe procedure No case of embolism has been reported when carbon dioxide was substituted for air The gas is absorbed in a few hours so that the unpleasant symptoms caused by pneumoperitoneum are avoided Air is absorbed from the abdomen slowly and large amounts have caused symptoms for eight to ten days The quick absorption of carbon dioxide makes it first choice in pneumoperitoneum Moore[6] injected air into the pulmonary vein of test animals with immediate fatal results When carbon dioxide was substituted for air, no untoward results occurred

Hysterosalpingography with pneumoperitoneum often discloses diagnostic information not obtainable by bimanual examination or other diagnostic procedures

The transuterine method for producing pneumoperitoneum is the first choice It is carried out exactly as a Rubin test The Rubin siphon meter is used so that a measured amount, 1,000 to 1,500 cc , of carbon dioxide is injected If hysterosalpingograms are desired, the lipiodol is injected after the carbon dioxide Frequently when pneumograms are desired, it is found that the fallopian tubes are closed so that gas cannot be injected through them into the peritoneal cavity In that event, the transabdominal route has been the second method of choice.

Experience with the production of pneumoperitoneum in conjunction with culdoscopy[7] has suggested a new, safe, and simple technic for the introduction of air or carbon dioxide into the peritoneal cavity

This method utilizes the negative pressure created in the abdomen by the knee-chest position The intra-abdominal negative pressure created by the knee-chest position attains 12 to 15 cc of water as measured by the Zavod pneumo apparatus When the cul-de-sac is punctured in the knee-chest position, an immediate spontaneous pneumoperitoneum of 1,500 to 1,800 cc results

Technic

The patient is placed in the knee-chest position. The perineum is elevated with a Sims speculum and the vagina is painted with a nonirritating antiseptic solution A short, beveled, 4 1/2-inch needle, gage 20, is attached to a 2 cc syringe The cervix is grasped with a tenaculum and pulled downward The needle is pressed against the posterior vaginal wall at a point just above the cervix The needle point is directed toward the center of the pelvis and pushed through the vaginal vault into the cul-de-sac. When the plunger of the syringe is removed, an immediate and spontaneous pneumoperitoneum results The inrush of air can be attested by the sound created in the syringe by alternately opening and closing the aperture with the thumb When it is desired to substitute carbon dioxide for air a special cannula can be used, as shown in Fig 1, or the 4 1/2-inch needle may be used and attached to the Zovod

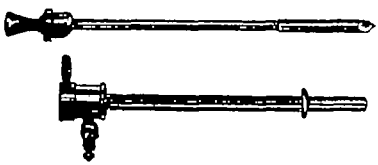


FIG. 1A. Trocar with grooved surface. B Cannula with lock and valve. When used to puncture the posterior vaginal wall in knee-chest posture the spontaneous pneumoperitoneum is controlled and measured amounts of carbon dioxide are introduced through the valve.

pneumo apparatus before introduction. Carbon di oxide has the advantage of quick absorption When the pneumograms are to be taken several hours after the introduction of the gas it is advisable to use air to insure continuation of the pneumoperitoneum.

Cul-de-sac puncture in the knee-chest position as a method of producing pneumoperitoneum has many advantages over the transabdominal route Like abdominal puncture, it is available when the transuterine channel is blocked The advantages may be enumerated as follows

1 The psychic aversion to abdominal puncture is avoided.

2. The air is not introduced under pressure, so that the danger of air embolism is avoided.

3 The pelvis is notoriously less readily infected than the abdomen. Posterior colpotomy is conceded to be a safe approach to the pelvis.

4. Very little apparatus is needed for cul-de-sac puncture and no local anesthesia is required.

5 There is less danger of injury to intestines as the position removes them from the pelvis.

6 When the special cannula is used for the production of transvaginal pneumoperitoneum the pelvis is available for endoscopic examination (culdoscopy) This procedure in the opinion of the author, is a distinct aid in the diagnosis of obscure pelvic disease.

This method is not available when the cul-de-sac is filled with adherent viscera or tumors, or when there is atresia of the vagina.

In the occasional case, the intra-abdominal negative pressure can be utilized in the transuterine method. When the tubes are patent and not spastic, an intrauterine cannula inserted into the cervix while the patient is in knee-chest position results in a spontaneous pneumoperitoneum of a volume sufficient to produce pneumograms.

The following is a brief history and report of the physical findings in a case in which pelvic pneumograms were taken. This case is presented to show the ease with which air can be introduced into the pelvis even in the presence of a large mass. The x ray pictures taken before and after the introduction of the air illustrates the value of intra-abdominal air in accentuating the shadows of abdominal and pelvic tumors.

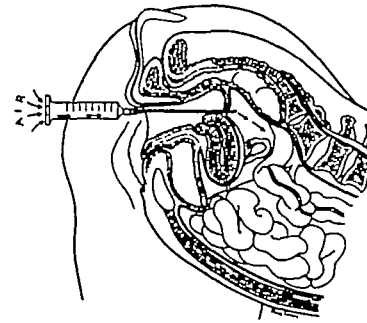


FIG 2. Cul-de-sac puncture in the knee-chest position. The needle is shown passing through the posterior vaginal wall into the cul-de-sac. When the plunger is removed spontaneous pneumoperitoneum occurs

Case Report

M L., aged 23 white, was admitted to Knickerbocker Hospital on November 16, 1944 Her chief complaint was of abdominal cramps and swelling of the abdomen for the past four months. Her previous history included pneumonia at age 7, and bartholinian abscess two years ago

Menstrual history was as follows onset at 12 regular every twenty-eight days, duration four days, pain and clots with periods for past three years the last menstrual period began November 8, 1944 No menstrual irregularity was reported. The patient noticed a small swelling in the midline of the abdomen in December, 1943 Since then, the swelling had become larger and painful. The swelling had been rapid during the four months before examination.

The bowels were regular, and there were no urinary symptoms. Abdominal examination showed the abdomen to be adipose. There was a palpable mass in the lower abdomen that extended to within 3 cm. of the umbilicus. The mass was smooth round mobile and not tender The cervix was firm anterior, closed, and freely movable without pain.

The uterus was believed to be deviated to the left and normal in size, but it was not clearly defined by bimanual examination. The left ovary was palpably enlarged and not tender A cystic mass occupied the pelvis above the uterus and extended into the lower abdomen. The mass was not fixed and not tender The cul-de-sac was free.

The differential diagnosis was between ovarian cystoma, fibromyoma, uterine pregnancy and hydrosalpinx. The Aschcim Zondek test was negative. Blood count and urinalysis were normal Pneumograms were taken after cul-de-sac puncture in knee-chest posture.

Fig. 3 shows the x-ray taken before and Fig. 4 the x ray taken after production of pneumoperitoneum The diagnosis of hydrosalpinx was suggested by the x ray This is an excellent demonstration of the



FIG 3 Pneumoperitoneum following cul-de-sac puncture in knee-chest position X-ray of abdomen in upright position reveals the amount of air that enters the abdomen by this procedure



FIG 4. Pneumoperitoneum (air) forty-eight hours after cul-de-sac puncture This finding demonstrates the slow rate of absorption of air from the peritoneal cavity

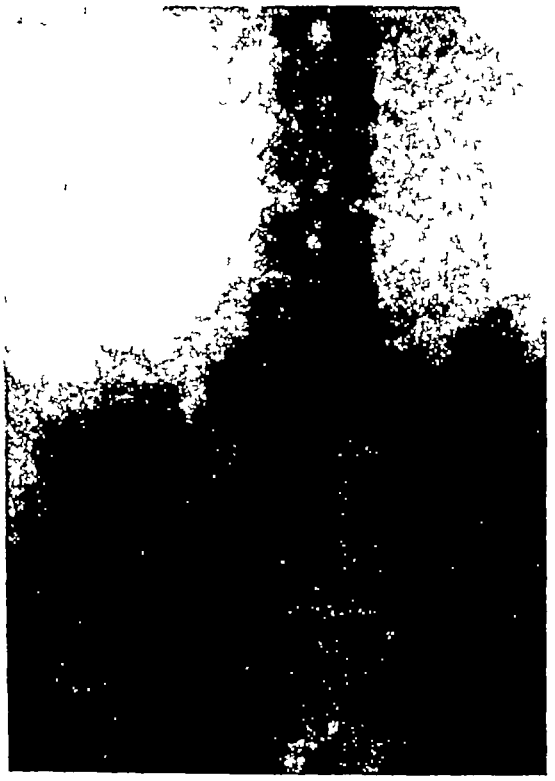


FIG 5 Patient M L Preliminary x-ray of abdomen taken before cul-de-sac puncture



FIG 6 Patient M L X-ray of abdomen after production of pneumoperitoneum by cul-de-sac puncture and intrauterine injection of lipiodol The cystic tumor is plainly visualized by this method

accentuation of the pelvic shadows by the presence of intra-abdominal air The cul-de-sac puncture in this instance was made with a special trocar and cannula, the culdoscope was introduced and the pelvic contents were viewed The uterus was observed and found normal. The ovaries were enlarged to a diameter of 5 cm., they were pale in color, not cystic, and free from adhesions. The large cystic mass was defined as occupying the distal two-thirds of the left tube. The right fallopian tube was normal. These findings were confirmed at operation.

Conclusion

Artificial pneumoperitoneum with air or carbon dioxide is a valuable adjunct to the x-ray diagnosis of pelvic disease.

A simple technic for a quick, painless and safe method has been described.

When a special cannula is used culdoscopic examination of the pelvis may also be carried out.

10 West 74th Street

References

1 Stewart, W. H., and Stein, A. Am. J Roentgenol. 6: 533 (Nov.) 1919
2 Martin Charles L. Texas State J Med. 32: 527 (Dec.) 1936
3 Orndorff B H : Am. J Roentgenol. 2: 365 (1919)
4 Santa, L. R.: Southwestern Med. 11: 529 (Dec.) 1927
5. Stein, I F : Am. J Obst. & Gynec. 43: 525 (March) 1942
6 Moore *et al*. John Sealy Hospital Bulletin (1939)
7 Decker A., and Cherry Thomas Am J Surg. 40: 44 (April) 1944

THE RADIOLOGIC DIAGNOSIS OF ECTOPIC PREGNANCY

RICHARD H MARSHAK M A , M D , New York City

UTEROSALPINGOGRAPHY to visualize tubal pregnancy has rarely been performed in this country Case reports have appeared recently in the South American literature illustrating the successful application of this procedure. A. de Moreas used hysterosalpingography in 2 cases of ectopic pregnancy for diagnostic purposes.[1] In one case the x ray picture clearly showed the ovum in the lumen of the tube. The purpose of this paper is to present a case report of a patient on whom uterosalpingography was performed to determine the cause of uterine bleeding and an ectopic gestation was accidentally visualized. The possible advantages of this procedure will be discussed.

Case Report

The patient was first seen in October 1944 with the chief complaint of vaginal bleeding of two weeks' duration. The family history and the past history were essentially negative. Her periods had started at the age of 13, occurring every twenty-eight days Bleeding usually lasted four to five days, was not profuse, and there was no accompanying dysmenorrhea. Her last period was September 15 1944, at which time she had a period which lasted only three days. The flow, however, was no different than during previous periods. On October 1 she began to bleed and continued bleeding lightly for two weeks, the bleeding was unaccompanied by abdominal cramps. This was the first time that the patient had ever had any intermenstrual bleeding Physical examination revealed a fairly well-developed and well-nourished woman aged 22. Examination was entirely negative except for the pelvic findings which were as follows the cervix was somewhat soft, the uterus was not enlarged and was in midposition. Neither adnexa could be palpated but slight tenderness was elicited in the left adnexal region. A pregnancy test (Friedman) was performed which was reported as negative. The patient was admitted to the hospital where a curettage revealed proliferative endometrium. The patient continued to bleed vaginally following the curettage and a hysterogram was performed to further investigate the cause of the bleeding This procedure was done since it has been our experience that occasionally a small endometrial polyp or even a submucous fibroid can be mixed with a thorough curettage and be visualized on the hysterogram Two films were taken, one with 2 cc. of viscorayopaque and the next with 4 cc The x-rays revealed the uterine cavity to be normal in size and shape, the right tube revealed no evidence of any abnormality *and was patent, but the left tube revealed a circular* filling defect about 1½ cm in diameter about its center (Figs. 1 and 2) There were no ill effects from the hysterogram. A diagnosis of left tubal pregnancy was made and the patient was explored. A tubal pregnancy was found at the site of the circular filling defect described above (Fig 1) A small localized hematocele was present in the cul-de-sac. The patient made an uneventful recovery and was discharged on the tenth postoperative day

Comment

Although an ectopic pregnancy was suspected in this case the laboratory findings were so completely negative that laparotomy was postponed. The finding of proliferative endometrium with an ectopic gestation is not too uncommon and has been reported many times.[2] It is not the purpose of this report to discuss the negative Friedman test. The hysterogram, therefore, was not done to visualize *the ectopic pregnancy, but, as has been stated previously,* to further elucidate the cause of the bleeding.

The filling defect in the tube corresponded exactly to the site of the ovum The question now arises if

Medical News

Lt Col Craighill Is Named Consultant for the Medical Care of Women Veterans

THE appointment of Lt Col Margaret D Craighill as consultant for the medical care of women veterans, the first position of its kind in the Veterans Administration, was announced on January 2 by General Omar N Bradley, administrator

Formerly consultant for women's health and welfare to the Surgeon General of the Army, Colonel Craighill in her new post will serve with eleven other specialists previously appointed as consultants in medicine and surgery for veterans' hospitals under Brig Gen Elliott C Cutler

A specialist in surgery and gynecology, Colonel Craighill before joining the Army was Dean of the Women's Medical College of Pennsylvania, in Philadelphia, the only medical college for women in the United States, from which she is on leave

American Social Hygiene Association to Meet in New York

THE annual meeting of the American Social Hygiene Association and the annual regional Social Hygiene Day conference will be held in the Hotel Pennsylvania, New York City, on February 6 The program includes papers on "What the War Has Taught of Use to the Future Social Hygiene Program" and "The Future of Social Hygiene in the United States" The speakers will be Drs John H Stokes, of the University of Pennsylvania, and J Cavillon, Ministry of Health of France Presentation of the William Freeman Snow Medal will be made at this meeting

Dr Brooks Retires from State Service

DR PAUL B BROOKS, deputy state commissioner of health, retired January 1 after thirty years' service on the staff of the State Department of Health

Dr Brooks has been deputy under three commissioners, the late Dr Matthias Nicoll, Jr, Dr Thomas Parran, and Dr Edward S Godfrey, Jr His administration has been distinctive as an expression of broad understanding of public-health practice and an almost intuitive grasp of the problems and viewpoint of the medical practitioner

His insight into practical medicine may be ascribed partly to family background and partly to his own boot-training and experience in the medical profession The son of a physician with an extensive practice, Dr Brooks attended University and Bellevue Hospital Medical College, now New York University College of Medicine, from which he was graduated in 1903 He served two years as an intern on the Third Division of Bellevue Hospital

After two years as a junior assistant physician at Buffalo State Hospital, Dr Brooks practiced medicine for about seven years in his native Norwich He was town and village health officer for a time and later, when Norwich received a city charter, became a member of the city Board of Health

He was made acting director of the Division of Communicable Diseases in 1917 and two years later was appointed to the position of assistant director of the Division of Laboratories and Research, which he held until 1923, when he was named deputy commissioner by Dr Matthias Nicoll, Jr, who was then commissioner During the past twenty-two years, Dr Brooks has played a prominent part in the development of department activities He is best known perhaps for his contributions in the field of milk sanitation and for his characterization of "Dr Jones," a stellar role in "The Health Hunters" plays, since the inception of the series twelve years ago as the Department's weekly radio program He is the author of the "'Dr Jones' Says—" column which has appeared in *Health News* since 1937 and which has been widely read and quoted

Retirement of Dr Conway

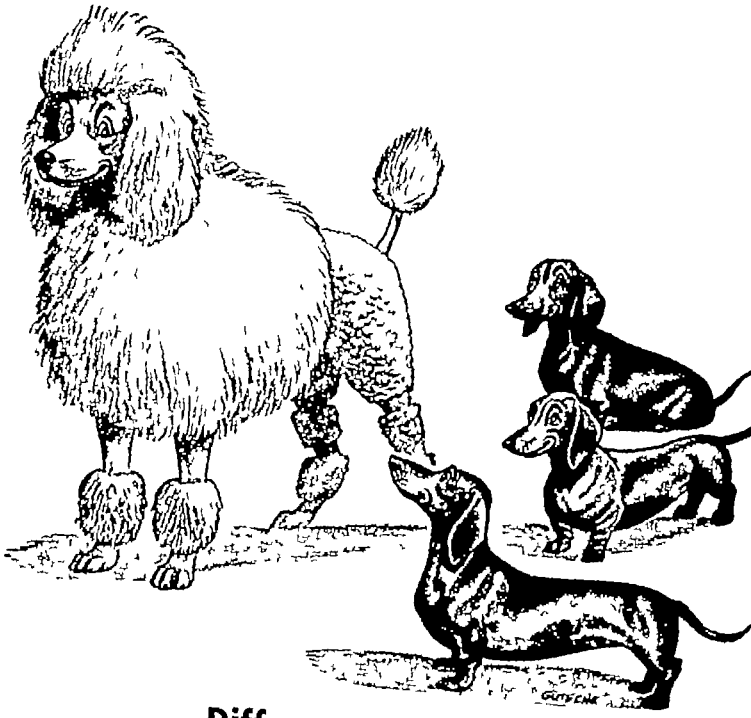
DR JOHN A. CONWAY, dean of district state health officers, retired January 1, 1946 after thirty-one years' service in the State Department of Health

Dr Conway was one of the first six physicians appointed on the department staff in 1914 under the title of "district sanitary supervisor," a position corresponding to the present "district state health officer" He is the only one of the original appointees who has served continuously in the same position to the present time For many years he has served the counties of Allegany, Chemung, and Steuben from headquarters in Hornell

After receiving the degree of M D from the University of Buffalo in 1903, Dr Conway interned at Sisters Hospital, Buffalo, and later established himself in general practice in Hornell He became interested in public health early in his professional career and acquired his first experience in that field in the capacity of health officer He served the towns of Greenwood, Troupsburg, and West Union, and the city of Hornell, all in Steuben County, at intervals from 1907 to 1917 His interest in public-health practice extended beyond the confines of his immediate jurisdiction and in the summer of 1912 he went abroad to study the organization and work of smaller departments of health in England, Scotland, and in continental Europe During World War I, he served as epidemiologist with the rank of captain at Camp Humphries, Virginia In the course of his administration of the duties of district state health officer, Dr Conway made a number of epidemiologic studies, including the investigation of an outbreak of typhoid fever which he traced to the consumption of stored natural ice which had been harvested from a heavily polluted source

He is a past chairman of the Public Health Section of the Medical Society of the State of New York and a former president of the Steuben County Medical Society

[Continued on page 322]



Different in form

Honey-like liquid form and strictly professional promotion are two unique advantages of Maltine with Vitamin Concentrates. These features afford the physician better prescription control. Moreover, patients are pleased with the pleasant citrus flavor, the effectiveness, and the economy of this balanced multiple vitamin preparation. Each fluid ounce contains:

Vitamin A	10 000 U.S.P. Units
Vitamin D	1000 U.S.P. Units
Vitamin B_1	3 Mg. Thiamine Hydrochloride
Vitamin B_2	4 Mg. Riboflavin
Nicotinamide	40 Mg.
Pantothenic Acid	350 Micrograms
Dicalcium Phosphate	17 Grains
Maltine	q. s.

Dosage: Two teaspoonfuls twice a day. Available through prescription pharmacies in bottles of 12 fluid ounces. The Maltine Company, New York. Established 1875.

Maltine with Vitamin Concentrates

[Continued from page 320]

County News

Albany County

Dr John B Averill, of Albany, has taken over the practice of the late Dr Walter K Grigg, who died in Albany December 8

Dr Averill was honorably discharged from service in November after his assignment to the 4th Armored Division

He is a graduate of Columbia University's College of Physicians and Surgeons *

• • •

Having received his discharge in December, Dr Douglas L Root will resume his medical practice in Albany

He held the rank of major with the American Air Force and served three and a half years in Africa, Sicily, and the European theater *

• • •

Lt Comdr Charles Ethan Allen, former Albany physician, has been released from the Navy Medical Corps and plans to practice at Atlanta, Georgia He was discharged at Jacksonville, Florida Dr Allen was a major in the Army Medical Corps before entering the Navy last March He was attached to the Army venereal control office in the South He was released from the Army last spring at his own request In the Navy, he served aboard a hospital ship at Okinawa *

• • •

Dr Jay T Dunigan, of Albany, is back in private practice after more than three years of Army service He was a captain

A former district health physician with the Albany County Welfare Department, he entered the Army in June, 1942 He served in the Rhineland and Central European campaigns, mostly with the 9th Army and in evacuation hospitals On V-E Day he was in Germany and on V-J Day in Paris Before discharge he served at Rhodes General Hospital, Utica *

Cattaraugus County

Dr Norman P Johnson and Dr George C Cash, both recently discharged from the Army, have opened offices in Olean

Dr Johnson will confine his practice to general surgery and Dr Cash to obstetrics

Dr Johnson, a Fellow of the American College of Surgeons, was honorably discharged as a major September 20 He was commissioned an Air Corps captain in 1942 and after serving at station hospitals at Foster Field and Eagle Pass, Texas, went overseas in November, 1944 He was awarded two battle stars for the Central European and Rhineland campaigns

A graduate of the University of Buffalo Medical School, he entered practice in Olean in 1935 with the late Dr J Ross Allen

Dr Cash was honorably discharged as lieutenant colonel after five years service He served two years on a transport in the South Pacific Following this duty, he was in charge of the U S Army Hospital, Prince Rupert, Canada

A native of Iowa City, Iowa, he received his medical degree from the University of Nebraska, Omaha, and practiced four years in Oregon before entering the Army *

Chautauqua County

Comdr William F Hoover, who has been consulting dermatologist for the Navy Department, has returned to Jamestown to resume his practice of dermatology

He received his commission as lieutenant commander in October, 1942, reported at Sampson Naval Training Station, and was transferred for duty at the U S Naval Dispensary in Washington, D C, in April, 1943, where he was on active duty for two and a half years As consulting dermatologist his work covered the Senate, State Department, and White House His promotion to commander was given in June *

• • •

Dr Ernest G Homokay has been released from the United States Army and will return to practice in Silver Creek after a month's vacation

Following enlistment in the Medical Corps, Dr Homokay was sent to Fitzsimmons General Hospital, Denver, Colorado, where he was a ward officer in general medicine In May, 1944 he was transferred to Mason General Hospital, Brentwood, where his duties were with soldiers suffering from anxiety developed, due to fear and worry, on the battlefield Dr Homokay will reopen his office about March 1, 1946 *

Chenango County

The officers and committee chairmen of the Chenango County Medical Society for 1946 are as follows president, William D Mayhew, Oxford, vice-president, John A Hollis, Norwich, secretary-treasurer, John H Stewart, Norwich, legislative committee, A K Benedict, Sherburne, economics, C W Chapin, Greene, public health and education, N C Lyster, Norwich, maternal welfare, L T Kinney, Norwich, subcommittee on tuberculosis, E F Gibson, Norwich, council on medical service and public relations, John H Stewart, Norwich, and compensation, T F Manley, Norwich

• • •

Dr John A. Hollis, of Norwich, recently was discharged from the Army, where he served as captain in the Medical Corps

Dr Hollis was engaged in military service for two and one half years and for eighteen months of that time was overseas During his war experience he had extensive experience in neurosurgery, his army service being particularly confined to this branch

As soon as arrangements can be completed Dr Hollis plans to resume his practice in Norwich *

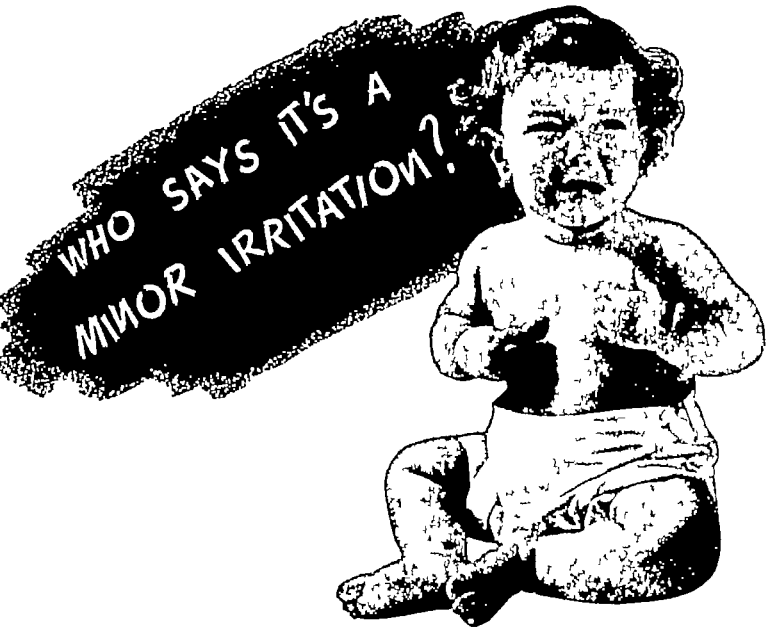
Clinton County

Dr James J Reardon, whose practice of medicine in Plattsburg was interrupted in May, 1942, when he was summoned to military duty with the Army Medical Corps, has reopened his office in Plattsburg

Dr Reardon was released from the Army Medical Corps on October 5 of this year Two years of his forty-one months of service were on overseas as-

[Continued on page 324]

* Asterisk indicates that item is from a local newspaper



You wouldn't think so if you itched from diaper rash, eczema, chafing, chickenpox or scarlet fever It would seem mighty important to you and so would the soothing comforting relief of ENZO CAL.

Rubbed gently on irritated areas, the benzocaine in ENZO CAL promptly allays the burning, stinging pain and, at the same time, a protective, healing layer of semi-colloidal calamine and zinc oxide is left on the skin.

Mothers, too, appreciate ENZO CAL because it is clean, convenient to use, and *greaseless.*

Prescribe ENZO CAL in your next case of pruritus or, better yet, suggest that your patients keep a tube on hand for routine use in the various skin irritations of infanthood

May we send you a FREE trial tube of ENZO CAL? Address your request to us at 305 East 45 St New York 17, N Y

CROOKES *Laboratories*

Enzo-CAL for ITCHING

[Continued from page 322]

signment which took him to England, France, Belgium, Holland, and Germany He held the rank of major *

• • •

With more than three years of military service behind him, and all of that service, with the exception of the first few weeks, being experienced overseas, Dr Elmer Wessell, of Plattsburg, who is on terminal leave from the U S Army Medical Corps, reopened his office in Plattsburg on December 1 He will devote his future practice to obstetrics and gynecology *

Cortland County

The annual meeting of the county society was held on December 21 At that time the following officers were elected for 1946 president, Dr Fred A Jordan, Cortland, vice-president, Dr William F Newcomb, Homer, secretary, Dr W A Wall, Cortland, treasurer, Dr F F Sornberger, Cortland, compensation-arbitration committee, Drs F F Sornberger, J E Wattenberg, and C J Kelly, legislation, Drs W A Wall, P W Haake, Hans Hirsch, and W A Shay, public health, Drs C E Chapin, R P Higgins, D B Glezen, and Robert Fairchild, and public relations, Drs D R Reilly, W J Pashley, S A Ver Nooy, and R. H Brink

Dutchess County

The annual meeting of the Dutchess County Medical Society was held in the pavilion of the Hudson River State Hospital, Poughkeepsie, on January 9 at 8 30 P M Election of officers for the ensuing year was held

• •

Dr Maxwell Harrison has opened offices in Beacon, specializing in diseases of the eye, ear, nose, and throat He studied medicine at the Anderson College of Medicine, Glasgow, Scotland, and was graduated in 1940 Because of war conditions he was one of the first to fly to the U S A by Clipper *

Erie County

Maj Ernest B Eldridge, of North Tonawanda, prewar anesthetist, after spending forty months with the Army Medical Corps in service in North Africa, Italy, and England, is home on terminal leave, and has resumed practice in North Tonawanda He conducted extensive work in his specialized field during his period of service with the Medical Corps *

Franklin County

The Saranac Lake Medical Society met on January 2 in the John Black Room of the Saranac Laboratory for a surgical symposium in the form of an "Information, Please" program. Cases were presented by Dr Edwin M Jameson

Greene County

At the annual meeting of the Medical Society of the County of Greene the following officers were elected president, Frances E Persons, Lexington, vice-president, Benjamin Miller, East Durham, secretary, William M Rapp, Catskill, treasurer, Mahlon H. Atkinson, Catskill, chairman of public relations committee, A B Daley, Athens, chairman of legislative committee, Percy G Waller, North Baltimore, and delegate, Kenneth F Bott, Greenville

Jefferson County

Dr Thomas P Hamilton, Jr, of Watertown, has opened offices for the practice of general surgery there

Dr Hamilton was honorably discharged from the Army in September He was serving as a major in the Medical Corps *

Kings County

A contribution of $5,000 from Henry Wetstein, of the H S Chandler Company, of Manhattan, for a study of the usually fatal skin disease, pemphigus vulgaris, has been received by the Long Island College of Medicine, it was announced by the college recently

Dr Arthur W Grace, professor of clinical dermatology and syphilology, will conduct the research, a continuation of studies started by him at New York Hospital

Shortly before coming to the college in 1938, Dr Grace and his colleagues at New York Hospital succeeded in isolating a virus from several cases of the disease With the new grant, Dr Grace plans to obtain more strains of the virus, which probably is the hitherto unknown cause of the disease, and to develop materials to aid in treatment Two rooms in the Hoagland Laboratory Building are being equipped for the research

There have been more cases of the disease in Brooklyn in recent years than in any other part of the metropolitan area, according to college authorities Since most of the persons who have contracted the disease are from central Europe, experts think it originates in Poland, western Russia, and around the shores of the Mediterranean *

Madison County

Maj Edward G Hixson, first Oneida physician to enter the armed forces during wartime, in February, 1941, has returned to Oneida after four years of foreign duty

A letter of commendation on Major Hixson's record reads "During those periods, your hours of duty were long and difficult, and by your untiring zeal and complete devotion to duty, you have been instrumental in the saving of many lives and the alleviation of much suffering among our wounded soldiers"

Major Hixson has been awarded the American Defense ribbon, American Theater ribbon, and Asiatic-Pacific Campaign ribbon with a battle star On June 12, 1943, he was awarded the Legion of Merit Medal, one of the Army's highest awards, "for exceptionally meritorious conduct in the performance of outstanding service" *

Monroe County

Dr James S Houck was installed on January 1 as president of the Medical Society of the County of Monroe at the 125th annual meeting of the society in the Academy of Medicine

Others to take office included vice-president, Dr William A McVay, secretary, Dr Charles S Lakeman, and treasurer, Dr John L Norris Delegates to the state society were Dr Joseph P Henry and Dr Lakeman, with Dr C Stewart Nash and Dr Norris as alternates

Col. Edward T Wentworth, commanding officer of the 19th General Hospital during its service in

[Continued on page 326]

INDEX TO ADVERTISED PRODUCTS

Acetyl-Voss (Ames Company Inc.) 265
Alka-Zane (William R Warner & Co) 263
Alysine (The Wm S Merrell Co) 2nd cover
Aminet (Ernst Birchoff Company, Inc) 231
Argyrol (A. C Barnes Company) 261

Belbarb (Chas. C Haskell & Co) 264
Benzedrine Inhaler (Smith Kline & French Labs.) 330
Benzedrine Sulfate Tablets (Smith, Kline & French Labs.) 267
Bidupan (Cavendish Pharmaceutical Corp) 232

Chloresium (Rystan Company) 247
Cot-Tar (Doak Co , Inc.) 234

Demerol (Winthrop Chemical Co Inc) 258
Digitaline Nativelle (Varick Pharmacal Co) 254

Elixir Bromaurate (Gold Pharmacal Co) 331
Enzo-Cal (Crookes Laboratories) 323
Ertron (Nutrition Research Labs.) 252–253
Eskadrazine (Smith, Kline & French Labs.) 242

Gelusil (William R. Warner & Co) 237

Heptuna (J B Roerig & Co) 235

Maltine with Vitamin Concentrate (The Maltine Company) 321
Mapharsen (Parke Davis & Co) 244–245
Menacyl (Lakeside Laboratories) 259
Mol Iron (White Laboratories Inc.) 249

Neo-Synephrine (Frederick Stearns & Co) 255

Oleum Percomorphum (Mead Johnson & Co) 4th cover

Paredrine Sulfathiazole (Smith Kline & French Labs) 250–251
Pavatrine with Phenobarbitol (G D Searle & Co) 243
Penicillin (Bristol Labs Inc.) 3rd cover
Penicillin (Commercial Solvents Corp) 256
Penicillin (Schenley Laboratories Inc.) 239
Phyllicin (Bilhuber Knoll Corp) 236
Pills Stramonium (Davies Rose & Co) 266
Proluton (Schering Corporation) 229
Purodigin (Wyeth Inc.) 268

Ryzamin B (Burroughs Wellcome & Co) 260

Sulfacame Lozenges (Brewer & Company Inc) 228
Sulfathiazole Gum (White Laboratories Inc.) 240–241
Syrup of Thiocol (Hoffman La Roche, Inc.) 257

Thantis (Hynson Westcott & Dunning Inc.) 325

Zymenol (Otis E. Glidden Co Inc) 225

Dietary Foods

Evaporated Milk (Nestle's Milk Products Inc.) 220
Formulac (National Dairy Products Co , Inc.) 233
Homogenized Baby Food (Libby McNeill & Libby) 238
Ovaltine (The Wander Company) 246

Medical and Surgical Equipment

Hearing Aids (Dr T H Halsted) 335
Orthopedic Shoes (Pediforme Shoe Co) 230
Supports (Spencer Inc.) 248

Miscellaneous

Camel Cigarettes (R. J Reynolds Tobacco Co) 227
Cigarettes (Philip Morris & Co , Inc.) 202
Drug Encyclopedia (New Modern Drugs) 327



WINTER TIME is the season of throat affections.

Thantis Lozenges are especially effective in relieving these conditions, because they are anesthetic and antiseptic for the mucous membranes of the throat and mouth. The active ingredients dissolve slowly in the mouth, providing continuous soothing medication of the area.

Thantis Lozenges contain Merodicein (H.W & D Brand of Dilodooxymercuriresorcinsulfonphthalein-sodium), 1/8 grain, and Saligenin (Orthohydroxybenzyl alcohol, H W & D), 1 grain. They are effective, convenient and economical.



Thantis Lozenges are supplied in vials of twelve lozenges

Complete literature on request.

HYNSON, WESTCOTT & DUNNING, INC
Baltimore 1, Maryland

[Continued from page 324]

the European theater, discussed "Army Medical Administrative Problems" Dr Edward R. Cunniffe, president of the Medical Society of the State of New York, was the guest of honor

Five members also were named to the board of censors They included Drs G Kirby Collier, Benedict J Duffy, John J Finigan, Fred W Geib, and Benjamin J Slater

• • •

The following Rochester physicians have recently received their honorable discharges from the armed forces Drs Louis Spector, R Edward Delbridge, W A Fenstermacher, Charles S Gallagher, Stanley K Gutelius, Chester H Lauterbach, William A MacVay, Philip A Palisano, George M Trainor, John White, Frederick N Zuck, Robert R White, George Dacks, Carl J DeSando, Michael H Durante, Walter J Gunkler, Gordon Ide, Nicholas Iuppa, Louis N Kerstein, Ovid Pearson, Frank P Smith, Rosario J Stagnito, Anthony J Virgo, H R. Ziegler, and Albert H Waffle *

New York County

The 614th regular meeting of the Society of Medical Jurisprudence was held at the New York Academy of Medicine Building on Monday, January 14, 1946 The program was devoted to a discussion on "Animal Research—What the Public Wants to Know about Its Uses in the Diagnosis, Treatment, and Prevention of Disease"

Dr Gilbert Dalldorf, Director, New York State Department of Health Laboratories and Research, Albany, presented the subject from the public health and preventive medicine standpoint Dr Maurice L Tainter, of the Research Department of the Winthrop Chemical Company, formerly professor of pharmacology, Stanford University School of Medicine, considered the pharmacologic aspects

Mr Dwight Anderson, LL B , director of public relations, Medical Society of the State of New York, spoke on the topic, "Friends of Medical Research"

On Monday evening, January 21, 1946, at 7 30, this Society held a joint session with the Long Island College of Medicine as a part of its postgraduate course on Industrial Medicine The subject of the meeting was entitled "Injury and Effort in Relation to the Heart," and Dr Arthur M Master spoke on the clinical aspects, Theodore J Curphey spoke on the pathologic aspects, and Edward T Welch, Esq , on the legal aspects of the topic

• • •

Dr Michael Lake, F A C P , has returned from military leave of absence to resume the position of medical director of Macy's, New York Dr Lake has served for forty-six months in the U S Naval Reserve, in which he held the rank of commander He was stationed at the Norfolk Naval Hospital for twenty-six months, and later served in the Pacific Theatre in the Marshalls, in Guam, and at Okinawa He was Atoll Medical Officer in the Marshalls, Senior Medical Officer of Advance Headquarters of Admiral Nimitz on Guam, and at Base Hospital No 18 on Guam, and finally, Chief of Medicine of Fleet Hospital No 107 on Okinawa

Dr. Lake is instructor in medicine at Cornell University Medical College and gastroenterologist on the staff of the New York Hospital.

• • •

The New York Diabetes Association, Inc , held an open meeting on January 26 at the New York Academy of Medicine

The speakers of the evening were Dr Charles H Best, director of the Department of Physiology and Banting and Best Department of Medical Research, University of Toronto, Canada, and Dr R E Haist, associate professor of physiology, University of Toronto Dr Best gave two lectures, the first was entitled "A Quarter of a Century in Medical Research," and the second "Factors Affecting Fat Transport in the Animal Body" Dr Haist spoke on the subject, "Carbohydrate Metabolism in Traumatic Shock"

Dr Edward Tolstoi, chairman of the Committee on Internal Medicine, under whose auspices the meeting was held, presided

Orleans County

On December 16, 1945, the following were elected to office in the Medical Society of the County of Orleans for the year 1946 president, Edward T Eggert, Knowlesville, vice-president, Angelo Leone, Medina, secretary and treasurer, Arden H Snyder, Holley, and delegate, John Dugan, Albion.

Otsego County

The following officers for the year 1946 were elected at the December 19 meeting of the Otsego County Medical Society president, Alexander M Skinner, vice-president, Charles B Kieler, secretary, Marjorie F Murray, treasurer, John M Constantine, censor, F B Devitt, delegate, M C. Halleck, alternate, Paul von Haeseler

Queens County

Dr Vincent de Paul Juster, of Jamaica, was confirmed on November 28 as president for 1946 of the Medical Society of Queens County

Dr Goodwin A Distler, Woodhaven, was named president-elect for 1947

Among other officers for 1946 are Dr Ezra A. Wolff, of Forest Hills, secretary, Dr Leo G Goldberg, of Jamaica, assistant secretary, Dr Arthur A Fischl, of Astoria, treasurer, and Dr Lawrence M Waterhouse, of Jamaica, assistant treasurer *

• • •

Dr A E Fischer, of Mt Sinai Hospital, New York City, and Dr Paul di Sant Agnese, of Babies Hospital, New York City, addressed the Queens County Medical Society on December 10 in the Medical Society Building in Forest Hills on "Diseases of the Pancreas in Childhood" *

Rensselaer County

Dr Eugene F Connally, of Troy, was awarded a fellowship by the International College of Surgeons at the tenth national assembly of the United States Chapter of the college in the Mayflower Hotel, Washington, D C , in December Dr Connally, veteran of World War I and a practicing physician and surgeon in Troy since 1915, holds a fellowship in the American College of Surgeons and is a member of the Rensselaer County Medical Society, the Medical Society of the State of New York, and the American Medical Association *

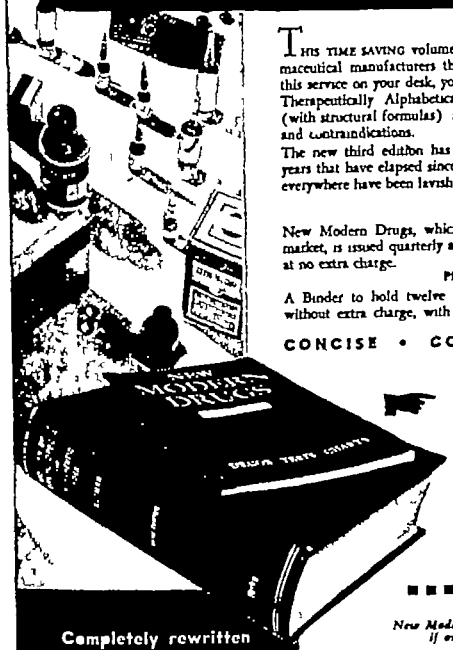
READY SOON!

The New, Completely Rewritten, 3rd Edition

MODERN DRUG ENCYCLOPEDIA AND THERAPEUTIC INDEX

Edited by ALEXANDER B. GUTMAN, M.D., F.A.C.P.

Assistant Professor of Medicine, College of Physicians and Surgeons Columbia University. Associate Attending Physician Presbyterian Hospital and Vanderbilt Clinic, New York



THIS TIME SAVING volume presents 8140 Ethical drugs of American pharmaceutical manufacturers that doctors use in their every-day practice. With this service on your desk, you may quickly refer to any medicinal preparation, Therapeutically Alphabetically or by Manufacturer and find its composition (with structural formulas) action, uses, supply and dosage, as well as cautions and contraindications.

The new third edition has been completely rewritten and reset. In the five years that have elapsed since the publication of the second edition, purchasers everywhere have been lavish in their praise of this service.

KEPT UP TO DATE

New Modern Drugs, which completely describes new drugs placed on the market, is issued quarterly and is sent to purchasers of the Drug Encyclopedia at no extra charge.

PRE PUBLICATION OFFER

A Binder to hold twelve issues of New Modern Drugs will be included, without extra charge, with every order received prior to publication.

CONCISE • COMPLETE • AUTHORITATIVE

Invaluable!

Your book is invaluable and unique—indispensable, in fact, to me.
This book has saved us a lot of time, given us much valuable knowledge We will always buy the new one Keep it high type That's your market.

Splendid!

This is a splendid service, I could not get along without it.
Circulars and catalogs are mislaid. Not so, if in a book. The book makes a grand reference. I refer to it every day It is my bible. I am in love with the book.

Completely rewritten and reset
1600 Pages
handsomely bound
Size 2¼" x 6" x 9"
Price postage prepaid $10.00

NEW MODERN DRUGS
49 W. 45th St., New York 19, N. Y.

PRE-PUBLICATION OFFER

New Modern Drug Binder $1.50 if ordered separately.

NEW MODERN DRUGS
49 W 45th St., New York 19 N. Y

Enclosed is the sum of ten dollars ($10.00) for which please send me postpaid GUTMAN'S MODERN DRUG ENCYCLOPEDIA AND THERAPEUTIC INDEX, NEW MODERN DRUGS and BINDER. (Remittance must accompany order)

NAME_____

ADDRESS_____

CITY AND ZONE_____ STATE_____



Necrology

Vincent Francis Atene, Capt ,(MC),AUS, of Brooklyn, who was reported missing in action on December 1, 1942 was officially declared dead on December 1, 1943 Captain Atene was a surgeon in the Army Transport Service He received his medical degree from Creighton University School of Medicine, Omaha, Nebraska, in 1939 Before entering the service, he was resident surgeon at Victory Memorial Hospital He was 32 years old

Henry T Brooks, M D , of New Rochelle, died on January 1 at the age of 85 Dr Brooks was consulting pathologist and bacteriologist for more than forty years with the New York Post-Graduate Medical School and Hospital and the Beth Israel Hospital in New York, and with the New Rochelle Hospital Last year he was awarded the gold medal of the Albany Medical Association for fifty years of meritorious service to the medical profession He was graduated in 1887 from Albany College of Medicine, and during the next five years did postgraduate work at Wesleyan University, Connecticut, and the universities of Berlin and Munich. He was at one time instructor in pathologic anatomy at the New York Post-Graduate Medical School, and served as bacteriologist at St Mark's Hospital in New York and as consulting pathologist at the Liberty (New York) Sanitarium He was the author of several books, including "Use of the Microscope" and "General and Special Pathology "

A Bern Hirsh, M D , of New York City, died on December 21 in the Barrow Manor convalescent home in Dobbs Ferry He was 87 years old Dr Hirsh was graduated from Jefferson Medical College in 1882, practiced in Philadelphia for many years, and was active in founding a weekly medical journal in that city, and in New York City He was also instrumental in the founding of the American Congress of Physical Therapy and the New York Physical Therapy Society The Congress in 1939 awarded Dr Hirsh a gold key for distinguished research He was a consultant in physical therapy at Beth Israel Hospital, a member of the medical societies of the State of New York and New York County, the American Medical Association, and the International Medical Club of New York, and a Fellow of the Academy of Medicine

Caesar Cassano, M D , of Queens, died on November 15 He received his medical degree in 1939 from the New York University College of Medicine, and served his internship at the New York City Hospital Dr Cassano was a member of the medical societies of the State of New York and Queens County and the American Medical Association

George Lewis Greaser, M D , of Johnson City, died on June 11, 1944 He was graduated in 1939 from Jefferson Medical College in Philadelphia, and served his internship in the Wilson Memorial Hospital, Johnson City At the time of his death he was resident in administration of that hospital He was 34 years old

Edward Sterling Hodgskin, M D , of Rockville Centre, a general practitioner in Brooklyn for more than fifty years, died on December 30 at the age of 75 He was graduated from the College of Physicians and Surgeons, Columbia University, in 1893

Morris Horn, Capt , (MC),AUS, of New York City, died in Soissons, France, on December 9, while serving with the Fiftieth Field Hospital Captain Horn received his medical degree from Fordham University Medical School in 1921, and later took postgraduate work at the University of Vienna and Yale University A former practicing pediatrician in New York City, he also served on the staffs of Beth David Hospital, and the Hospital for Joint Diseases Dr Horn was 45 years old

Julian L Kendall, M D , of Mount Vernon, died on December 19 at the age of 63 Dr Kendall received his medical degree from the Manitoba Medical College, Winnipeg, Canada, in 1906, and was a specialist in dermatology in New York City

William A Patterson, M D , of Gansevoort, died on July 25 Dr Patterson was graduated from the New York University College of Medicine in 1887 His age was 83

Alfred Potter, M D , of Brooklyn, died on December 27 at the age of 65 Dr Potter, a dermatologist in Brooklyn for forty-three years, and former professor of dermatology at the Long Island College of Medicine, consulting dermatologist at the Long Island College Hospital, Mary Immaculate Hospital, the Swedish Hospital, the Brooklyn Eye and Ear Hospital, and the St Giles and Lutheran and Norwegian hospitals, and dermatologist at the Brooklyn State Hospital, was graduated from the Long Island College of Medicine in 1902 In 1930 he was named director of dermatology and syphilology at Kings County Hospital, and retained that position until his retirement in 1941 He was also at one time instructor in dermatology at Long Island College of Medicine, and was made professor emeritus in 1930 Dr Potter was a member of the medical societies of New York State and Kings County and the American Medical Association

Adrian W Rhodes, M D , of Queens, died on December 8 Dr Rhodes received his medical degree from the University of Lausanne, Switzerland, in 1941 He served his internship at the Metropolitan Hospital in New York and was a resident in pediatrics at the Flower-Fifth Avenue Hospital He was a member of the medical societies of the State of New York and Queens County and the American Medical Association He was 29

John S Wilson, M D , of Poughkeepsie, died on January 1 at the age of 80 Dr Wilson, consulting dermatologist on the staffs of Vassar Brothers Hospital, Hudson River State Hospital, and Harlem Valley State Hospital, and dermatologist at St Francis Hospital, was a practicing physician in Poughkeepsie for fifty-eight years He was a graduate of the College of Physicians and Surgeons, Columbia University, class of 1887, and was a member of the medical societies of the State of New York and Dutchess County and the American Medical Association

---

ANNUAL MEETING OF WOMEN'S MEDICAL SOCIETY IN NEW YORK

The Women's Medical Society of New York State will hold its annual midyear meeting on February 9

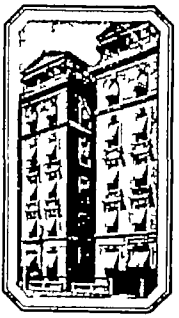
Following dinner at 7 00 P M at the Cosmopolitan Club, New York City, Miss Helen Hiett, news commentator and, during the past year, foreign correspondent of the *Herald Tribune* staff, will speak on "Responsibility of Victory "

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 — *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment of endorsed by many physicians. Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY

COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24, N Y Tel SChuyler 4-0770

'INTERPINES'

Goshen, N Y

Phone 117

Ethical — Reliable — Scientific
Disorders of the Nervous System
BEAUTIFUL — QUIET — HOMELIKE

Write for Booklet

FREDERICK W SEWARD, M. D., *Director*
FREDERICK T SEWARD, M. D., *Resident Physician*
CLARENCE A. POTTER, M. D., *Resident Physician*

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y

FOR MENTAL AND NERVOUS PATIENTS. An un institutional atmosphere. Treatment modern scientific, individual. Moderate rates. Licensed by dept. of Mental Hygiene. (See also our advertisement in the Medical Directory of N Y., N J and Conn.) Address inquiries to MARGARET TAYLOR ROSS, M.D., *Physician-in-Charge*



TWIN ELMS

A Modern Psychiatric Unit
Selected drug and alcohol problems welcome.

Rates moderate
Eugene N Boudreau, M D., *Phys-in-Chg*
SYRACUSE, N Y

Watch
The
Classified
Department
for Business
Opportunities
Page
335

WEST HILL

West 252nd St. and Fieldston Road
Riverdale-on-the-Hudson, New York City

For nervous, mental, drug and alcoholic patients The sanitarium is beautifully located in a private park of ten acres. Attractive cottages, scientifically air-conditioned. Modern facilities for shock treatment. Occupational therapy and recreational activities. Doctors may direct the treatment. Rates and illustrated booklet gladly sent on request

HENRY W LLOYD, M.D., *Physician in Charge*
Telephone Kingsbridge 9-8440

NO COLLECTION — NO CHARGE

20 years of friendly dealings with patients in your community have taught us how and when to collect. *Write.* Our local men will do all the work of compiling the list. You just have to blue-pencil it

NATIONAL DISCOUNT & AUDIT CO
Herald Tribune Bldg New York 18, N Y

LOUDEN-KNICKERBOCKER HALL, INC.

81 LOUDEN AVENUE - Tel Amityville 53 - AMITYVILLE, N Y

A private sanitarium established 1886 specializing in NERVOUS and MENTAL diseases.
Full information furnished upon request

JOHN F LOUDEN, *President* JAMES F VAVASOUR, M.D., *Physician in Charge*
NEW YORK CITY OFFICE, 67 West 44th St., Tel. VAnderbilt 6-3733

Hospital News

Improvements

A second humidicrib, to be used in the nursery at the Brooks Memorial Hospital, Dunkirk, was a Christmas gift from the Woman's Auxiliary to the hospital *

. .

A new all-purpose fracture bed was installed at Memorial Hospital, Albany, in December Arms and legs can be held in almost any position by this device, which is one of the newest developments in the field of convalescent mechanisms *

At the Helm

Charles B Allen, superintendent of St Luke's Hospital, Newburgh, has been appointed administrator of Springfield City Hospital, Springfield, Ohio He is a former assistant administrator of St Luke's Hospital, New York City

. . .

Dr Lloyd H Gaston has been appointed assistant director of St Luke's Hospital, New York City, succeeding Dr Maynard W Martin, who resigned to become director of St Luke's Hospital, St Louis

. . .

Dr Howard W Davis has resigned, effective December 29, as superintendent of the Broome County Tuberculosis Hospital, because of the "pressure of private practice "

Dr Davis has been superintendent of the institution on a part-time basis since last January

Dr Henry Bokosky, assistant to the superintendent, resigned as of November 15 *

. . .

Charles Knupfer was re-elected president of the board of trustees of the Memorial Hospital, Niagara Falls, at the reorganization meeting of the board recently Other officers of the board who were named at the meeting included Ansley Wilcox, II, vice-president, Dr Edward Rykenboer, secretary, and George F Bates, treasurer *

. .

Dr Donald C O'Connor, of Buffalo, has been named superintendent of Edward J Meyer Memorial (City) Hospital to succeed Dr William T Clark, who resigned July 1 Appointment to the post was made at a meeting of the board of managers, of which Dr Nelson G Russell is chairman

Dr O'Connor has stated that he is prepared to dedicate himself completely to the post Until recently, he was medical director for Bell Aircraft Corporation *

. . .

It was announced in November at the Mary Imogene Bassett Hospital, Cooperstown, that Dr Edward T Callahan, formerly on the obstetric staff of the Lenox Hill Hospital, in New York City, had accepted appointment as acting obstetrician-in-chief *

.

Dr Carolyn V Brignola, of Troy, has been appointed resident physician in the Third (N Y U) Medical Division, department of syphilology and associated cardiology, Bellevue Hospital, New York City Dr Brignola is a graduate of Albany Medical College *

. . .

The official board of Cuba Memorial Hospital has engaged as superintendent Chief Pharmacist's Mate Bertrand, who has recently been discharged from the Navy Mr Bertrand, a registered nurse, is a resident of Andover He assumed his duties November 2 *

. . .

Two doctors have returned to the St Lawrence State Hospital medical staff after serving in the armed forces, Dr J A Pritchard, senior director, said in his monthly report to the Board of Visitors on November 7 They are Dr Harold H Berman, assistant director, and Dr James E Brown, supervising psychiatrist *

. . .

Dr David H Chapman, a major in the U.S Army Medical Corps during the war, has been appointed assistant pathologist at Binghamton City Hospital

Dr Chapman replaces Dr Samuel Cohen Dr Cohen resigned to take a job at an Elmira hospital.

A graduate of Syracuse Medical School in 1938, Dr Chapman's last assignment in the army was at Plattsburgh Barracks He was in the army four years

Before his army service, the new City Hospital assistant pathologist was an instructor in the Pathology Department of Syracuse University's Medical School *

. .

Albert Fowkes, formerly associated with Haskins and Sells, certified public accountants, has joined the business staff at New Rochelle Hospital as assistant to William W Sheppard, controller *

. . .

Lt Col James Manning Dunn, of Schenectady, became chief of the reconditioning section of the Percy Jones Convalescent Hospital, Percy Jones Hospital Center, in Fort Custer, Michigan, November 9 He arrived there on November 1 from Camp Sibert, Alabama, where he was chief of technical training in the redeployment program *

.

* Asterisk indicates that item is from a local newspaper

[Continued on page 332]

YONKERS PROFESSIONAL HOSPITAL

The Yonkers Professional Hospital has enlarged its bed capacity to meet the increasing demand for the care of convalescents, post-operative cases, invalids and patients suffering from chronic ailments.
Modern Fire-proof building Excellent location.

Rates from $35.00 per week, and up.
Physicians are privileged to treat their own patients.

Yonkers 3-2100
26 Ludlow St. Yonkers, N Y

No contagious or mental cases accepted.

FALKIRK
IN THE
RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg
CENTRAL VALLEY, Orange County N Y

DR. BARNES SANITARIUM
STAMFORD, CONN.
45 minutes from N Y. C. via Merritt Parkway

For treatment of Nervous and Mental Disorders, Alcoholism and Convalescents. Carefully supervised Occupational Therapy Facilities for Shock Therapy Accessible location in tranquil beautiful hill country Separate buildings.
F H. BARNES M.D., Med. Supt. *Tel. 4-1143

BRUNSWICK HOME

A PRIVATE SANITARIUM. Convalescents postoperative aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M. D., Supt.
B'way & Louden Ave., Amityville, N Y Tel. 1700 1 2

PINEWOOD
Route 100 Westchester County Katonah, New York

Licensed by the Department of Mental Hygiene
In addition to the usual forms of treatment (occupational therapy physiotherapy outdoor exercise etc.) we specialise in more specific techniques. All forms of shock therapy Psychological and physiological studies. Psychoanalytic approach. Group psychotherapy
DR. JOSEPH EPSTEIN } Physicians in Charge
DR. LOUIS WENDER } Tel. Katonah 775
Dr Max Friedemann Senior Psychiatrist
N Y Offices: 59 East 79th St. Tel. Butterfield 8-6180

HALCYON REST
754 BOSTON POST ROAD RYE, NEW YORK
Henry W Lloyd, M.D., Physician-in-Charge

Licensed and fully equipped for the treatment of nervous, mental, drug and alcohol patients, including Occupational therapy Beautifully located a short distance from Rye Beach. TELEPHONE: Rye 650 *Write for illustrated booklet.*

THE MAPLES INC., Rockville Center, L. I.

A sanitarium especially for invalids, convalescents, chronic patients, post-operative, special diets and body building Six acres of landscaped lawns Five buildings (two devoted exclusively to private rooms) Resident Physician. Rates $21 to $50 Weekly
MRS M. E. MANNING, Supt. — Tel: ROCKVILLE CENTER 3660

IN WHOOPING COUGH
ELIXIR BROMAURATE
IS A UNIQUE REMEDY OF UNIQUE MERIT

Cuts short the period of the fits and relieves the distressing cough. Also valuable in BRONCHITIS and BRONCHIAL ASTHMA. In four-ounce original bottles. A teaspoonful every 3 or 4 hours.
(Contains one-half grain Gold Tribromide in one fluidounce. Alcohol 2½% by volume.)
GOLD PHARMACAL CO New York

[Continued from page 330]

At the annual meeting of the Glens Falls Hospital on November 8, Charles L Allen was elected to the board of directors to succeed Dr William H Ordway, former superintendent of the Mt McGregor Sanatorium, resigned Mr Allen, manager of the local S S Kresge Company store, is prominent in numerous civic activities

William H Barber, Frederick G Bascom, Hubert C Brown, Michael C Linehan, and Frederick W Stein were re-elected directors The board of directors organized by re-electing all officers, as follows Mr Bascom, president, Mr Barber, vice-president, Frederick B Richards, secretary and treasurer, Miss Flora E Bent, clerk

The resignation of Mrs Irene Koepsell as assistant night supervisor of nurses, effective October 25, was announced Mrs Eva Willett, who has been on the nursing staff since June, 1939, was appointed to succeed her *

* * *

Dr Cornelia Lawrence, resident psychiatrist at the Hudson River State Hospital for more than three years, resigned her position on December 1 She was persuaded to accept the post on the staff at the state hospital only "because of the war" and since the war is over she will give up the practice of medicine *

* * *

The trustees of Sharon Hospital, Sharon, Connecticut, announce that on November 3 Mr Edward Pulling, headmaster of Millbrook School, was elected to the board Dr Edwin MacKenzie, of Millbrook, was appointed to the staff, and Drs. Yale Kneeland, John Robinson, and John Moorehead, of New York City, and Caldwell Esselstyne, of Hudson, were appointed as consultants

Newsy Notes

More than fifty hospitals have agreed to cooperate with the Eye Bank for Sight Restoration, Inc , of New York City, by making available healthy corneal tissue for transplanting in opacity of the eyes, it has been announced by Mrs Henry Breckinridge, director of the Eye Bank

The total of hospitals cooperating is seventeen more than the figure announced in September Thirty-two of the institutions are in New York City, and the others are in eight states *

* *

The Commanding General, Army Service Forces, Second Service Command, Governors Island, has awarded the Meritorious Service Unit Plaque to the 1263rd S G U , Mason General Hospital, Brentwood During the period December 1, 1944 to May 31, 1945, this unit performed its duties in a superior manner and demonstrated outstanding devotion to duty Its accomplishments in the care and disposition of mentally ill patients are considered an outstanding contribution in the field of military hospitalization and evacuation Only through enthusiastic and unselfish devotion to duty could such high standards of service be attained The accomplishments of this unit reflect great credit upon itself and the military service The unit and each assigned member thereof is authorized to wear the Meritorious Service Unit Badge

The emergency department and allied facilities on the ground floor of the proposed new west building at Albany Hospital will be dedicated to the late John A Manning, former president of Albany Hospital, it was announced on December 13

Subscriptions totaling $84,300 to build, furnish, and equip the department were received from former business associates and interests of Mr Manning, Alfred Renshaw, chairman of the committee on corporation subscriptions, announced *

* * *

Sydenham Hospital, New York City, is arranging to make available a fully equipped office for the use of its staff doctors while they are getting re-established from military service, Harry C Oppenheimer, president of the hospital's board of directors, announced on January 1

The hospital will provide the space and the doctors who did not go to war will underwrite the equipment of the office and the provision of a nurse-secretary while the returning physicians find permanent quarters, and as the returning doctors become able to contribute to the secretarial cost they will be expected to do so

The hospital's dental clinic will be made available in a similar way to staff dentists back from war duties The clinic is already fully equipped

Dr Henry Craig Fleming, director of the department of medicine of the Department of Correction, has been elected president of Sydenham's medical board for 1946 *

* *

Former Town Attorney Reginald C Smith, of Riverhead, has received a communication from the State Board of Social Welfare stating that it issued a certificate of approval for the incorporation of the Riverhead Hospital Association *

* *

The seventy-fifth anniversary of St Elizabeth's Hospital, New York City, was marked on November 19 by a solemn pontifical mass celebrated in its chapel by Bishop J Francis A. McIntyre, with Cardinal-Designate Francis J Spellman presiding *

Woman's Auxiliary

To the Medical Society of the State of New York

County News

Erie County The December stated meeting was a Christmas Party and luncheon in the Chinese Room of the Hotel Statler, Buffalo, on December 11, at which time election of officers took place. *Christmas carols were sung by the* members who were accompanied on the piano by Mrs Patrick H J Buckley, while a jolly Santa Claus distributed gifts.

Brief annual reports were read by all the of ficers and the chairmen of the standing committees and the historian Mrs. Fred S Hoffman, gave a detailed report of all the activities of the Auxiliary during the entire year of 1945

Mrs Hoffman drew attention to the fact that there had been a few changes made in committees, also that the date and time of executive board meetings had been changed. A résumé of the Auxiliary's activities of the year follows

The Erie County Medical Society placed a column in their enlarged *Bulletin* for our publications.

The Program Committee furnished a well-rounded schedule of events for the year each meeting opening with a luncheon

The Advisory Council were our guests in January

The Clothing Conservation Program was held in February, in March, a potpourri of reading, a cosmetic demonstration was given in April, Dr Leslie A. Osborn gave a lecture on psychiatry in May, and playday was celebrated in June.

In September Dr E Hoyt DeKleine gave a lecture on "Plastic Surgery", in October we had a book survey and Dr Wilmot Jacobson gave a lecture in November on endocrinology phases of interest to women

During the year seven afghans were knitted by a group of members and were donated to the American Red Cross for distribution to veterans' hospitals. Cookies were *supplied each month to transient servicemen.*

We acquired twenty three new members in 1945, but we mourn the loss of Mrs. R. H. Thornbury of North Collins

It was reported that eighty members had husbands in the service.

The record of subscriptions to the *National Bulletin* has been retained

Two hundred wires were sent to Albany in opposition to the Seely Brees Bill to license the practice of chiropractors, which was defeated 96 to 43

The Woman's Auxiliary to the Medical Society of the County of Erie was signally honored for the second consecutive year when Dr Abraham H. Aaron, president of the Erie County Medical Society appointed Mrs. Jesse G Levy, chairman of the Auxiliary's *Economics and Public Relations Committee*, to serve on the same committee of the Medical Society of the County of Erie (ex officio) In this capacity Mrs Levy's work has been in the nature of liaison between the two groups.

April having been designated by the National Cancer Control Board as their campaign month, unusual stress was placed on an evening mass meeting to be held in the Hotel Statler, sponsored by the Erie County Medical Society and the Auxiliary

Invitations were sent to organizations in the Eighth District, and Field Army leaders also endeavored to make this an outstanding educational effort to inform the public about this disease. Organizations of diverse interests united to insure the success of the huge undertaking Eight hundred letters were sent to organizations in Erie County posters were distributed in stores, schools hospitals and strategic places. The result was that many were turned away from the meeting. More than twelve hundred persons listened attentively to Dr Louis C Kress, director of the State Health Department's Division of Cancer Control Questions followed the address. This was one of the best-attended public discussions on the subject ever held in an American city

Our Auxiliary was honored by the appointment of Mrs. Lee R. Sanborn as state chairman of *Hygeia*

The Executive State Board met in Buffalo in April, with Mrs Carlton E Wertz presiding The honored guests were Mrs David W Thomas, national president of Auxiliaries of the American Medical Association, Dr Carlton E Wertz chairman of the Advisory Council for the State Auxiliary and Dr A H Aaron president of the Erie County Medical Society At the close of the meeting, Mrs. Wertz turned the gavel over to the incoming State President, Mrs. Edwin A Griffin Mrs. William Rennie was chairman of arrangements for the two-day meeting

The executive board of our Auxiliary was delightfully entertained at luncheon in the Hotel Statler, on November 13 by our retiring president Mrs Rennie

Through the careful arrangements made by the hospitality chairman and the chairman of the House Committee we have had hostesses to greet us when we entered the assembly room, with the Collect either handed to us or already placed on the chairs.

*The chairman informed us that one hundred mem*bers manned the bond booth during the year with sales of stamps and bonds totaling $340 349 45 so far this year which far exceeded the quota.

With the approval of the Advisory Board the Committee on Health and Hygeia undertook the project of placing *Hygeia* Magazine in public elementary and high schools in Erie County Each school was sent an attractive blue card acknowledging the gift. The project was financed by an arrangement with the Twentieth Century Theatre for certain nights during the month of November tickets were sold at sixty cents each, fifteen cents of which was credited to the Auxiliary The proceeds were $866 75

Those elected to office for 1946 are as follows president, Mrs John D Naples president-elect *Mrs Arthur L. Bennett, first vice-president* Mrs. Benjamin Smallen, second vice-president, Mrs. James G Fowler, treasurer, Mrs George E. Slotkin, recording secretary, Mrs. Arthur J Reisdig corresponding secretary Mrs. Joseph W Madden director for three years, Mrs Patrick J Hurley

The delegates are Mrs. Arthur L. Bennett, Mrs. Allen E. Richter, Mrs. Louis G Fuchs Mrs. William Rennie, Mrs George E Slotkin Mrs Franklin C Farrow Mrs Fred G Carl Mrs John G Gabbey Mrs Clarence J Durshordwe Mrs Francis O'Gorman Mrs Herbert J Donnelly Mrs

Arthur F Glaeser, Mrs John A Post, and Mrs Ralph Upson.

Alternates are Mrs Stuart A Good, Mrs Kenneth G Jahraus, Mrs James B Vaughan, Mrs John C Grabau, Mrs Joseph J Pisa, Mrs Harold F R Brown, Mrs Elmer A D Clarke, Mrs Walter S Goodale, Mrs Anthony J Cetola, Mrs Edward C Koenig, Mrs Michael Barone, Mrs George F Marquis, Mrs Benjamin Smallen, and Mrs Daniel Stedem

Nassau County The annual Christmas meeting of the Woman's Auxiliary to the Nassau County Medical Society was held on December 11 at the Nassau Hospital auditorium, Mineola Mrs Louis A Van Kleeck presided

Mrs Leona Davis played vibraharp selections, and Mrs Richard H Sugar presented monologues Community singing of carols and charades preceded the refreshment hour, at which Mrs John L Neubert was chairman, assisted by Mrs R R Galione About sixty-five members were present and, as has been the annual custom, all brought gifts to be distributed to foster children in Nassau County The auditorium was decorated with Christmas greens and candles and holiday ribbons, and eggnog and Christmas cookies were served

The executive board met on December 11, at the hospital to discuss early winter events Another board meeting was scheduled for January 22 at 10 15 A.M in the medical sessions room at the Hospital The Auxiliary celebrated its tenth anniversary on January 29 at 8 30 P M at the Nassau Hospital auditorium, Mineola Mrs Edwin Griffin, State Auxiliary president, was a guest at the affair, and Mrs M Moghtader, of Manhasset, historian of the Nassau unit, presented a history of the organization

Oneida County The Woman's Auxiliary to the Medical Society of the County of Oneida held a meeting on November 13, at Hutchings Hall, Utica State Hospital, with Mrs Bradford F Golly presiding Nineteen members braved a heavy deluge of rain to attend the business meeting, which was followed by a scientific program

Dr Oswald J McKendree, medical director of the Utica State Hospital, as the speaker reviewed the study of psychiatry, pointing out the different classes of mental disease During the question period which followed, many references were made to rehabilitation of returning veterans

The next meeting will be held at the Fort Schuyler Club in February, in Utica

Orange County On December 6, 1945, the regular winter meeting of the Woman's Auxiliary to the Medical Society of the County of Orange was held in Port Jervis at a luncheon Fifteen members from Newburgh, Middletown, and Port Jervis were present, despite the bad road conditions existing throughout the country

Mrs Walter A Schmitz presided, and called on Mrs Harry F Pohlmann, of Middletown, chairman of the Orange County Cancer Control Drive and the Middletown Field Army of the American Cancer Society, for a report of the Cancer Control meeting held in Middletown on October 30 This was an open meeting sponsored by the Orange County Woman's Auxiliary and assisted by Dr Charles E Lane, of Newburgh Dr Louis C Kress, director of the New York State Institute for the Study of Malignant Diseases, in Buffalo, spoke to an audience of more than five hundred people who had come from all over the county to the Assembly Hall of the State Hospital, at Middletown A great amount of publicity had been given by the sending of over one thousand letters to churches, schools, factories, and service clubs, as well as all other newspapers in each community in the county through the splendid assistance of one of Middletown's reporters, Miss Gladys De Freitas The interest aroused in the audience was inspired by the large number of questions given to the group of Orange County physicians who assisted Dr Kress in the question period following his talk

Mrs Schmitz gave a résumé of the meeting of the House of Delegates of the State Society, which she and Mrs Pohlmann attended on October 8 and 9 in Buffalo

The Auxiliary is sponsoring a series of radio talks, approved by the County Medical Society and given once a month over the local radio station, WALL The second series, given on December 12, was entitled "The Common Cold and Pneumonia"

At the meeting on December 6 a donation was voted for the Physician's Home, and the following delegates to the annual meeting, to be held next May, were elected Mrs Walter A Schmitz, of Middletown, Mrs Frederick Small, of Newburgh, and Mrs Harrison Murray, of Port Jervis Alternates are the following Mrs Frederick Seward, of Goshen, Mrs W W Davis, of Chester, and Mrs Roswell Schmitt, of Middletown

The next meeting will be the Spring meeting, to be held in Middletown in April

---

NEW WEAPON TO AID WAR ON HEART DISEASE

The portable cardiotron, a new scientific weapon in the fight against heart ailments—the leading cause of death in America—was exhibited on January 3 by its inventor, Paul Traugott, before a group of cardiologists and newspaper men at Hampshire House, New York City

The machine, about the size of a table-model radio, eliminates need for photographic and darkroom procedure which characterized old-style electrocardiographic equipment and makes it possible, said the inventor, to record instantly and permanently on graph paper the minutest heart action or variation

Mr Traugott, president and chief engineer of Electro-Physical Laboratories, a division of Electronic Corporation of America, has passed more than twenty years in work on electromedical apparatus He said that the machine enables any physician to make a cardiogram as a routine part of diagnosis and eliminates the delay formerly entailed in photographic work

The portable cardiotron weighs only 34 pound and has been successfully tested under office, hospital, and field conditions for more than two years Mr Traugott said It is designed to magnify 14,000 times the electrical impulses that accompany heart action A stylus traces the cardiac action on special processed paper which feeds out of the machine at controlled speeds like ticker tape —*N Y Herald Tribune, Jan 4, 1946*

CLASSIFIED

Veteran Physician desires location, General Practice N Y or N J Consider assistantship or dual partnership or purchase practice with real estate of retiring physician. Box 4009 N Y St Jr Med

WANTED

Resident physician single preferred for established hospital treating Alcoholism and Drug Addiction exclusively in N Y City Box 4011 N Y State Jr Med

SELECTION AND FITTING OF HEARING AIDS

Thomas H Halsted, M.D , F.A C S

Otologist, Specializing in the Fitting of Hearing Aids
Representative for
AUREX, BELTONE, OTRONIC, PARAVOX, RADIO-EAR, TELEX WESTERN ELECTRIC.
Hours 9:30-4:30 Saturday 9.30-1-00 By appointment.
475 Fifth Avenue (cor 41st St.) New York City (17)
Le. 2-3427

Radiologist and internist, veteran desires office association, preferably upstate N Y with view to partnership or ultimately to take over office practice and equipment under financial arrangement Box 4004 N Y St. Jr Med

FOR SALE

In good condition —Waite Bartlett Fluoroscope—1939—Cambridge—Electrocardiograph—1934 Any reasonable offer accepted. For information Phone Riverside 9-4288 between 9-10 A M —7-9 P M.

EXPERIENCED PHYSICIAN desires location general practice or association with group. Age 34 married class A graduate, 2 years class A rotating internship approved medical and surgical residency 1½ years general practice 3½ years army flight surgeon. Immediately available. Box 4010 N Y St. Jr Med

OPHTHALMOLOGIST

Veteran, American Board, desires location, partnership industrial position, or will buy practice. Box 3918 N Y St Jr Med

LABORATORY TECHNICIAN

Registered wishes position Degree Univ of Calif 1941 major in public health. Widow thirty four car Box 4006 N Y St Jr Med

POSITION WANTED

Biologist wishes position to do hormone assays and study endocrine cases References furnished. Box 4008 N Y St Jr Med

Sound Real Estate Investments in Income Producing Properties Samuel Krams 7 West 44th Street, New York City Murray Hill 2 9451 Member Real Estate Board of New York. Member National Association of Real Estate Boards

WANTED

Locum tenens or assistantship to general practitioner veteran 3½ years military service; age 30 married; partnership or purchase of practice considered Box 4005 N Y St. Jr Med

PATENT ATTORNEY

Z. H. POLACHEK Patent Attorney Engineer
Specialist in patents and trademarks. Confidential advice
1234 Broadway N Y C. (at 31st) LOngacre 5-3088

FOR SALE

Bouillitte Electrocardiogram beautiful walnut cabinet, factory reconditioned complete with all accessories and carrying case bargain at $200 Contact Mrs. Fels Re 4-3472 No dealers

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service. Paine Hall graduates have character, intelligence personality and thorough technical training. Let us help you find exactly the right assistant.

101 W 31st St., New York
BRyant 9-2231
Licensed by State of N Y

Paine Hall

Zemmer

PRESCRIBE OR DISPENSE
ZEMMER PHARMACEUTICALS
A complete line of laboratory controlled ethical pharmaceuticals. N Y 2-46
Chemists to the Medical Profession for 44 years.
THE ZEMMER COMPANY
Oakland Station PITTSBURGH 13 PA.



For the symptomatic relief of sinusitis...

"The benzedrine inhaler is an excellent vasoconstrictor and unless overindulged in, it may be used conveniently for long periods without deleterious results." Moore J H A Resume of Conservative Sinus Management, Southern Med. J 34 848 854

The vasoconstrictive vapor of Benzedrine Inhaler, N.N.R., diffuses evenly throughout the upper respiratory tract, opening sinal ostia and ducts which are frequently inaccessible to liquid vasoconstrictors. The sinuses drain. Headache, pressure pain, "stuffiness" and other unpleasant sinusitis symptoms are relieved. Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 200 mg.; menthol, 10 mg.; and aromatics. Smith, Kline & French Laboratories, Phila., Pa.



Benzedrine Inhaler

...a better means of nasal medication

FRIED & KOHLER, Inc.

"True to Life"

Artificial Human Eyes

Especially Made to Order by Skilled Artisans





Comfort, pleasing cosmetic appearance and motion guaranteed Eyes also fitted from stock by experts. Selections sent on memorandum Referred cases carefully attended

FRIED & KOHLER, Inc.

Specialists in Artificial Human Eyes Exclusively

665 Fifth Avenue
(near 53rd Street)

New York, N Y
Tel Eldorado 5-1970

"Over Forty Years devoted to pleasing particular people"



For the symptomatic relief of sinusitis...

"The benzedrine inhaler is an excellent vasoconstrictor and unless overindulged in, it may be used conveniently for long periods without deleterious results." Moore J H A Resume of Conservative Sinus Management, Southern Med. J 34 843 854

The vasoconstrictive vapor of Benzedrine Inhaler, N.N.R., diffuses evenly throughout the upper respiratory tract, opening sinal ostia and ducts which are frequently inaccessible to liquid vasoconstrictors. The sinuses drain. Headache, pressure pain, "stuffiness" and other unpleasant sinusitis symptoms are relieved. Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 200 mg.; menthol, 10 mg.; and aromatics. Smith, Kline & French Laboratories, Phila., Pa.



Benzedrine Inhaler

...a better means of nasal medication

More pleasure to you, Doctor!

THREE nationally known research organizations recently reported the results of a nationwide survey to discover the cigarette preferences of physicians and surgeons

Physicians all over the United States were asked the simple question "What cigarette do you smoke, Doctor?" The question was put solely on the basis of *personal preference as a smoker*

The thousands and thousands of answers from these physicians in every branch of medicine were checked and re-checked The result

> **More physicians named Camel as their favorite smoke than any other cigarette. And the margin for Camels was most convincing**

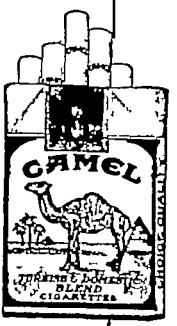
Certainly the average physician is busier today than ever before and is deserving of every bit of relaxation he can find in his day by-day routine a cigarette now and then if he likes And the makers of Camels are glad to know that physicians find in Camels that extra margin of smoking pleasure that has made Camels such a favorite everywhere



According to this recent nationwide survey

More Doctors Smoke Camels

than any other cigarette



R. J. Reynolds Tobacco Company Winston-Salem, N. C.





A firm position in the therapy of rheumatoid arthritis

Gold has proved its worth during the fifteen years it has been used for rheumatoid arthritis and today holds a firm position among chemotherapeutic drugs Clinical reports indicate that improvement may be expected in eighty per cent or more of patients *receiving adequate amounts of gold*

SOLGANAL-B OLEOSUM

SOLGANAL-B OLEOSUM is a special preparation of organic gold, aurothioglucose It is water soluble, but suspended in oil to prolong its absorption and enhance its safety Being an *organic* gold compound, SOLGANAL B OLEOSUM is less toxic than the *inorganic* gold salts and yet equally efficient.

SOLGANAL-B OLEOSUM (aurothioglucose, $C_6H_{11}O_5SAu$), containing approximately 50 per cent gold is administered by intramuscular injection in repeated courses with intervening rest periods It is available in several strengths to permit flexibility of dosage

The Medical Research Division welcomes inquiries and will supply literature on SOLGANAL-B OLEOSUM dealing with its manner of use, dosage, precaution and toxicity

Trade-Mark SOLGANAL-B OLEOSUM—Reg. U. S. Pat. Off.

Schering CORPORATION BLOOMFIELD N J

In Canada Schering Corporation Limited, Montreal

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 FEBRUARY 15, 1946 NUMBER

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK *Publication Office* 20TH AND 1ST STS., EASTON, PA. *Editorial and Circulation Office* 292 MADISON AVE., NEW YORK 17, N. Y. *Change of Address* SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS Twenty-five per copy—$2.00 per year *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa., under the Act of August 24, 1912.*

CONTENTS

SCIENTIFIC ARTICLES

The Rh Factor in Pregnancy and Isohemolytic Disease, *Raymond J. Peri, B.S., M.D.*, and *Robert C. Schwartz, A.B., M.D.*

Comments on War Neuroses, *Norman A. Levy, M.D.*

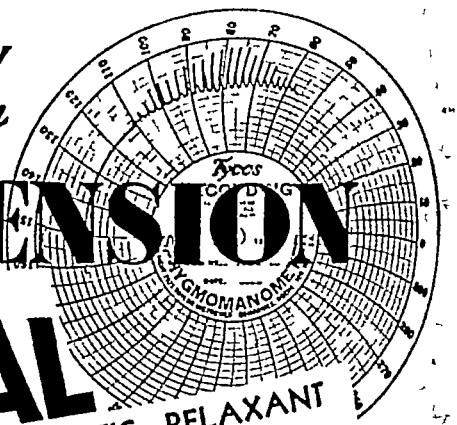
Colloidal Sulfur, *Frank C. Combes, M.D.*

Objectors to Electric Shock Treatment Are Refractory to Its Therapy, *Hirsch Loeb Gordon, Capt., (MC), AUS*

(Continued on page 342)

Over 15 Years of Effective, Smooth, Safer Control in

HYPERTENSION



DIURBITAL

• VASODILATOR • CARDIOTONIC • DIURETIC • RELAXANT



GRANT CHEMICAL COMPANY, INC.

95 Madison Ave., New York 16, N. Y.

Specialties for Diseases of the Heart and Blood Vessels

DIURBITAL directly relaxes vessels, lowers pressure gradually, substantially, more safely than nitrites and cyanates. nutrition of heart and relieving it of oppressing enhances myocardial tone. Gentle sedation nervousness, headache, vertigo, etc.

DIURBITAL—A MORE COMFORTABLE LIFE
Patients with HYPERTENSION • ANGINA • TORIS • MYOCARDITIS • DROPSY • SCLEROSIS WITH EDEMA

DIURBITAL* Tablets (enteric coated) each contain Theobromine Salicylate 3 grs.; Phenobarbital ¼ gr.; Calcium Lactate 1½ gr. of 25 and 100 tablets.

*Trademark Reg. U. S. Pat. Off.

SAMPLE AND LITERATURE UPON REQUEST.



A firm position in the therapy of rheumatoid arthritis

Gold has proved its worth during the fifteen years it has been used for rheumatoid arthritis and today, holds a firm position among chemotherapeutic drugs Clinical reports indicate that improvement may be expected in eighty per cent or more of patients receiving adequate amounts of gold

SOLGANAL-B OLEOSUM

SOLGANAL-B OLEOSUM is a special preparation of organic gold, aurothioglucose. It is water soluble, but suspended in oil to prolong its absorption and enhance its safety Being an *organic* gold compound, SOLGANAL B OLEOSUM is less toxic than the *inorganic* gold salts and yet equally efficient.

SOLGANAL-B OLEOSUM (aurothioglucose, $C_6H_{11}O_6SAu$), containing approximately 50 per cent gold is administered by intramuscular injection in repeated courses with intervening rest periods It is available in several strengths to permit flexibility of dosage.

The Medical Research Division welcomes inquiries and will supply literature on SOLGANAL-B OLEOSUM dealing with its manner of use dosage, precaution and toxicity

Trade-Mark SOLGANAL-B OLEOSUM—Reg. U S Pat. Off

Schering CORPORATION BLOOMFIELD N J

In Canada, Schering Corporation Limited Montreal

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, MURRAY HILL 3-9841

CONTENTS—*Continued from page 340*

The Management of Varicose Ulcers, *Leonard K Stalker, M D , M S* 411

Duodenal Obstruction Caused by Chronic Pyelonephritis and Hydronephrosis, *Benjamin Sherwin, M D , F A C S* , and *Edward E Rockey, M D* 414

Occlusion of the Aortic Bifurcation, *Esterino E Santemma, M D* 416

EDITORIAL

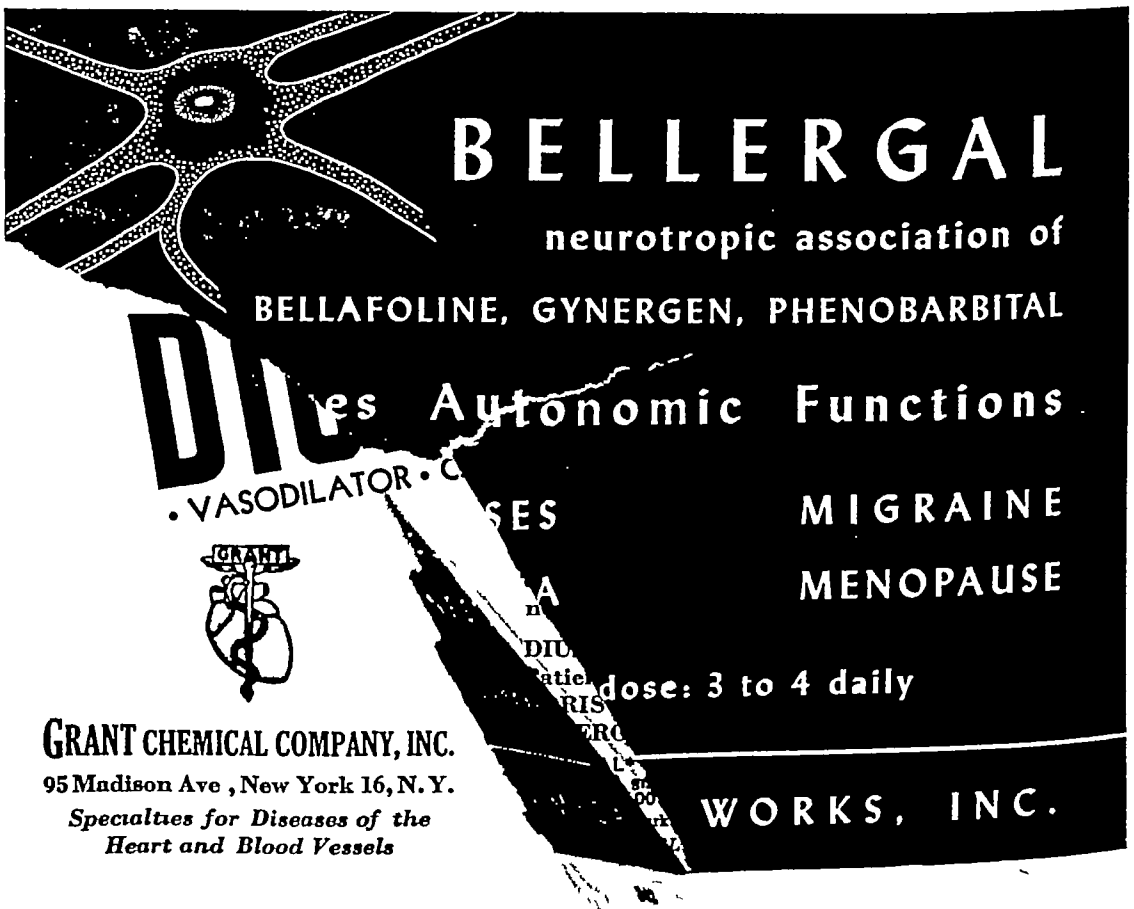
The DiCostanzo-Crews Bill, I 381
Background of S-1050 383
President-Elect of the A M A 384
Postoperative Early Rising 385
Current Editorial Comment 385

GENERAL FEATURES

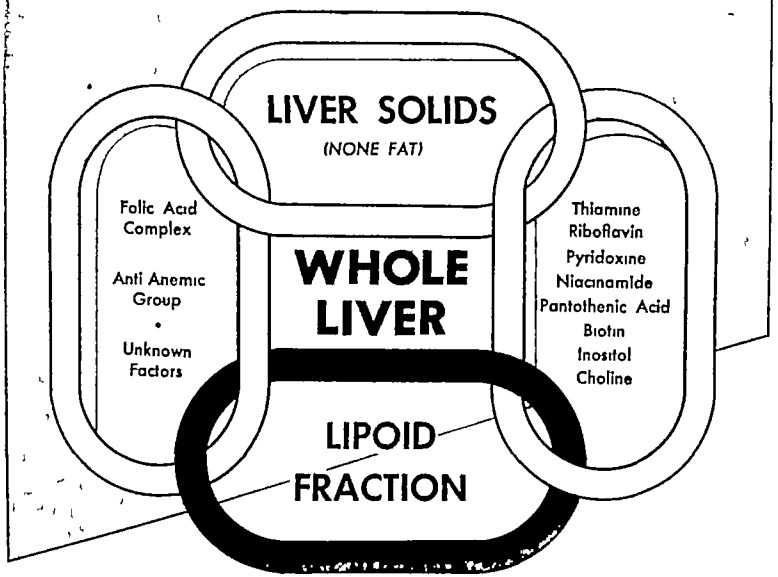
Postgraduate Medical Education 420
Medical Care Insurance 422
Medical News 426
Necrology 436
Hospital News 438
Woman's Auxiliary 444

MISCELLANEOUS

State Society Officers 344, 346, 348



RAWL



VITAMIN B COMPLEX CAPSULES

in bottles of 100 and 500 on prescription

•

The lipoid fraction of liver is a necessary link in the chain of complete nutritional liver therapy.

LITERATURE ON REQUEST

RAWL WHOLE LIVER VITAMIN B COMPLEX CAPSULES

RAWL CHEMISTS

ethical pharmaceutical products

1588 FULTON STREET • BROOKLYN 13 N Y

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	EDWARD R. CUNNIFFE, M D , Bronx
Past-President	HERBERT H. BAUCKUS, M D , Buffalo
President-Elect	WILLIAM HALE, M.D , Utica
Second Vice-President	STEPHEN R. MONTEITH, M.D , Nyack
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR , M D , Forest Hills
Treasurer	KIRBY DWIGHT, M D , New York
Assistant Treasurer	JAMES R. REULING, JR , M D , Bayside
Speaker	LOUIS H BAUER, M D , Hempstead
Vice-Speaker	F LESLIE SULLIVAN, M D , Scotia

TRUSTEES

GEORGE W KOSMAK, M D , *Chairman* New York 28

JAMES F ROONEY, M D	Albany	WILLIAM H. ROSS, M D	Brentwood
ALBERT A GARTNER, M D	Buffalo	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

R. CUNNIFFE, M D	Bronx	WALTER P ANDERTON, M D	New York
HALE, M D	Utica	KIRBY DWIGHT, M.D	New York
H BAUCKUS, M D	Buffalo	LOUIS H. BAUER, M D	Hempstead

GEORGE W KOSMAK, M D New York

Term Expires 1946	*Term Expires 1947*	*Term Expires 1948*
CARLTON E WERTZ, M D Buffalo	FLOYD S WINSLOW, M D Rochester	OLIVER W H. MITCHELL, M D Syracuse
RALPH T TODD, M.D Tarrytown	J STANLEY KENNEY, M.D New York	MAURICE J DATTELBAUM, M D Brooklyn
CHARLES M ALLABEN, M D Binghamton	HARRY ARANOW, M.D Bronx	DAN MELLEN, M.D Rome

[*See pages 346 and 348 for additional Society Officers*]

Rapid Sustained
4-WAY RELIEF
INTESTINAL INDIGESTION
GALLBLADDER STASIS
BIDUPAN
(formerly Intestinal Concentrated)

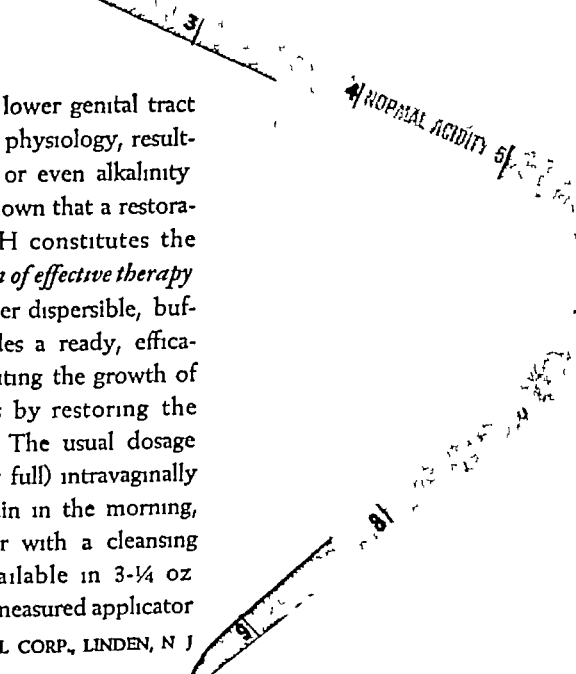
Two Bidupan tablets t.i d provide Extr Ox Bile 12 grs , Conc. Pancreatin 12 grs ; Duodenal Subst. 3 grs , Charcoal 6 grs

Pure Bile Salts, concentrated Pancreatin, Duodenal Substance, Charcoal in Bidupan . . . improve biliary drainage, digestion of albumin, carbohydrates, fats; stimulate pancreatic secretion; remove fermentive factors . . . to speed relief in biliousness, intestinal indigestion, and recurrent flatulence Bottles of 50 and 100 tablets.

Send for Literature, address Dept. N.

CAVENDISH PHARMACEUTICAL CORP., 25 West Broadway • New York 7

When infection impairs Vaginal physiology



Most infections of the lower genital tract disrupt normal vaginal physiology, resulting in lowered acidity or even alkalinity Clinical evidence has shown that a restoration of the normal pH constitutes the *simplest, most direct form of effective therapy*

• Aci-jel, a bland, water dispersible, buffered, acid jelly provides a ready, efficacious method of inhibiting the growth of pathogenic organisms by restoring the normal vaginal flora • The usual dosage is 5 cc. (one applicator full) intravaginally before retiring and again in the morning, followed 8 hours later with a cleansing douche Aci-jel is available in 3-¼ oz tubes, with or without measured applicator

ORTHO PHARMACEUTICAL CORP., LINDEN, N J

Aci-jel ...

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D , Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L EDWARDS, M D , Hudson
Fourth District
FRANK F FINNEY, M D , Malone
Fifth District
DAN MELLEN, M D , Rome
Sixth District
CLIFFORD F LEET, M D , Horseheads
Seventh District
HOMER J KNICKERBOCKER, M D , Geneva
Eighth District
PETER J DI NATALE, M D , Batavia

NEW YORK STATE JOURNAL OF MEDICINE
Publication Committee
GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON, M D
[*Address all communications to above address*]

LEGAL DEPARTMENT

Counsel WILLIAM F MARTIN, Esq 30 Broad Street, New York 4 Attorney Telephone HAnover 2-0670 THOMAS H. CLEARWATER, Esq

AUTHORIZED INDEMNITY REPRESENTATIVE

HARRY F WANVIG, 70 Pine St , New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER

ROBERT R HANNON, M D , 100 State St., Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION

DAVID J KALISKI, M D , 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

DIRECTOR, PUBLIC RELATIONS BUREAU

DWIGHT ANDERSON, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

GEORGE P FARRELL, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841



FOR SUPPLEMENTARY ORAL MEDICATION

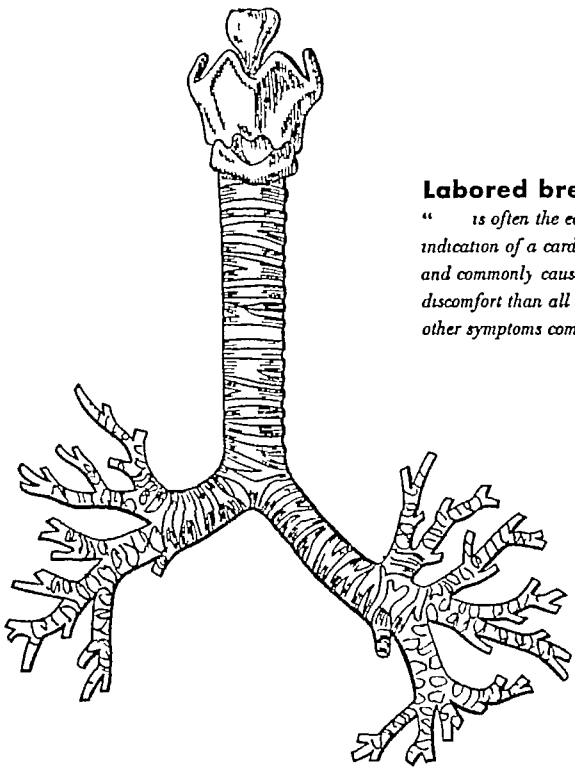
VICIN (Brewer) is also available in tablet form 30 mg , 50 mg , 100 mg , 250 mg in bottles of 100 and 1,000 tablets

When advanced deficiency states indicate the need for more rapid assimilation of Vitamin C, the therapy of choice is

VICIN INJECTABLE
(Parenteral Vitamin C Brewer)

2 cc ampuls—100 mg Vitamin C pkgs of 12's and 100's
5 cc ampuls—500 mg Vitamin C pkgs of 6's and 25's
Additional information on request.

BREWER & COMPANY, INC. Worcester Massachusetts
Pharmaceutical Chemists Since 1852



Labored breathing . . .

" is often the earliest indication of a cardiac malady and commonly causes more discomfort than all of the other symptoms combined."[1]

AMINOPHYLLIN-SEARLE, by relaxing the bronchial musculature encouraging resumption of a more normal type of respiration reduces the load placed on the heart and helps prevent further damage

Aminophyllin-Searle is indicated in paroxysmal dyspnea, Cheyne-Stokes respiration bronchial asthma (particularly in epinephrine fast cases) and in selected cardiac cases

Aminophyllin-Searle contains at least 80% anhydrous theophyllin G D Searle & Co., Chicago 80, Illinois.

1 Harrison, T R.: Cardiac Dyspnea, Western J Surg., 52:407 (Oct.) 1944.

SEARLE *Research in the Service of Medicine*

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

SECTION OFFICERS

1944–1945

ANESTHESIOLOGY

Milton C Peterson, *Chairman*	New York
Robert B Hammond, *Vice-Chairman*	White Plains
Rose M Lenahan, *Secretary*	Buffalo

DERMATOLOGY AND SYPHILOLOGY

Clarence H Peachey, *Chairman*	Rochester
E. William Abramowitz, *Secretary*	New York

GASTROENTEROLOGY AND PROCTOLOGY

Stockton Kimball, *Chairman*	Buffalo
Descum C McKenney, *Vice-Chairman*	Buffalo
Harry E Reynolds, *Secretary*	Schenectady

INDUSTRIAL MEDICINE AND SURGERY

Russell C Kimball, *Chairman*	Brooklyn
Philip L Forster, *Secretary*	Albany

MEDICINE

Frederick W Williams, *Chairman*	Bronx
Harold F. R. Brown, *Vice-Chairman*	Buffalo
George E Anderson, *Secretary*	Brooklyn

NEUROLOGY AND PSYCHIATRY

E. Jefferson Browder, *Chairman*	Brooklyn
Burton M. Shinners, *Secretary*	Brooklyn

OBSTETRICS AND GYNECOLOGY

Charles J Marshall, *Chairman*	Binghamton
Charles A Gordon, *Secretary*	Brooklyn

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Harold H Joy, *Chairman*	Syracuse
Maxwell D Ryan, *Secretary*	New York

ORTHOPEDIC SURGERY

Robert M Cleary, *Chairman*	Buffalo
Joseph Buchman, *Secretary*	New York

PATHOLOGY AND CLINICAL PATHOLOGY

Fred W Stewart, *Chairman*	New York
Ellis Kellert, *Vice-Chairman*	Schenectady
M J Fein, *Secretary*	New York

PEDIATRICS

Carl H Laws, *Chairman*	Brooklyn
Albert G Davis, *Vice-Chairman*	Utica
George R. Murphy, *Secretary*	Elmira

PUBLIC HEALTH, HYGIENE, AND SANITATION

Joseph P Garen, *Chairman*	Saranac Lake
Henry B Doust, *Vice-Chairman*	Syracuse
Frank E Coughlin, *Secretary*	Albany

RADIOLOGY

Alfred L L. Bell, *Chairman*	Brooklyn
Lee A. Hadley, *Vice-Chairman*	Syracuse
Raymond W Lewis, *Secretary*	New York

SURGERY

Beverly C Smith, *Chairman*	New York
Stanley E. Alderson, *Secretary*	Albany

UROLOGY

George E Slotkin, *Chairman*	Buffalo
John K. deVries, *Vice-Chairman*	New York
Archie L. Dean, Jr, *Secretary*	New York

SESSION OFFICERS

1944–1945

HISTORY OF MEDICINE

T Wood Clarke, *Chairman*	Utica
Judson B Gilbert, *Vice-Chairman*	Schenectady
Claude E Heaton, *Secretary*	New York

PHYSICAL MEDICINE

Walter S McClellan, *Chairman*	Saratoga Springs
Albert Richard Hatfield, Jr, *Secretary*	Utica

CHEST DISEASES

Nelson W Strohm, *Chairman*	Buffalo
Grant Thorburn, *Secretary*	New York

to control hysteria

For emergency management of hysteria, Elixir Gabail affords control without narcotics or barbiturates

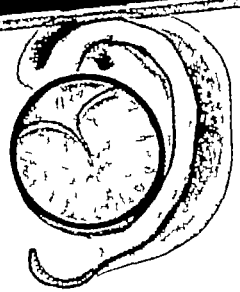
Each tablespoonful contains chloral hydrate 4½ gr, potassium bromide 3 gr, strontium bromide 1½ gr, extract valerian (deodorized) 4½ gr, ammonium valerianate (deodorized) 1½ gr Supplied 4 and 8 oz bottles

Write for full information, contraindications

Elixir Gabail
sedative • soporific

ANGLO-FRENCH Laboratories, Inc
75 Varick Street, New York 13, N Y

Medications of Choice FOR THE SPECIFIC INVOLVEMENT



Auralgan

in ACUTE OTITIS MEDIA

Symptoms

Pain, fever, edema leucocytosis sense of fullness and impaired hearing

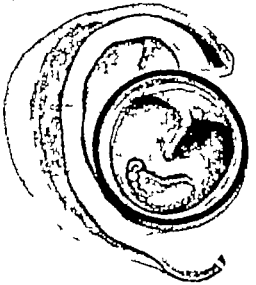
Treatment

Relief of pain and inflammation—*Auralgan*

Action

Decongestant, analgesic bacteriostatic.

Scientific data and reprints of clinical studies reporting upon the use of Otosmosan available on request



Otosmosan

in CHRONIC SUPPURATIVE OTITIS MEDIA

Symptoms

Persistent discharge, often foul smelling, usually no toxemia, no pain no fever

Treatment

Otosmosan.

Formula

SULFATHIAZOLE 10% - UREA 10% In GLYCEROL (DOHO)

Action

Deodorizes the discharge liquifies unhealthy granulations, bacteriostatic, permits normal epithelialization.

Complimentary quantities for clinical trial

THE DOHO CHEMICAL CORPORATION

New York 13, N Y • Montreal • London

ETHICS



There can be no middle course between the ethics of the medical profession and the temptations of the market place in the field of anatomical supports Here the standards of the businessman must be elevated to the standards of the doctor because the customer of the businessman is the patient of the doctor Anything else is "merchandising quackery" We at Camp have for many decades controlled our distribution throughout the recognized retail institutions which like the doctor have earned the respect and confidence of their home communities No appeal is used in our advertising approach to the consumer which fails to meet the precepts of the profession We serve the physician and surgeon by living up to our chosen function of supplying scientific supports of the finest quality in full variety at prices based on intrinsic value We try to insure the precise filling of prescriptions through the regular education and training of fitters In cooperation with medical and educational public health authorities we play the role our resources permit in promoting better posture and body mechanics That is our idea of the practical ethical standards which permit the businessman to solicit the recommendation of the doctor

Camp Anatomical Su
ports have met the exacti
test of the profession for fo
decades Prescribed and recor
mended in many types for prenatal, pos
natal, postoperative, pendulous abdomen, p
ceroptosis, nephroptosis, hernia, orthopedic a
other conditions If you do not have a copy of t
Camp "Reference Book for Physicians and Surgeons
it will be sent upon request

CAMP TRADE MARK ANATOMICAL SUPPORTS

S. H. CAMP & COMPANY • Jackson, Michigan • *World's Largest Manufacturers of Scientific Suppo*

SNOW SWELLS NOSES

NO SWOLLEN NOSES SMELL



WELL NOSES SMELL ROSES

The newly announced Maltbie Sulfathiazole Ephedrine Compound offers effective and prolonged bacteriostatic action rapid vasoconstriction immediate bacteriocidal efficiency and mild anesthesia, for intranasal administration where noses and sinuses are swollen by acute infections (particularly following the common cold). Isotonic, with a correct pH of 6 — it avoids irritation, and aids in restoring normal acidity of the mucosa, and in promoting normal ciliary movement

THE MALTBIE CHEMICAL CO. (Founded in 1910) NEWARK 2, N. J.

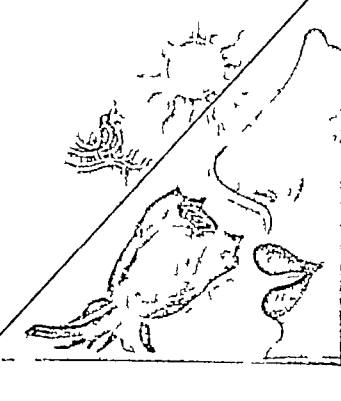
FORMULA

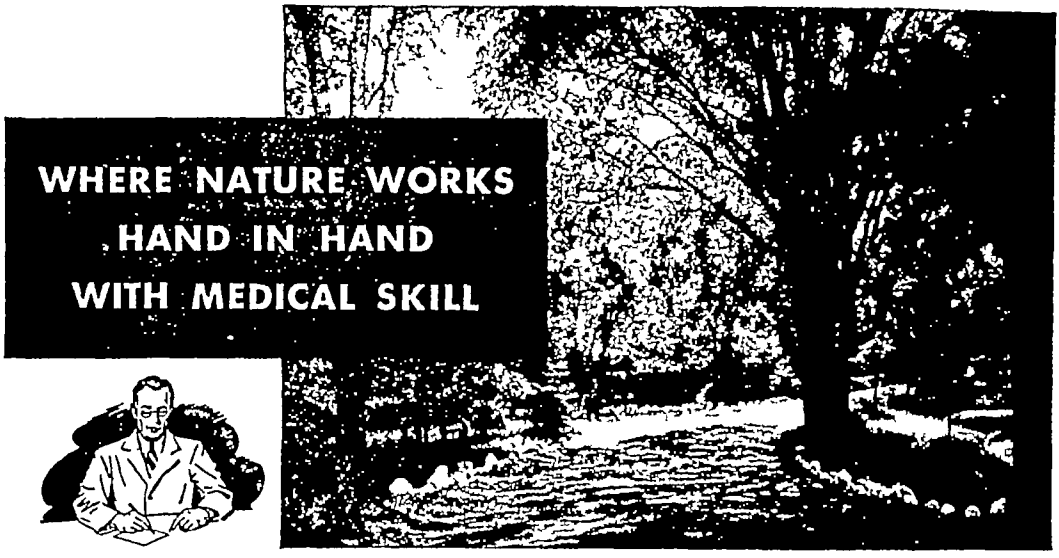
Microcrystalline sulfathiazole	3%
Ephedrine sulfate	1%
Chlorobutanol	.8 3%
Phenyl mercuric hydroxide	1 20 000
Sodium Glucoside	q. s.

› › › MALTBIE

SULFATHIAZOLE EPHEDRINE COMPOUND

Maltbie's New Intranasal Bacteriostatic Vasoconstrictor





Restorative treatments in the relaxing environment of the Saratoga Spa have become more widely known in medical circles as, year by year, increasing numbers of physicians have found them beneficial to patients

The therapeutic powers of the Spa's naturally carbonated mineral waters are being utilized more extensively than ever, for postwar strain is bringing us an unusually large number of patients suffering from cardiac, rheumatic or vascular disorders of a chronic nature

Here your patient, relaxed in mind and body, is in skilled hands which are guided by your directions in a regimen of treatment that you recommend Well trained physicians are available in Saratoga Springs for consultation with your patient on the details of the program

Thus the Spa lightens your heavy burden, with full assurance that your patient will receive the best of care to prepare him for your continued medical direction

THE SARATOGA SPA

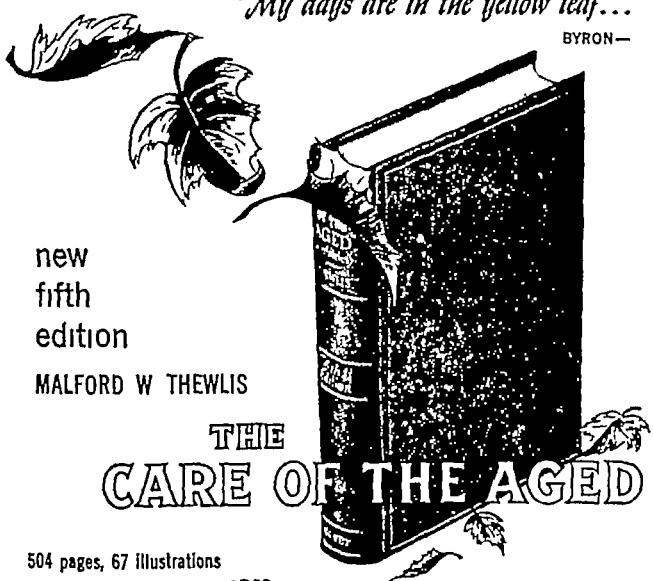
"PHYSICIAN, GIVE HEED TO THINE OWN HEALTH"

Many physicians have recently come to the Spa for the same kind of treatments that helped their patients here After a restorative "cure" at the Spa, you, too, would return to your practice refreshed—revitalized—ready for the busy days that still lie ahead

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION

For professional publications of the Spa, and physician's sample carton of the bottled waters, with their analyses, please write W S. McClellan, M D, Medical Director, Saratoga Spa, 155 Saratoga Springs, N Y

"My days are in the yellow leaf..."
BYRON—



new
fifth
edition

MALFORD W THEWLIS

THE
CARE OF THE AGED

504 pages, 67 illustrations
$8.00

- This new fifth edition CARE OF THE AGED has been brought completely abreast of contemporary developments Specific changes and additions are listed as follows
- Geratology, geriatrics in the war, stress and longevity, prevention of coronary thrombosis, congestive heart failure, venous pressure, home treatment of pneumonia
- Sulfonamides and antibiotic substances, gastritis, esophagitis, gastrophotography, kidneys during infection, mental hygiene, logotherapy, psychotherapy, hypothyroidism as a cause of symptoms of peripheral vascular disease
- A new chapter on Anesthesia has been added, together with new statistical charts

THE C. V MOSBY COMPANY
3207 Washington Blvd.
St. Louis 3, Mo.

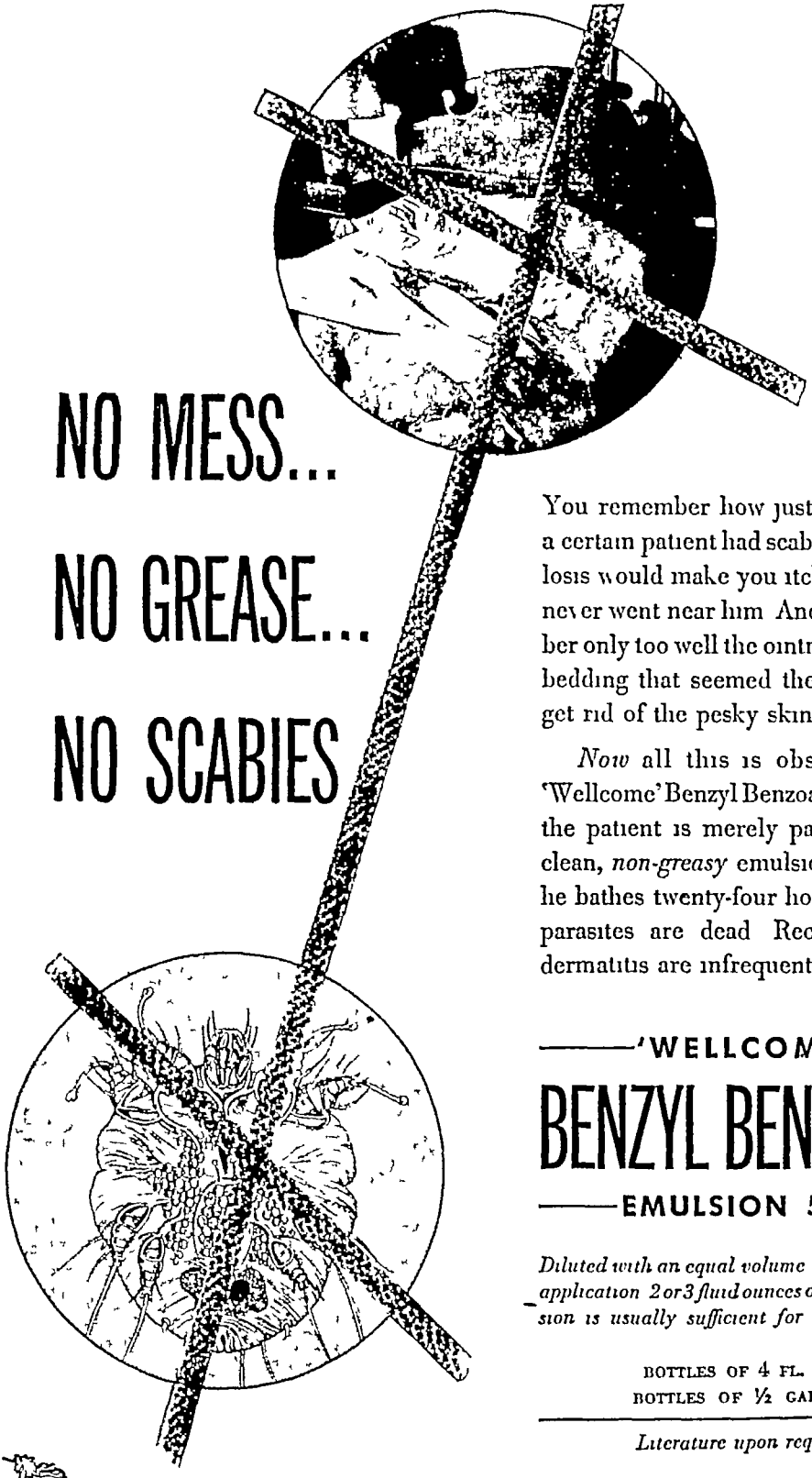
NY 2-46

Gentlemen. Send me immediately a copy of the new fifth edition
THEWLIS' CARE OF THE AGED, $8 00

☐ Attached is my check. ☐ Charge my account.

Dr

Address



NO MESS...
NO GREASE...
NO SCABIES

You remember how just hearing that a certain patient had scabies or pediculosis would make you itch even if you never went near him And you remember only too well the ointment-smeared bedding that seemed the only way to get rid of the pesky skin parasites.

Now all this is obsolete With 'Wellcome' Benzyl Benzoate Emulsion, the patient is merely painted with a clean, *non-greasy* emulsion, and when he bathes twenty-four hours later, the parasites are dead Recurrence and dermatitis are infrequent

'WELLCOME' BRAND

BENZYL BENZOATE

EMULSION 50%

Diluted with an equal volume of water before application 2 or 3 fluid ounces of the 25% emulsion is usually sufficient for one treatment.

BOTTLES OF 4 FL. OZ.
BOTTLES OF ½ GALLON

Literature upon request

BURROUGHS WELLCOME & CO (U S A.) INC, 9 & 11 EAST 41st ST, NEW YORK 17

NEW . . . EFFECTIVE THERAPY In VAGINITIS - CERVICITIS

with

Westhiazole Vaginal

in Single Dose Disposable Applicators

for CONVENIENCE SIMPLICITY DAINTINESS

Please Write for Literature and Sample



FORMULA
10% Sulfathiazole
3% Lactic Acid
1% Acetic Acid
in Polyethylene Glycol Base

Westwood PHARMACAL CORP.
BUFFALO 2, N. Y.

drop by drop



The drop method

of adding needed vitamins and iron to the diets of infants and children solves the problem of acceptability and assimilation.

WALKER'S CONCENTRATED OLEO VITAMIN A-D DROPS

This product enjoys an established preference among pediatricians on the basis of long and continued clinical use

Walker's Concentrated Oleo Vitamin A-D Drops are particularly suitable for use in pediatric practice and are available through all prescription pharmacies

You assure quality when you specify

Walker

WALKER VITAMIN PRODUCTS, INC.

MOUNT VERNON, NEW YORK

INDEX TO ADVERTISERS

The Alkalol Co 373
American Hospital Supply Corp 384
Anglo-French Laboratories, Inc 345
Ar-Ex Cosmetics, Inc 415
Arlington Chemical Company 377
Averst, McKenna & Harrison Ltd 373

A C Barnes Co 423
Dr Barnes Sanitarium 443
Brewer & Company Inc 346
Brigham Hall Hospital 443
Brunswick Home 443
Burroughs Wellcome & Co 354

Ca-Ma-Sil Co 445
S H Camp & Company 350
Campbell Soup Company 419
Cavendish Pharmaceutical Corp 344
G Ceribelli & Co 446
Chatham Pharmaceuticals Inc. 338
Ciba Pharmaceutical Products, Inc 3rd cover, Between 352-353
Coca-Cola Company 448
Crane Discount Corporation 445

Doho Chemical Corporation 349
Drug Products Co, Inc 370
H E Dubin Laboratories Inc 360

Eaton Laboratories Inc 431

Falkirk in the Ramapos 443
Fried & Kohler, Inc 337

Gold Pharmacal Co 446
Gradwohl Laboratories 446
Grant Chemical Company, Inc 340

Halcyon Rest 443

Interpines 443

Lanteen Medical Laboratories, Inc 432
Eli Lilly & Company 350
Louden-Knickerbocker Hall, Inc 443

M & R Dietetic Laboratories, Inc 362
McNeil Laboratories Inc 363
Maltbie Chemical Co 351
The Maltine Company 2nd cover
The Maples Inc 443
Marcy Laboratories, Inc 357
The S E Massengill Company 376
Mead Johnson & Company 4th cover
Merck & Co, Inc 314
C V Mosby Company 353

New York Medical Exchange 447
Northwest Institute of Med Tech 447
Numotizine Inc 427
Nutrition Research Laboratories 367

Ortho Pharmaceutical Corp 345

Paine Hall 447
E L Patch Company 373
Pediforme Shoe Co 373
Z H Polachek 447

Raro Chemicals, Inc 358
Rawl Chemists 343
Rees-Davis Drugs Inc 431
R J Reynolds Tobacco Company 333
Wm S Rice, Inc. 369
Riverlawn Sanitarium 443
A H Robins Company 365

Sandoz Chemical Works, Inc 342
Saratoga Springs Authority 352
Schering Corporation 341
Julius Schmid Inc. 441
G D Searle & Co 347
Sinclair Pharmacal Co, Inc 445
E R Squibb & Sons 353
Specific Pharmaceuticals Inc 429
Frederick Stearns & Company 381
Chas B Towns Hospital 445

Upjohn Company 437
U S Vitamin Corporation 435

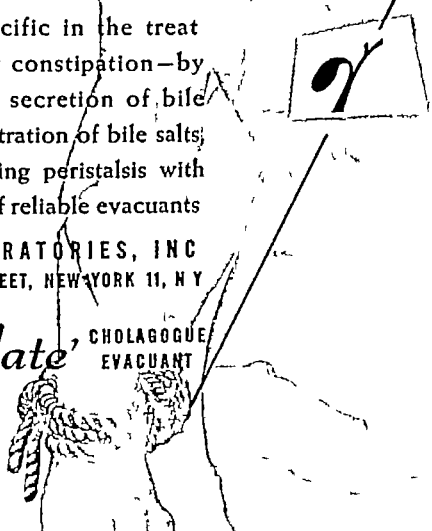
Van Patten Pharmaceutical Co 379

Waldorf-Astoria 378
Myron L Walker Co Inc 359
Walker Vitamin Products, Inc 356
William R Warner & Co, Inc 371
West Hill 443
Westwood Pharmacal Corp 365, 366
White Laboratories, Inc 447
Whittaker Laboratories, Inc 433
Winthrop Chemical Company, Inc. 377, 429
Wyeth Incorporated

Cut the Gordian Knot

OF BILIARY CONSTIPATION ..

caused by biliary dysfunction, and biliary stasis initiated by constipation by prescribing VERACOLATE cholagogue evacuant • Veracolate is simple and specific in the treatment of biliary constipation—by stimulating the secretion of bile through administration of bile salts; and by promoting peristalsis with small amounts of reliable evacuants



MARCY LABORATORIES, INC
113 WEST 18th STREET, NEW YORK 11, N Y

Veracolate' CHOLAGOGUE EVACUANT

SUPPLY: 'Veracolate' cholagogue evacuant*— in bottles of 50 tablets each tablet containing bile salts (sodium taurocholate and glycocholate), extract cascara sagrada phenolphthalein oleo resin capsicum.

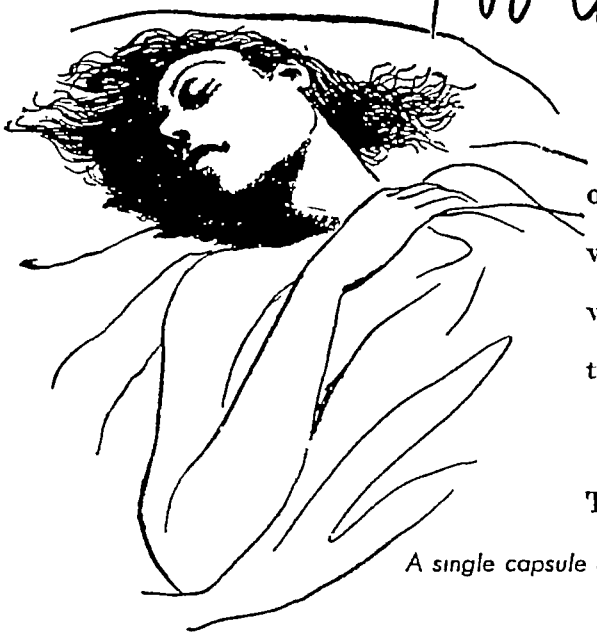
DOSAGE: 1 tab t i d, or 2 tab at bedtime

Modified 'Veracolate' cholagogue evacuant in bottles of 50 tablets, each tablet contain bile salts (sodium taurocholate and glycocholate) phenolphthalein, oleoresin capsicum, pepsin pancreatin

DOSAGE 2 tablets 2 hrs. after meals.

*(*Recommended for adult use only)*

For the new Concept



of supplying sick patients, who have mixed vitamin deficiencies, with all the essential vitamins in doses of therapeutic magnitude, specify

SQUIBB

THERAPEUTIC FORMULA

A single capsule contains

Vitamin A	25,000 units
Vitamin D	1,000 units
Thiamine HCL	5 mg
Riboflavin	5 mg
Niacinamide	150 mg
Ascorbic Acid	150 mg.

For the continuing Concept



of supplying well patients with maintenance dosage levels of all the vitamins as recommended by the Food and Nutrition Board of the National Research Council, specify

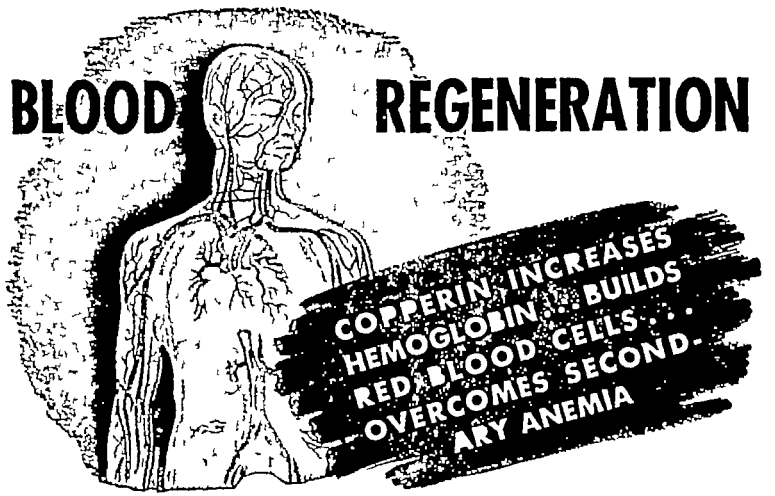
SQUIBB

SPECIAL FORMULA

A single capsule contains

Vitamin A	5,000 units
Vitamin D	800 units
Thiamine HCL	2 mg
Riboflavin	3 mg
Niacinamide	20 mg
Ascorbic Acid	75 mg

SQUIBB . MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



Before Copperin appeared, massive iron doses were inflicted on the anemic Most of the iron was not utilized The excess, excreted fecally, produced gastrointestinal irritation and upset—thus defeating the original purpose of the clinician

Copperin represents a scientific conception of iron needs in secondary anemia The iron content per capsule is small — 32 mgm — but wholly adequate The potent catalytic agent, copper sulphate, makes ALL the iron available for regenerative processes

There is rapid replacement of hemoglobin and new red cells This is markedly manifested in treating the hypochromic anemia *of children, the "milk anemia"* of infants, hemorrhagic anemia following blood donation, pregnancy anemia, chlorosis and anemia of middle aged women

In two strengths Copperin "A" for adults, Copperin "B" for children

Professional samples gladly sent on request

MYRON L WALKER CO INC
Mount Vernon • New York

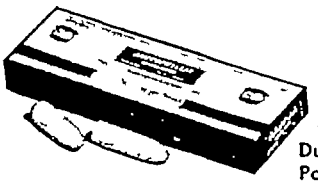


COPPERIN
WATER-SOLUBLE
NON-CONSTIPATING

"very satisfactory in securing prompt and prolonged relief" in bronchial asthma, says Dees (J Allergy 14:492, 1943) of Aminophyllin rectal suppositories

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Very satisfactory are...



DUBIN AMINOPHYLLIN RECTAL SUPPOSITORIES (0.36 Gm. each)

Dubin Aminophyllin (theophylline-ethylenediamine) also in Tablets, Ampuls, Powder for rapid action in many indicated cardio-respiratory conditions.

TABLETS, GR. 1½ (0.1 GM.); GRS. 3 (0.3 GM.) AMPULES, 2cc. (7½ GRS.); 10 cc. (3½ GRS.); 20 cc. (7½ GRS.)

H. E. DUBIN LABORATORIES, Inc., 250 East 43rd St., New York 17, N.Y.

INDEX TO ADVERTISED PRODUCTS

Aci-jel (Ortho Pharmaceutical Corp) 345
Alkalol (Alkalol Co) 378
Allergenic Testing Set (Wyeth Inc) 425
Aluminoid (Chatham Pharmaceuticals, Inc) 338
Aminophyllin (H E Dubin Labs) 360
Aminophyllin (G D Searle & Co) 347
Aminoids (Arlington Chemical Co) 372
Analbis Suppositories (Specific Pharmaceuticals Inc) 429
Anusol (William R Warner & Co) 371
Auralgan (Doho Chemical Corp) 349
Baxter Solutions (Amer. Hospital Supply Corp) 364
Bellergal (Sandoz Chemical Works, Inc) 342
Benzyl Benzoate (Burroughs Wellcome & Co) 354
Bidupan (Cavendish Pharmaceutical Corp) 344
Boroleum (Sinclair Pharmacal Co) 445
Bucillin (Wyeth Inc) 377
Ca-Ma-Sil (Ca-Ma-Sil Co) 445
Cooper Creme (Whittaker Laboratories, Inc) 447
Copperin (Myron L Walker Co Inc) 359
Coramine (Ciba Pharmaceutical Products, Inc) 3rd cover
Dextri-Maltose (Mead Johnson & Co) 4th cover
Diurbital (Grant Chemical Co, Inc) 340
Donnatal (A H Robins Company) 366
Elixir Bromaurate (Gold Pharmacal Co) 446
Elixir Gabail (Anglo-French Laboratories) 348
Hydrosulphosol (Rees-Davis Drugs) 421
Infron (Nutrition Research Laboratories) 367
Kondremul (E L Patch Company) 373
Lanteen Jelly (Lanteen Medical Labs) 439
Lorophyn Jelly (Eaton Laboratories Inc) 431
Morruguent and Morumide (S E Massengill Company) 376
Myopone (Drug Products Co, Inc) 370
Neo Multi-Vi (White Laboratories, Inc) 365
Neo-Synephrine (Frederick Stearns & Co) 361
Numotizine (Numotizine, Inc) 427
Otomide (White Laboratories, Inc) 369
Otosmosan (Doho Chemical Corp) 349
Ovoferrin (A. C Barnes Company) 423
Premarin (Ayerst, McKenna & Harrison) 37o
Proloid (Maltine Company) 2nd cover
Pyridium (Merck & Co, Inc) 374
Ramses (Julius Schmid, Inc) 441
Salyrgan-Theophylline (Winthrop Chemical Company, Inc) 433
Salysal (Rare Chemicals, Inc) 368
Sodascorbate (Van Patten Pharmaceutical Co) 379
Solganal-B Oleosum (Schering Corporation) 341
Sorparin (McNeil Laboratories Inc) 363
Sulfathiazole Ephedrine Compound (Maltbie Chemical Co) 351
Unicap (Upjohn Company) 437
Veracolate (Marcy Laboratories, Inc) 357
Vicin (Brewer & Company, Inc) 346
Vitamin B Complex (Rawl Chemists) 343
Vitamins (Walker Vitamin Products, Inc) 356
Vitamins (E R Squibb & Sons) 358
Vitamins (U S Vitamin Corp) 435
Westhiazole Vaginal (Westwood Pharmacal Corp) 355

Dietary Foods

Baby Soups (Campbell Soup Company) 419
Similac (M & R Dietetic Laboratories) 362

Medical and Surgical Equipment

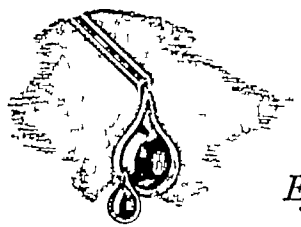
Artificial Eyes (Fried & Kohler, Inc) 337
Orthopedic Shoes (Pediforme Shoe Co) 378
Supports (Wm S Rice, Inc) 360
Supports (S H Camp & Company) 350

Miscellaneous

Brioschi (G Ceribelli & Co) 446
Camel Cigarettes (R J Reynolds Tobacco Co) 339
Coca-Cola (Coca-Cola Company) 448
Cosmetics (Ar-Ex Cosmetics, Inc) 446
Spring Water (Saratoga Springs Authority) 352

WHEN YOU NEED A GOOD SUPPORT FOR REDUCIBLE HERNIA—may we suggest the advantages of "custom-made" Protection, designed to meet the described needs of each particular case? Physicians, who know from experience, can tell you that Rice "custom-made" Supports for reducible HERNIA are truly different and that our methods are dependable With dozens of different styles, shapes and types of pads at our disposal and with a full realization of our responsibility to those who put their faith in us —we respectfully offer our services for your approval Descriptive literature and measurement charts on request

WILLIAM S. RICE, Inc., (Lock Box 101), ADAMS, NEW YORK
BRANCH SUPPLY AND FITTING OFFICES
BUFFALO, N. Y.—ROCHESTER, N Y.—PITTSBURGH, PA.



Effective Minimum

Swift dependable nasal decongestion—plus ample bacteriostasis furnished with a minimal concentration of sulfathiazole (only 0.4 per cent) Neo-Synephrine Sulfathiazolate provides prompt and enduring vasoconstriction which clears the nasal airways and promotes sinus drainage possibly limits the spread of infection

Neo-Synephrine Sulfathiazolate

For Decongestion and Bacteriostasis

THERAPEUTIC APPRAISAL: Prompt, prolonged decongestion of nasal mucosa ample bacteriostatic action with o t ct ct s ulf thiazole sustained effecti ness even o repeated use lectonic, non irritating and trually harmless to cilia essentially f ee from side effects such as cardiac disturbances, wakefulness, and other stimulation of the central nervous system.

INDICATED for decongestive effects and possible bacteriostatic influence in combating secondary invaders accompanying common colds and sinusitis.



ADMINISTRATION may be by dropper spray or tampon, with dosage determined by individual needs. Patients should be cautioned to use only as directed.

SUPPLIED in 0.6% solution, bottles of 1 fl. oz. and 1 pint.

Samples on Request.

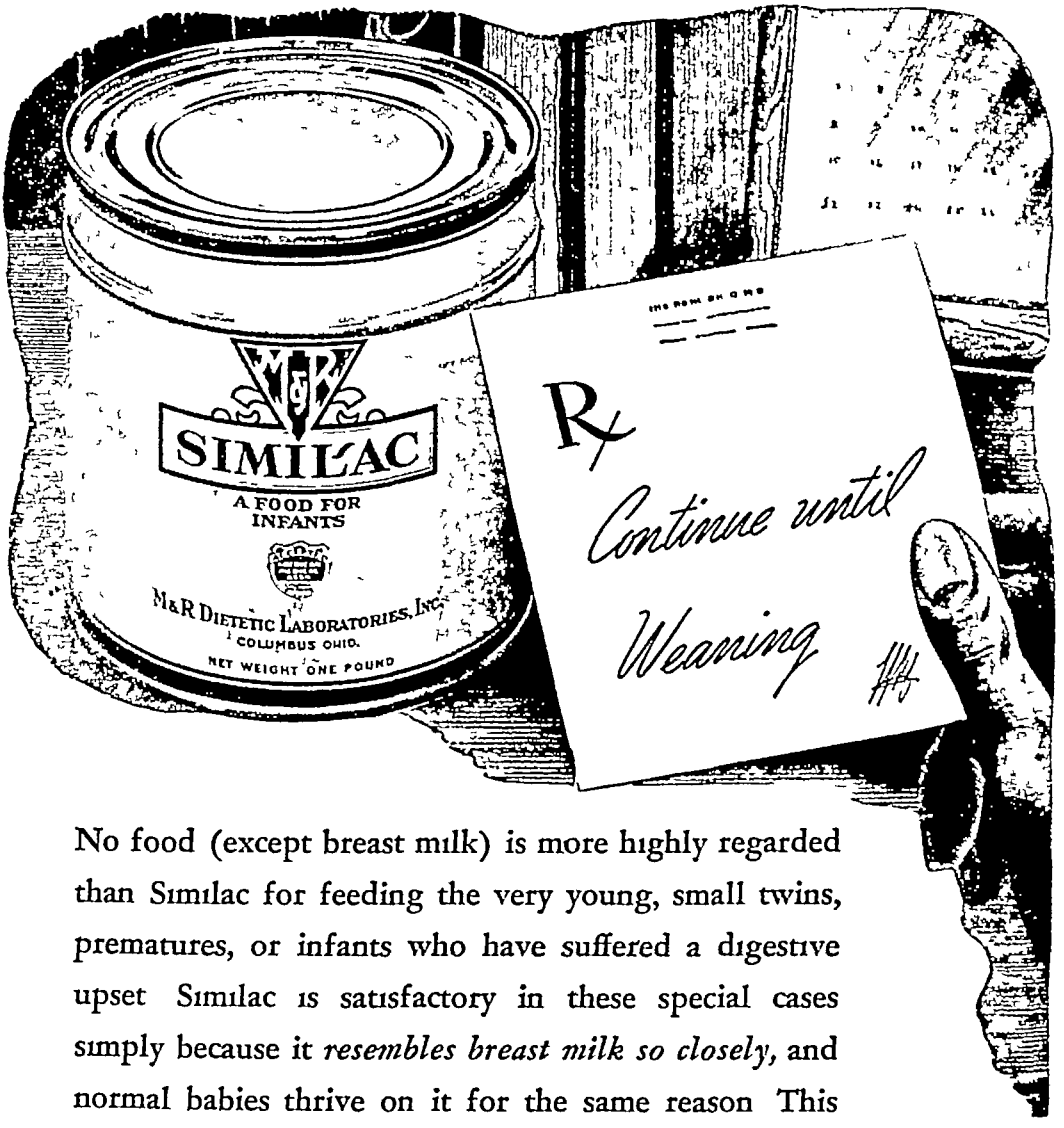
Frederick Stearns & Company

Division

DETROIT 31 MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY AUSTRALIA AUCKLAND NEW ZEALAND

Trade Mark [illegible] U. S. Pat. Off.



No food (except breast milk) is more highly regarded than Similac for feeding the very young, small twins, prematures, or infants who have suffered a digestive upset Similac is satisfactory in these special cases simply because it *resembles breast milk so closely,* and normal babies thrive on it for the same reason This similarity to breast milk is definitely desirable — *from birth until weaning.*

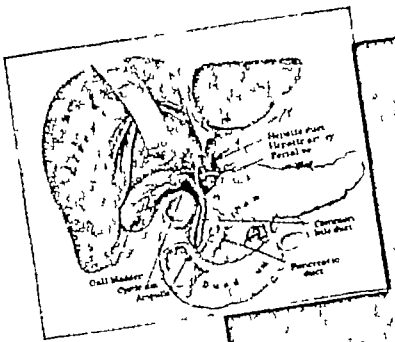
ACCEPTED AMERICAN MEDICAL ASSOCIATION

A powdered modified milk product especially prepared for infant feeding made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose olive oil coconut oil, corn oil, and cod liver oil concentrate

One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

SIMILAC } **SIMILAR TO BREAST MILK**

M & R DIETETIC LABORATORIES, INC COLUMBUS 16, OHIO



SUPPORTING THERAPY in LIVER DAMAGE

Support in impaired liver function and hepatic damage, in many stubborn cases, is safely attained through the use of

SORPARIN

(Ext. Sorbus aucuparia McNeil)

Conspicuous among the pharmacodynamic actions of this recently re investigated botanical are

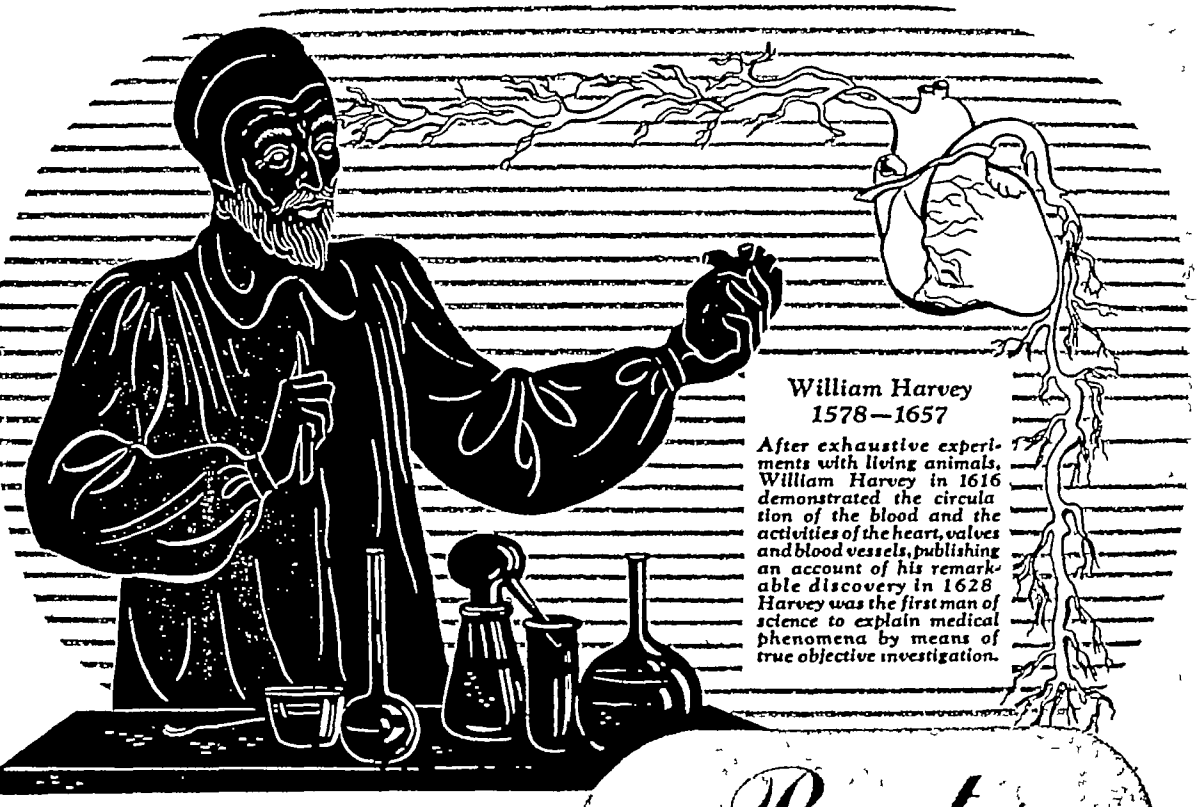
- Sorparin stimulates the functioning of liver cells
- In a large majority of cases Sorparin dispels the indefinite dyspepsias frequently associated with hepato-biliary dys function.
- Is not a cholagogue nor a choleretic—may be used in obstructive types of jaundice.
- No known contraindications.
- May be used with safety in combination with bile salts (although these are not required for therapeutic efficacy) with vitamin K, antispasmodics, sedatives or sulfonamides without incompatibility

CLINICAL INDICATIONS: Hepatitis, with and without jaundice, toxic and obstructive jaundice chronic cholecystitis with and without stone, idiopathic hypoprothrombinemia and post surgical biliary symptoms.

Available in tablets each containing Sorparin 3 gr Bottles of 100, 500 and 1000. Literature on request.

McNeil Laboratories

PIONEERING THAT POINTS TO *DISCOVERY* *DISCOVERY* THAT *DEMANDS* LEADERSHIP



William Harvey
1578—1657

After exhaustive experiments with living animals, William Harvey in 1616 demonstrated the circulation of the blood and the activities of the heart, valves and blood vessels, publishing an account of his remarkable discovery in 1628. Harvey was the first man of science to explain medical phenomena by means of true objective investigation.

Baxter... first in parenteral solutions in mass dosage form

Baxter

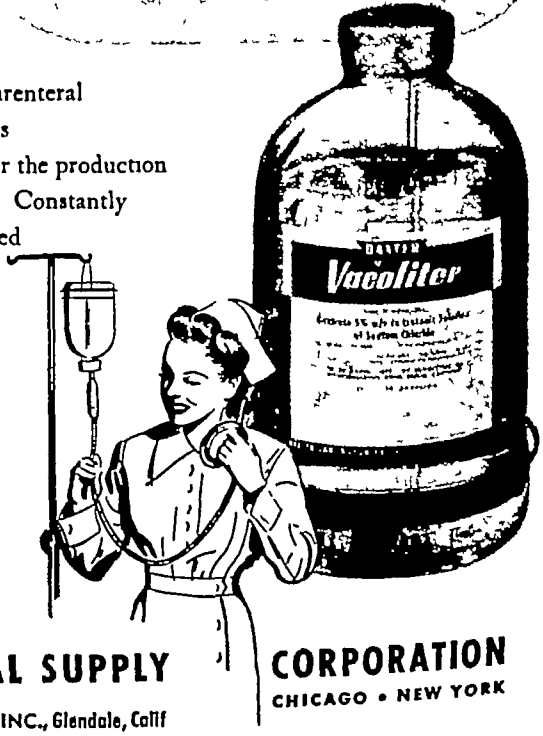
PIONEERS IN PARENTERAL THERAPY

William Harvey's discovery was the first step in preparing the way for modern parenteral therapy. In 1928—just three hundred years after he made public his analysis of blood circulation—Baxter produced the first parenteral solutions in dispensing containers for large volume infusions.

Baxter was the first to design and develop equipment for the production of *safe*, ready-to-use solutions and techniques for their use. Constantly improved methods of testing and inspection have culminated in rigid and comprehensive tests which assure sterile, pyrogen-free, stable solutions in the Vacoliter.

Baxter's many years of pioneering and leadership in the field of parenteral therapy are your protection.

No other parenteral program is so complete, so trouble-free, so confidence-inspiring. No other method is used in so many hospitals.



Manufactured by
BAXTER LABORATORIES, INC.
Glenview, Illinois; Acton, Ontario; London, England

Distributed east of the Rockies by
AMERICAN HOSPITAL SUPPLY CORPORATION
CHICAGO • NEW YORK

Produced and distributed in the Eleven Western States by DON BAXTER, INC., Glendale, Calif

Multiple Vitamin Supplementation

LOGICAL, ECONOMICAL PRODUCT FOR A LOGICAL NEE

EACH CAPSULE CONTAINS:

Vitamin A	5000 U.S.P units
Vitamin D	800 U.S.P units
Thiamine Hydrochloride U.S.P	3 mg.
Riboflavin	3 mg.
Ascorbic Acid, U.S.P	75 mg
Nicotinamide	20 mg.
Pyridoxine Hydrochloride	0.5 mg
Calcium Pantothenate	5 mg.
Mixed Tocopherols biologically equivalent to 3 mg. Alpha Tocopherol	

In those conditions for which multiple vitamin supplementation is rationally indicated,†

White's NEO MULTI-VI CAPSULES

offer a preparation formulated upon a sound therapeutic basis—realistic efficiency—practical usefulness—and *economy* to the patient.

The well balanced formula contains nine vitamins—including all clinically established vitamin in amounts safely above adult basic daily requirements,* yet not wastefully in excess of average patient's needs.

Small, easy-to-take capsules. Price to the patient is also small for comparable vitamin potency. The White name is assurance of stability and uniformity

†**Indications:** Routine prophylaxis against dietary deficiencies—increased metabolic rate—thyroid dysfunction, suspected border-line multiple deficiencies, suboptimal nutrition—restricted diets—the aged—wasting disease—pre- and post-operatively—in convalescence—pregnancy—lactation

Bottles of 25, 100, 500 and 1000 capsules

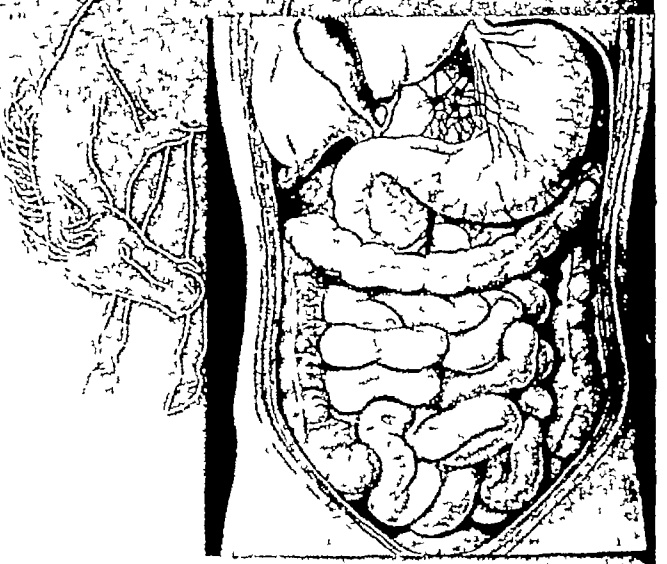
*Promulgated in regulations of Food and Drug Administration 1941

ETHICALLY PROMOTED—
NOT ADVERTISED TO THE LAITY

WHITE LABORATORIES, INC.
Pharmaceutical Manufacturers
Newark 7, N. J.

"THE GASTROINTESTINAL TRACT OFFERS ONE OF THE CHIEF LOCI FOR SUCCESSFUL THERAPEUTIC ACTION OF BELLADONNA PREPARATIONS"*

when the G. I. Tract "KICKS UP"



Administered in the presence of peptic ulcer, spastic colitis, mucous colitis, spastic constipation, diarrhea, pylorospasm, cardiospasm and other evidences of smooth muscle spasticity in the gastrointestinal tract—Donnatal affords all the advantages inherent in the pure, natural belladonna alkaloids in exerting peripheral action *without toxicity* At the same time it provides *non-narcotic* sedation

Donnatal is a *rational, balanced combination* containing *fixed proportions of the only belladonna alkaloids possessing therapeutic importance* (hyoscyamine, atropine and scopolamine), with minimal dosage of phenobarbital (¼ gr per tablet) The pharmacodynamic synergism provided by the three individual alkaloids—plus the sedation afforded by its barbituric acid component—renders Donnatal especially efficacious for long-term medication without danger of over-sedation Of interest to many patients, Donnatal may be prescribed at approximately *half* the cost of synthetic preparations!

AVAILABLE: In bottles of 100 tablets.
FORMULA Each tablet contains Phenobarbital ¼ gr —and belladonna alkaloids (hyoscyamine, atropine and scopolamine) equivalent approximately to 5 minims of Tr Belladonna



* Goodman, L.: In The Therapeutics of Internal Diseases, edit by G Blumer, D Appleton-Century Co, Inc., New York, 1940

A. H. ROBINS COMPANY • RICHMOND 19, VIRGINIA

Ethical Pharmaceuticals of Merit • • • Since 1878

Donnatal Robins

just *one* capsule

every month
prevents rickets



Busy mothers will be grateful for the convenient, economical administration of once-a month dosage for adequate prevention and treatment of rickets.

One capsule a month of Infron Pediatric provides antirachitic prophylaxis and treatment The clinical effectiveness of this dosage has been established by the work of Wolf, Rambar Hardy and Fishbein. Each capsule contains 100 000 U S P Units of vitamin D—Whittier Process—especially prepared for pediatric use

Infron Pediatric is readily miscible in the infant s feeding formula, milk, fruit juices or water, and can also be spread on cereal.

Supplied in packages of 6 capsules—sufficient dosage for 6 months. Available at prescription pharmacies.

Infron
Pediatric



ETHICALLY PROMOTED

REFERENCES

Rambar A C, Hardy L. M and Fishbein, W I.: J Ped. 23:31-38 (July) 1943
Wolf, I J J Ped., 22 707 718 (June) 1943
Wolf, I J : J Ped., 22:396-417 (April) 1943
Wolf, I J : J Med. Soc. New Jersey 38 436 (Sept.) 1941

Infron is the registered trademark of Nutrition Research Laboratories

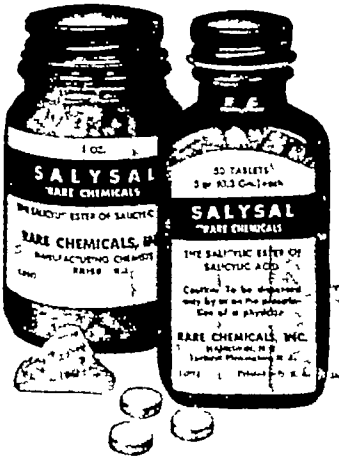
NUTRITION RESEARCH LABORATORIES · CHICAGO

IS SODA-BICARBONATE NECESSARY IN SALICYLATE THERAPY

To be effective, the treatment of acute rheumatic fever must maintain a high salicylate level in the blood [1] When massive doses of sodium salicylate are given by mouth, an undesirable side effect—gastric distress—is frequently encountered To relieve this effect, equal amounts of sodium bicarbonate are given Unfortunately, a decided depression of the blood salicylate level results [2]

Gastric distress and its required relief by sodium bicarbonate are avoided when Salysal is given, for Salysal is not soluble in the acid medium of the stomach. Furthermore, 100 parts of Salysal provide 124 equiva lent parts of sodium salicylate [3] Thus, smaller doses accomplish the same effect

Literature and sample on request



Tablets 5 grains, bottles of 50, 250 1000
Powder, 1 oz. bottles

SALYSAL

FOR A TRULY POWERFUL SALICYLATE THERAPY

1 Coburn A F Salicylate Therapy in Rheumatic Fever Bull Johns Hopkins Hosp 73 435-464 (Dec) 1943
2 Smull, K. Wégria, R and Leland J The Effect of Sodium Bicarbonate on the Serum Salicylate Level J.A M.A 125 1173 (Aug 26) 1944
3 New and Nonofficial Remedies, 1943 p 57

RARE CHEMICALS, INC, HARRISON, NEW JERSEY

Newark University Offices

White's **OTOMIDE**

for topical chemotherapy in acute and chronic ear infections



The unique clinical advantages of this stable, non irritating solution of sulfanilamide, urea and chlorobutanol may be briefly summarized as follows

POTENTIATED ANTIBACTERIAL ACTIVITY—urea-sulfanilamide mixture more effective than either drug used independently [1] Not inhibited by pus and tissue debris.

BETTER TISSUE DIFFUSION—urea-sulfanilamide mixture diffuses more actively through living and dead tissues.[2]

TOLERANCE—freedom from alkalinity virtually obviates local chemical irritation.

ANALGESIA—effective chlorobutanol analgesia without impaired sulfonamide activity

WIDE FIELD—effective in BOTH acute AND chronic otologic infections. Active against certain sulfonamide resistant bacteria [3]

FORMULA

Sulfanilamide	5%
Carbamide (Urea)	10%
Chlorobutanol	3%
Glycerin (high sp. gr.)	q.s.

1 Tsuchiya, H. M. et al. Proc. Soc. Exp. Biol. and Med. *50*:262, 1942.

2. McClintock, L. A. and Goodale, R. H.: U. S. Naval Med. Bull., *41* 1057 1943.

3 Strakosch, E. A. and Clark, W. G. Minn. Med., *26*:276, 1943 Brown, C. et al.: Am. J. Surg., to be published.

Available in dropper bottles of one-half fluid ounce (15 cc.)—on prescription only

WHITE LABORATORIES, INC.

Pharmaceutical Manufacturers

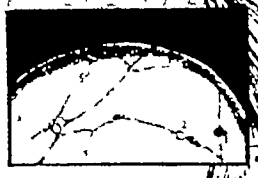
NEWARK 7, N. J.

A *New* APPROACH TO

MYOPATHIES

Basic Relief of

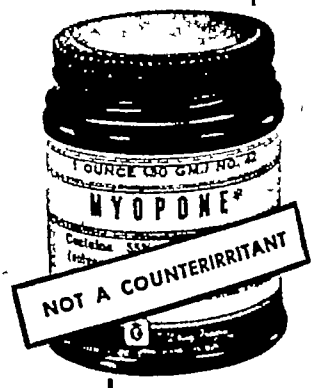
MYOSITIS
FIBROSITIS
FIBROMYOSITIS
AND KINDRED
CONDITIONS





A NEW RATIONALE, quite different from the previous approach with rubefacients and counterirritants, places Myopone therapy in a field by itself

Formulated to the new concept that myopathies are etiologically of local metabolic origin, topically applied Myopone apparently supplies a deficiency in affected muscular tissue Utilization of the special solvent-extracted wheat germ oil contained in Myopone puts into action not only essential vitamin E but also phospholipids and other therapeutically active factors*



FORMULA Solvent-extracted wheat germ oil in a special absorption base

Topical application of Myopone Ointment relieves soreness, eases tension, reduces swelling and stiffness

Available in 1 oz and 1 lb jars at ethical pharmacies

*Ant M, N Y State Jour Med Sept 1, 1945

REPRINT, SAMPLE AND LITERATURE ON REQUEST

THE DRUG PRODUCTS CO, INC. NYS
19 West 44th St, New York 18, N Y

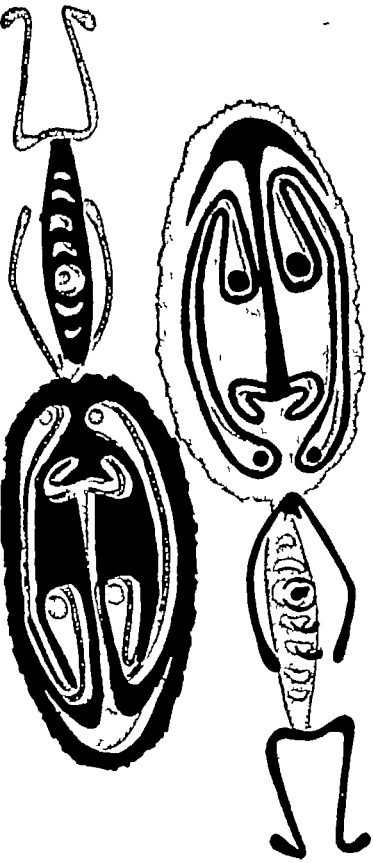
Please send sample of Myopone Ointment, reprint and literature to—

Dr Street

City State

(Please attach Rx blank)

MYOPONE
(DRUGPROD)
A DRUG PRODUCTS COMPANY *Specialty*



malignancy incognito?

There is *no* danger with 'Anusol'* Hemorrhoidal Suppositories that the symptoms of serious rectal pathology will be masked—for 'Anusol' Hemorrhoidal Suppositories contain no narcotics, no anesthetics The nerves of the rectal region are not anesthetized, thus permitting continued function of sensory warning mechanisms. 'Anusol' Hemorrhoidal Suppositories achieve relief of symptoms *safely,* by means of decongestion, lubrication and protection.

Schering & Glatz, Inc., a subsidiary of

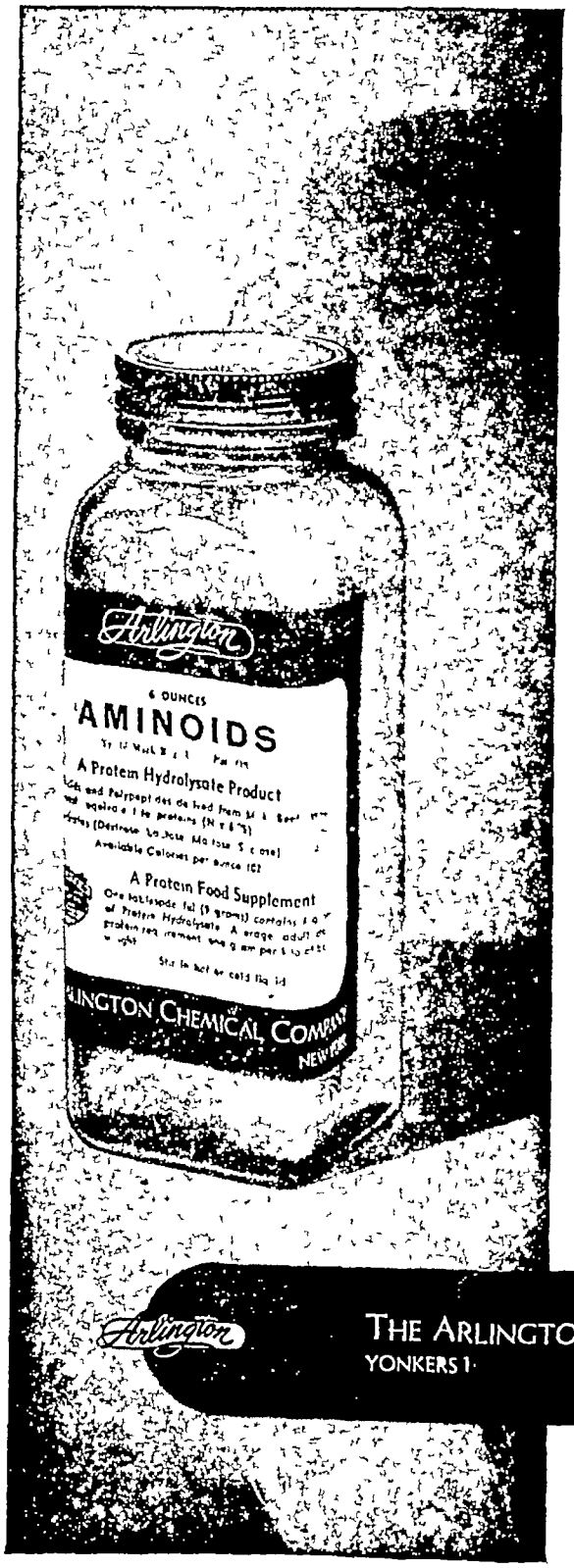
William R. WARNER and Co. Inc. 113 WEST 18TH STREET NEW YORK 11 N Y

'anusol'

*Trademark Reg U. S. Pat. Off.

Available in boxes of 6 and 12 suppositories

Hemorrhoidal Suppositories



Palatable

PROTEIN HYDROLYSATE

When protein supplementation is necessary, palatability of the therapeutic agent is an important factor

The palatability[1] of AMINOIDS* has been demonstrated by ample clinical use. AMINOIDS blends tastefully with hot or cold liquids, and with numerous light foods, adding a distinctive flavor to puddings, custards, cereals, etc.** Palatability, plus avoidance of monotony, promote continued acceptance by the patient.

AMINOIDS, a protein hydrolysate product prepared by enzymatic digestion of beef, wheat, milk and yeast, contains the amino acids known to be present in these four high quality foods. AMINOIDS is readily absorbed from the digestive tract.

SUPPLIED In granular form, in bottles containing 6 oz. One tablespoonful t.i.d. provides approximately 12 grams of protein as hydrolysate.

Aminoids

REG. U.S. PAT. OFF.

A PROTEIN HYDROLYSATE PRODUCT

For Oral Administration

ACCEPTED AMERICAN MEDICAL ASSN.

Arlington

THE ARLINGTON CHEMICAL COMPANY

YONKERS 1 NEW YORK

*The word AMINOIDS is a registered trademark of The Arlington Chemical Company

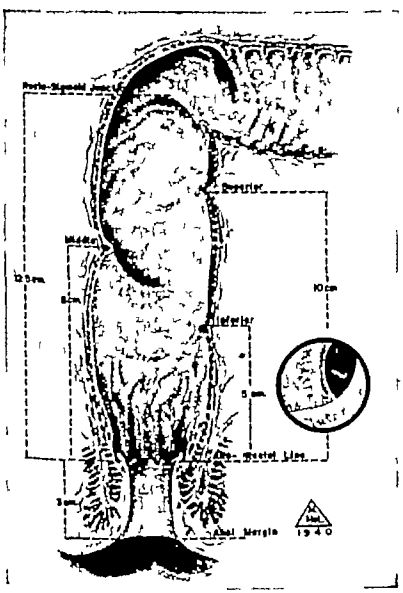
1 Wilensky A. O.: Surg. Gynec. Obst. 80:323 (Internat. Abst. Surg.) May, 1945

**Recipe pads available on request.

REGULATE BOWEL FUNCTION

with KONDREMUL

For the treatment of constipation and restoration of normal bowel movement, Kondremul presents an unusually stable emulsion of Irish Moss and mineral oil combined to form a highly effective regulative agent



A corrective regimen for all types of constipation—including those associated with pregnancy, convalescence, senility—is offered in the three forms of Kondremul

Kondremul Plain — for simple constipation

Kondremul with non-bitter Extract of Cascara* —for prolonged, gentle laxation

Kondremul with Phenolphthalein* (2 2 grs phenol phthalein per tablespoonful) — for resistant cases

** Caution. Use only as directed*

Canadian Producers
CHARLES E FROSST & CO
Box 247 Montreal

THE E L PATCH COMPANY
Boston, Mass.



. . . the characteristic response

THE prompt symptomatic relief provided by Pyridium is extremely gratifying to the patient suffering with distressing urinary symptoms such as painful, urgent, and frequent urination, tenesmus, and irritation of the urogenital mucosa.

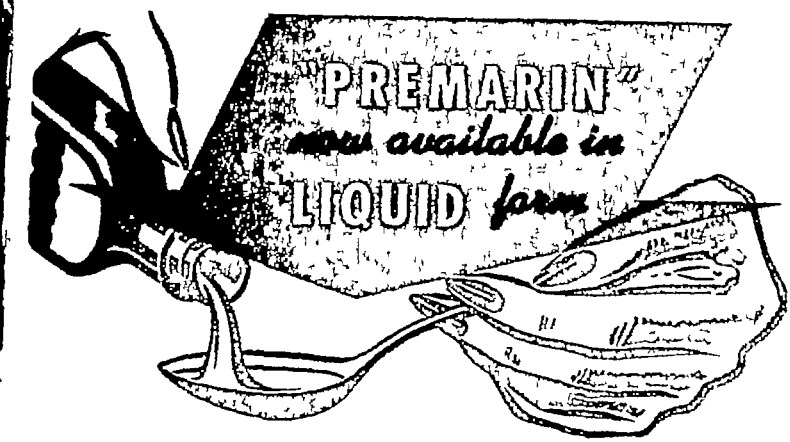
Pyridium is convenient to administer, and may be used with complete safety throughout the course of cystitis, pyelonephritis, prostatitis, and urethritis. *The average oral dose is 2 tablets t.i.d.*

PYRIDIUM
REG. U. S. PAT. OFF.
(Phenylazo-alpha-alpha-diamino-pyridine mono-hydrochloride)

For gratifying relief of distressing symptoms in urogenital infections.

Pyridium is the United States Registered Trade-Mark of the Product Manufactured by the Pyridium Corporation

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.



- To permit greater flexibility of dosage
- To provide a graduated estrogenic in take where required
- To accommodate those patients who are partial to liquid medication.

"Premarin" Liquid conjugated estrogens (equine) naturally occur ring orally active well tolerated imparts a feeling of well being Each teaspoonful is the equivalent in potency of one "Premarin" Tablet (Half-Strength) No 867

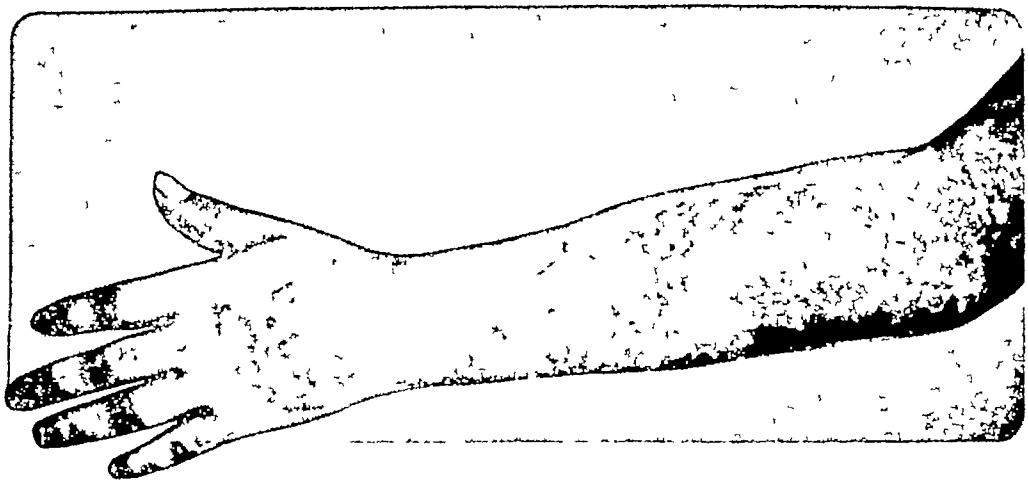
Available in bottles of 120 cc. (4 fluid oz.), No 867



"Premarin" NOW IN LIQUID AND TABLET FORM
Reg. U. S. Pat. Off.

CONJUGATED ESTROGENS (equine)

AYERST McKENNA & HARRISON LIMITED 22 East 40th Street New York 16 N Y



Promotes Healing with Minimal Scarring

THE aim of therapy in severe burns, whether they cover large or small body areas, is to prevent excessive scar tissue deposition and subsequent deformities Remaining viable epithelial elements should not be injured Early epithelization should not be interfered with Therapeutic measures should be easily and quickly applicable

Morruguent Ointment readily fulfills these requirements Its cod-liver-oil concentrate presents a 25 per cent greater content of the unsaponifiable fraction than is contained in cod-liver-oil, U S P. It is free from objectionable fish-oil odor Morruguent retards or prevents infection, reduces systemic absorption of toxic metabolites, hastens granulation and epithelization, and results in a pliable, elastic epithelial surface Healing takes place with a minimum of surface disfiguration

Morumide Ointment, 10% sulfanilamide in a suitable base incorporating cod-liver-oil concentrate, has been found particularly useful in the management of burns of the face, hands, and perineum

MORRUGUENT & MORUMIDE



Morruguent and Morumide Ointments are supplied in 2-oz. tubes and in 1-lb. jars

THE S. E. MASSENGILL COMPANY
BRISTOL, TENN -VA

NEW YORK • SAN FRANCISCO • KANSAS CITY

SEMCO

A new achievement in Penicillin Therapy . . .

BUCILLIN

PENICILLIN TROCHES

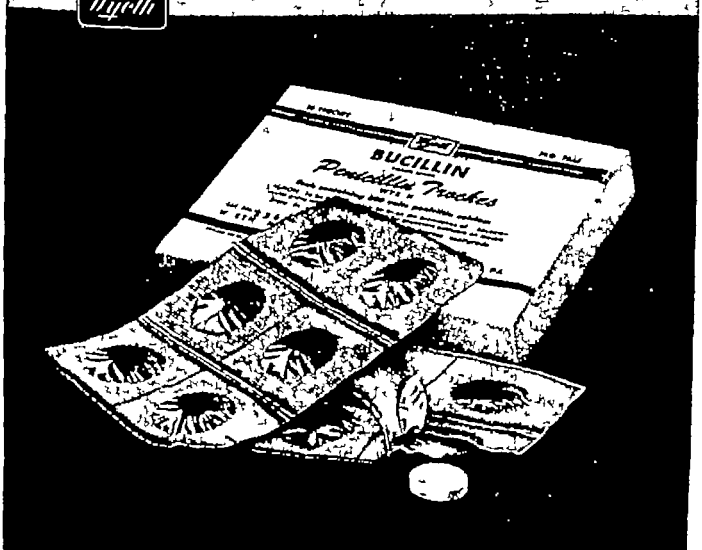
WYETH

BUCILLIN provides a new, effective weapon against Vincent's infection. As the Bucillin troche dissolves in the mouth it releases penicillin to combat the invading organisms by local action. Until further information is available no claims are made for the use of Bucillin in other infections of the mouth and throat.

Each Bucillin troche supplies 500 units of penicillin. To assure full potency, the troches are individually wrapped in moisture-proof, laminated metallic foil.

Supplied in packages of 12

Wyeth



WYETH INCORPORATED PHILADELPHIA 3 • PA

℞ Pediforme
FOOTWEAR



In Postural Cases

Impressing the layman with the importance of proper clothing in promoting good posture cannot be over-emphasized Doctors know that proper shoes have a definite effect on posture in both adults and children, but the mere suggestion of an "orthopedic" shoe is enough to make the patient cringe

"PEDIFORMES", however, because they have a natural appearance, will not make your patient feel "let down" by your prescription for a helpful shoe Nor will you feel "let down" with the service, courtesy and experience of our shoe-fitters

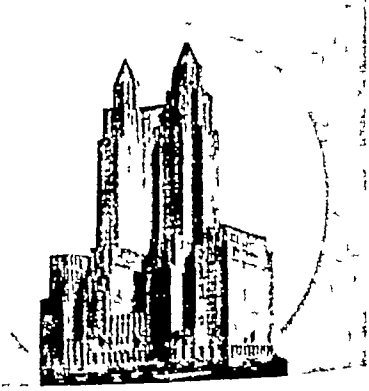
Convenient sources

MANHATTAN, 34 W 36th St
BROOKLYN, 288 Livingston St
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, L I , 241 Fulton Ave
NEW ROCHELLE, 545 North Ave
EAST ORANGE, 29 Washington Pl.
HACKENSACK, 299 Main St.

There are many alternatives
but only one Waldorf

The **WALDORF-ASTORIA**

Park Avenue • 49th to 50th • New York



ALKALOL in head colds

ALKALOL has decided mucus solvent properties After its use the mucous membrane passages are cleansed and soothed

Sample by request — **THE ALKALOL CO., TAUNTON. MASS.**



Almost every physician is aware of the good results to be obtained with massive doses of vitamin C in various allergies, as well as in many other conditions due to vitamin C deficiencies—yet he hesitates to adopt this therapy because of the irritative and acid-shift effects that so frequently result from large doses of this vitamin

SODASCORBATE (sodium ascorbate) is often helpful in these cases For the first time the profession is offered a *neutral*, stable vitamin C in tablet form, free from the usual irritative and acid-shift effects of ascorbic acid

Now you can administer *full* and *frequent* doses of vitamin C without such undesired side-effects Each *SODASCORBATE* Tablet contains 120 mg of sodium ascorbate, equivalent in vitamin C activity to 100 mg (or 2000 U.S P Units) of ascorbic acid The tablets are scored to permit ready adjustment of dosage

The average dose for adults and children over 12 years is one tablet 3 times daily or as indicated by the condition For children under 12, one-half tablet. For babies or very young children, one-fourth to one-half tablet may be crushed and dissolved in milk

Supplied in bottles of 40 and 100 tablets as well as in "hospital-size" bottle containing 500 tablets For professional samples and covering literature, sign and mail the coupon

SODA-C

SODASCORBATE

(VAN PATTEN)

Sodium Ascorbate

VAN PATTEN PHARMACEUTICAL CO
500 No Dearborn St., Chicago 10, Ill NYJ-2

Please send professional samples of SODASCORBATE and 32 page monograph "New Horizons in Vitamin C Therapy

Dr._____

Address_____

Town_____ State_____





Silhouette of Significance

THE PRODUCTION of vitamin products used in modern medical practice involves continual and diversified research The Lilly Laboratories, besides engaging in pure scientific pursuits and rigid control activities, are especially organized to solve the many perplexing problems of large-scale manufacture An ever-vigilant scientific staff assures the physician that only the finest materials are used and that finished products are true to label formula The Lilly Label is profoundly significant It is the symbol of dependability, a dependability that has made Lilly Vitamin Products the choice of many discriminating physicians. Lilly Vitamin Products are intended for prescription use only and are never advertised to the public

Eli Lilly and Company, Indianapolis 6, Indiana, U S.A:

Lilly

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1946 by the Medical Society of the State of New York

GEORGE W KOSMAK, M D., *Managing Editor*
LAURANCE D REDWAY, M.D., *Assistant Managing and Literary Editor*
NORMAN S MOORE, M D, Ithaca, *Assistant Literary Editor*
DWIGHT ANDERSON, *Business Manager*
ANNE MERRILL, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M.D., *Chairman*
KIRBY DWIGHT, M.D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON M D

VOLUME 46 FEBRUARY 15, 1946 NUMBER 4

Editorial

The DiCostanzo-Crews Bill

I

In the legislature of the State of New York, the DiCostanzo-Crews anti-animal experimentation bill has been introduced, designed to restrict animal research in this State.

The passage of such a bill would effectually sabotage much medical research and retard progress in securing both to human beings and to animals themselves the benefits of tested and proved advances in the prevention and treatment of disease

The forces seeking such restrictive legislation

are well organized and well financed Nearly every state has its society, there are three national groups Doctors estimate conservatively that these spend at least $1,000,000 a year on propaganda.

Funds come largely from well-meaning sentimentalists who, like most decent people, love dogs, and who think antivivisectionism is humanitarian Hundreds of thousands of such people contribute small sums Large donations come from wealthy sympathizers. Within the last few years, two Chicago women left bequests of over $2,000,000 apiece to anti vivisectionist societies

In the United States, they have long aimed at a Constitutional amendment forbidding all experiments on living animals. As a beginning, they try to secure state and local laws against experiments on dogs

In Congress, Representative Lemke, Father Coughlin's former candidate for President, has introduced a bill forbidding dog experiments in the District of Columbia. In New York State, an antivivisection bill actually passed the Senate last year Record-breaking public protest later killed it [1]

Doctors will not have to be told, but will have to inform their legislative representatives promptly that

Millions of people in New York State owe their lives to medical research on dogs and other animals

Close to 90,000 diabetic persons in New York State alone are alive and well because research on dogs made possible the discovery of the cause of diabetes and the development of insulin

From 15,000 to 20,000 persons in New York State are active healthy members of the com-

[1] EMMENS, B., The Case for Vivisection, Pageant 1: 125 (Dec.) 1945.

munity because the use of dogs in medical research made possible the discovery of liver therapy in the once fatal pernicious anemia

The use of dogs in the laboratory made possible the discovery of plasma as a blood substitute, thus saving the lives of thousands of men wounded in the war The sulfa drugs and penicillin, too, were made available for human use only after development on animals

In New York State alone 130,000 stray, homeless dogs are killed by humane societies and dog pounds every year Medical science uses not even a fraction of this number And even this would be denied by the antivivisectionists

Dogs are essential in much of this research Their digestive and circulatory systems resemble closely those of man

In New York State today are some of the great medical centers of the world The public looks to them for the discoveries still to be made in the interest of humanity This knowledge may be blocked if the proposed bill is passed by the legislature of New York State

Some day the life of someone you love may depend on medical knowledge yet to come Help kill legislation that may deny new medical discoveries to you, your family, your friends

The good common sense of the American people and their legislative representatives can be trusted, in our opinion, to prevail if correct, accurate, and scientific information is made available to them Naturally, it is a proper, even an imperative, activity of the medical profession in the public interest, *including the interest of the advocates of anti-animal experimentation themselves,* to use every available means to disseminate the truth and to fight vigorously with facts the propaganda and ill-advised, even if well-meaning, sentimentalism of those who would prevent in this State and eventually in the Nation the properly safeguarded use of animals for medical and veterinarian research

Does it seem, in passing, a trifle absurd to attempt to restrict legitimate, properly controlled and safeguarded animal experimentation with benefit of anesthesia whenever possible where such experimentation accrues to the better health of what remnant is left of the human race, when we have just finished spending some billions of dollars in blowing *people* apart without benefit of anesthesia at all?

Actually, animals are completely anesthetized during surgical work, except in the very rare cases where anesthesia would defeat the purpose of the operation Many experiments, such as those which led to the discovery of liver therapy for pernicious anemia, do not involve surgery at all

Standards for the treatment of research animals, first developed back in the 1870's, are now enforced in the United States by a special committee of the American Medical Association Animals must not be maltreated. They must be kept clean, comfortable, well fed

Doctors point out that laboratory dogs are far better off than homeless dogs [2]

And while we are on the subject, how about the homeless people of the earth who haven't even the benefit of a bombed-out laboratory wherein they may take refuge? People protected by no such standards as those insisted upon by the American Medical Association for the humane treatment of laboratory animals?

The crusade of the advocates of anti animal experimentation is perennial It is supported by large money donations from many sources and by the enthusiasm of many lovers of animals It is well organized

> Legislative bills sometimes cover a wide field, such as the California bill in 1933 designed to "forbid universities, research laboratories, and experimental stations from using animals for experiments or demonstrations of any kind "[2]

Such legislation, if enacted, would be a calamity, the health of the people of this State would be seriously compromised at a time when both government and the medical profession are seeking ways and means to bring better health conditions to more people than ever before The DiCostanzo-Crews bill now before the legislature

> concentrates on prohibiting all experiments on the dog, the one animal which has been most valuable in the advancement of medical knowledge Most people are sentimentally attached to dogs, and an attempt is made to capitalize on this affection between man and dog
>
> Shall the groups who approve the putting

[2] Dogs, Drugs, and Doctors, a publication of the Medical Society of the State of New York.

to death by humane societies and pounds of 130,000 stray dogs each year in New York State be allowed to say "stop" to research workers striving to conquer the remaining scourges of mankind by the use, under anesthetics, of only a small fraction of that number?

While there is still disease and suffering in the world dare anyone say "stop" to the service of the laboratory animal to humanity!

We think that while cancer, tuberculosis, and many other diseases which vitally affect the persons and lives of legislators, antivivisectionists, doctors, and the plain citizen-taxpayer remain unsolved, the common sense of the people and the integrity of the legislators may be relied upon to prevent such a calamity to legitimate medical research as is proposed by the DiCostanzo-Crews bill

Background of S 1050

Speaking of the background of the 1945 version of the Wagner-Murray-Dingell bill, Mr George P Farrell, Director of the Bureau of Medical Care Insurance, Medical Society of the State of New York, had this to say [1]

Most of us think the bill is a product of the social reformers of this country However, the bill is revealed as a product of the International Labor Organization The interlocking of national with international groups interested in social reform (including socialized medicine) had its start at the Arbitration Court of the Hague in 1899 It received official status as a private agency in Basel, Switzerland, in 1919 Under Part XIII, of the Versailles Treaty it achieved official status as a subsidiary of the League of Nations It moved its headquarters from Geneva, Switzerland, to Montreal at the beginning of World War II, it maintains a branch office in Washington, D C The original founders were the International Association for Labor Legislation and its various national affiliates Other international organizations with interlocking directorates lent needed assistance and among these was the international Association for Social Security which openly advocated the socialization of all phases of human endeavor

When did this country become involved in it? In 1919 the U.S Senate specifically withheld the assent of the United States from Part XIII of the Versailles Treaty Samuel Gompers, President of the American Federation of Labor, had withdrawn from the American Association for Labor Legislation and denounced it as un-American Despite senatorial skepticism about International Labor Organization's aims, however, the first officially approved International Labor Conference was held in Washington in December that same year In 1934, through an unheralded joint resolution, passed by Congress the United States became a member of the International Labor Organization and accepted the International Labor Organization's constitution

What is its purpose? It states its purpose as being "to promote social justice in all the countries of the world" To this end it collects facts about labor and social conditions, formulates international standards, and supervises their national application In seeking to supervise the national application of International Labor Organization standards, the International Labor Organization is obviously more than a mere fact-finding group

The International Labor office acts as a secretariat, an information center, and a publishing house It is staffed by experts drawn from many different countries whose knowledge, experience and advice are available to all the nations which are members of the organization. For medical care planning there are at least three Americans among this group of experts Chairman of the Social Security Board, Director of the Social Security Board's Bureau of Research and Statistics, and its assistant director None of them are physicians

In 1943 and 1944 the International Labor Organization put finishing touches on one hundred fourteen proposals for the "improvement and unification of medical care services" Many of these are embodied in the Wagner-Murray-Dingell Bill

Too few physicians, we think, are sufficiently detached from the overwhelming burden of the day's work and evening meetings to interest themselves in research into world-wide movements which are now af-

[1] Annual Meeting Medical Society of the County of Westchester November 20, 1945, as reported in the *Westchester Medical Bulletin* 8. 7 (Dec.) 1945.

fecting the status of the medical profession both here and abroad It is the function of editorial staffs to collate available material bearing on this subject and to present it in as abbreviated form as possible in the hope that it will be noted and used in forming judgments and attitudes toward currently proposed changes in status of the profession We are possibly too much occupied with details and thereby miss the significance of the forces at work at the national and international levels Some of these forces have their roots in the revolt of the masses of the people against poverty, insecurity, and political tyranny, against bad working conditions, discrimination, exploitation, neglect, against disease as a cause of personal suffering and as an economic hazard Revolt against any of these conditions, which are common to all peoples in greater or less degree, has constantly occurred in the past but in a somewhat localized, restricted sense However, with the recent increase in industrialization of many nations, hastened in some cases by war, revolt has become simultaneous and additive The resultant stresses no longer involve isolated plants or communities but now whole industries, the political life of nations, and the destiny of all peoples of the earth

Medicine, touching all phases of human endeavor, all human life at one time or another, must necessarily be part of this revolt More and more the irresistible tide will touch and affect the professional and economic life of each physician The Congress and the people of the nation have thrown in their lot with the United Nations Organization and the establishment of a workable world government already is beginning to emerge To say that this trend in world affairs and our participation in it will leave the practice of medicine here or anywhere unchanged would be to ignore the prime role which medical science must play in the postwar world Starvation, systematic and deliberate wreckage of the health of millions of all nationalities will seriously affect the economy of many nations for generations to come

We are fortunate in the United States to have escaped the catastrophe that has been visited upon Europe and many other parts of the world Here there is time for considered, carefully planned change in methods for better distribution of medical care, for the creation of a demand for voluntary sickness insurance and the satisfaction of that demand, for higher quality medical service for war veterans, for expansion of teaching institutions, for more and better hospital facilities There is no reason why a rapid, ill-considered change in types of medical service *here* should be advocated by anyone

We can appreciate that in Europe, in Great Britain, in the Orient the urgency of necessity may be the governing factor in provoking more radical procedures, more violent reaction to intolerable living conditions In our own situation there seems to be little excuse for blindly plunging into government-controlled medical practice On the contrary, there exists every opportunity and facility in this nation for intelligent experimentation with and evolutionary development of a wide variety of medical service suited to the temperament and economy of the people

The President-Elect of the A.M.A.

At the recent meeting of the House of Delegates, Dr Harrison H Shoulders, of Nashville, Tennessee, was elected to this distinguished office, we desire to extend to him our felicitations and good wishes Dr Shoulders has served well as Speaker of the House for several years and has been a prominent member of the Tennessee State Society, of which he has been secretary and editor He has been an outstanding advocate of medical freedom and will continue in his new office the defense against the encroachments of government in the practice of the profession To accomplish these ends will prove a giant task, and we wish him God-speed

Postoperative Early Rising

Prolonged bed rest following surgical operations appears to be the latest of the many surgical traditions to be discarded and proved to be fallacious Early rising was first advocated in this country in 1899,[1] and in Europe it has been increasingly popular for several years, but it is only within the past few years that a large number of favorable reports have appeared in American medical literature It is significant that practically no unfavorable reports have been published.

To most surgeons it seems to be a radical departure from a well-established routine Older surgeons will recall the stubborn adherence to other routines, notably preoperative purgation, postoperative starvation, and drainage of the peritoneal cavity The proof of each of these fallacies was accepted reluctantly and only after the evidence was proved by experience to be irrefutable.

It is claimed that getting patients out of bed on the first few days after operation results in a lowering of pulmonary complications, prevention of thrombophlebitis, phlebothrombosis, and embolism, lessening of urinary retention, improvement in appetite and bowel function, higher morale, and shortened convalescence These claims appear to be substantiated by all of the statistics published in the past few years

Schafer and Dragstedt[2] have emphasized that early ambulation is not a substitute for but an adjunct to good surgical technic and proper preoperative and postoperative care They stress the importance of gentle handling of the tissues, accurate reconstruction of wounds, strict asepsis, adequate preoperative preparation, good anesthesia, decompression of the stomach and intestines, restoration and maintenance of fluid balance, and replacement of blood and plasma by transfusion

Other writers emphasize the importance of incision parallel to, instead of perpendicular to, the fibers of the aponeuroses This means the transverse incision for upper abdominal and pelvic operations and the McBurney incision for appendectomy Most authors advocate nonabsorbable sutures, but Schafer and Dragstedt used only catgut. Surgeons who prefer the time-saving use of continuous catgut sutures might well forget the slogan that nonabsorbable and absorbable sutures cannot be combined Interrupted cotton sutures to the anterior rectus sheath are a good insurance against the early absorption or slipping of catgut, and are an improvement on through-and-through tension sutures.

[1] Churchill E. D and McNeil D: Surg., Gynec. & Obst. 44 483 (1927)
[2] Schafer P W and Dragstedt L. R.: Surg. Gynec. & Obst. 81: 93 (1945)

Current Editorial Comment

Writing in the *Journal of Milk Technology* for July–August, 1945, Dr Paul B Brooks says, editorially, of the role of the laboratory in milk sanitation

"Hanging, framed, in the office of the writer is a copy of an advertising circular sent out by a Philadelphia milk dealer, in 1880, to institutions in his city The undersigned dealer, it announced, was prepared to supply "hygienic milk," it having been "submitted to the Centrifugal Process" as soon as possible after being received from the farmers So thoroughly was it separated from the cream that "no portion of the cream remains in the milk" and by this means, it was announced, the milk was also "thoroughly cleansed, as the process removes a portion of offensive slime from all milk." "The advantages of the insuring of perfect cleanliness of the milk," the dealer wisely observed, "is too obvious to require comment" and he advised recipients of his circular who were "aware of the advantage of a diet of milk prepared as above described" to communicate their orders promptly

At about the time when this progressive milk distributor was considering that by removing the cream and "a portion of offensive slime" he was insuring the ' perfect cleanliness" of his product, bacteriologic work on milk was being undertaken for the first time Sedgewick, within a few years,

published a report of bacteriologic examinations of the Boston milk supply, apparently the first report of its kind, and Professor Conn, of Connecticut, another pioneer, was discussing the source of the bacteria found in market milk

Our present-day milk supplies are, as a whole, clean and safe to a degree which could scarcely have been foreseen at that early day The progress which this change represents, while it has not kept pace with the development of applicable scientific knowledge and has moved by devious routes, has after all been great Of the several factors involved in this progress, the one which quite certainly has contributed the most has been laboratory service

The trend toward modern milk sanitation got its start sixty-odd years ago when the dairy bacteriologists began the practical application of their new-found knowledge The objective then was to get the dirt out of milk and bacterial counts provided a tangible measure of cleanliness Some of the medical bacteriologists very soon recognized that it was pathogenic bacteria in milk which were most important But their limited knowledge of the relation of bacteria to disease found little practical application in milk sanitation

That progress in milk sanitation has been slow and devious is not difficult to explain Laboratory workers, being scientists, are conservative, disinclined to form and release new conclusions until the evidence is all in—as the evidence in scientific matters seldom is When they speak, their language usually is not that of the man in the field Even between the milk laboratories and the medical or clinical laboratories the liaison has not been as effective as it might have been There has been a largely unfilled need for not-too-scientific interpreters between the bacteriologists, immunologists, and epidemiologists, and the field workers in milk sanitation whose job it is to see that the findings of the scientists are applied in practice The present quite general lack of clear understanding of milk-borne hemolytic streptococcus infection, though the facts have been available for several years, is a case in point

In short, the laboratory, over the years, has developed and accumulated the fund of scientific knowledge upon which modern milk sanitation is largely based What is most needed now is more effective and complete translation into action of the applicable part of the accumulated knowledge When we have that we can move on to our ultimate goal—a goal already in sight"

* * * *

German Measles and Congenital Malformations Among the many causes underlying the development of congenital malformation, increased attention is being centered on the occurrence in the early months of pregnancy of rubella, a virus disease, insofar as is known Unfortunately this infectious malady is rather common, not particularly serious in its manifestations, and usually not much attention is paid to the patient Yet within recent years well-substantiated reports have appeared which seem to show a definite connection between its occurrence and subsequent malformations The first of these emanated from Australia Thus, Gregg in 1941[1] noted 78 cases of congenital cataract in infants, 44 of whom also had congenital heart disease, whose mothers had had rubella in the early months of pregnancy Another Australian physician, Swan, found that of 25 pregnant women who developed rubella during the first two months, all gave birth to children with congenital defects usually of the eyes or of the heart If the mothers had the disease after the third month, the incidence was less, only about 13 per cent American observers have also noted this association, among them Reese[2] and Erickson [3] Two additional cases have been recently published by Adams[4] in which both cataracts and heart disease were found, the mothers having had the German measles during the fourth and sixth weeks

Now that attention has been drawn to the matter, reports of additional cases undoubtedly will be published The laity and most physicians do not regard this disease as serious It is not insofar as danger to life or aftereffects are concerned, but when we consider what may be the results if it involves the pregnant woman, every effort should be made to avoid exposure Perhaps the use of a prophylactic pooled adult convalescent serum, as suggested by Adams, may prove effective At any rate, the *laissez-faire* attitude toward the disease must be abandoned and isolation of affected individuals accomplished

The reason for the occurrence of these particular defects may be explained by the fact that the lens of the eye and the intraventricular septum of the heart are developed during the period between the fourth and the eighth week of fetal life and the embryonic tissues are particularly susceptible to virus infection The situation evidently demands further attention and a systematic investigation is called for

[1] Gregg, A W Tr Ophth Soc. United Kingdom 36 3 (1941)
[2] Reese A Am J Ophth 27 483 (1944)
[3] Erickson, R. J Pediat 21 281 (1944)
[4] Adams, P Journal-Lancet 65 197 (1945)

THE Rh FACTOR IN PREGNANCY AND ISOHEMOLYTIC DISEASE

RAYMOND J PIERI, B S , M D, and ROBERT C SCHWARTZ, A B , M D , Syracuse, New York

(From the Departments of Obstetrics and of Pediatrics, Syracuse University School of Medicine)

THE medical profession in general and even some of the laity, throughout much of the civilized world, now manifest an increasing interest in matters relating to the subject of this paper We are still far, however, from the achievement of universal alertness in this regard Science now knows that eternal vigilance concerning the role of the Rh factor in man may be the means of saving the lives of certain mothers, babies, and transfusion recipients Forbearance is solicited from those to whom the material in this paper is now hackneyed, in deference to those of our colleagues who, for perhaps many a sound reason, have not as yet become familiar with the principles of isoimmunization involved in this subject. For the common interest of all of us is the commonweal of humanity

Certain terms and synonyms frequently used by the hematologist concerning the properties of human blood cells and blood serum prove elusive to the memory of the practicing physician In Table 1 will be found the terminology and definitions familiarly employed in immunology and used in this presentation

The Blood Groups

Isoagglutination in man was first described by Landsteiner[1] (1901), who recognized a congenital difference between the agglutinogens (red cells, antigens) and agglutinins (serum, antibodies) found in different individuals of the human species. On the basis of isoagglutinins (causing agglutination) of the red corpuscles of man he and his pupils first described the four blood groups O, A, B, and AB, by which may be classified the blood of each human individual These groupings are hereditary according to Mendelian principles

Solely for purposes of graphic description the authors[2] in 1944 depicted each agglutinin (serum) and its corresponding agglutinogen factor (cells) as isomers or homologous images of each other, and portrayed them as such (Fig 1) Thus the A agglutinin is the specific antibody of its homologous image or counterpart, the A agglutinogen (antigen) Cells containing the A agglutinogen are promptly clumped in the presence of the A agglutinin Likewise B agglutinin is the specific antibody of B agglutinogen When both A and B exist together in the same specimen we may similarly represent them graphically (Fig 1) as AB Normally, of course, an agglutinin (serum) and its homologous agglutinogen (cells) do not exist in the same individual

Thus, a specimen of blood from an individual in group O (Fig 2) will be seen to be divisible into its cells, which contain no agglutinogen, and its serum, in which both A and B agglutinins exist together In the same manner (Fig 3) group A blood can be separated into its cells, which contain A agglutinogen, and its serum, which contains B agglutinin Group B blood is the reverse of group A (Fig 4), containing B agglutinogen in its cells and A agglutinin in its serum Group AB (Fig 5) is the reverse of group O, containing both A and B agglutinogen in its cells, while the serum contains no agglutinins

It is to be emphasized here that the cause of most blood transfusion reactions is dependent upon *agglutination of the donor's cells by the serum of the recipient*, due to the presence of specific isoagglutinin (antibody) in the latter It is always desirable, therefore, to use as a donor an individual who is in the identical blood group with that of the recipient Thus, however, is not invariably practicable Actually, the serum (isoagglutinin or antibody) of the donor becomes so diluted or inactivated by the circulation and tissues of the recipient that the agglutinating property (antibody) of the donor's serum (upon the agglutinogen in the recipient's cells) is relatively impotent Accordingly, the diagram shown in Fig 6 depicts the clumping effect upon cells (d nor) by the agglutinins of the various sera (recipient) From this chart it becomes apparent why group O is referred to as "universal donor" (cells without agglutinogen) while group AB is termed "universal recipient" (serum without agglutinin)

Other Blood Factors, or Types, and the Rh Factor

Certain other factors or agglutinogens (antigens) exist in the human red corpuscles of all four blood groups Such types may be diagrammatically represented (Fig 7) as M, N, MN (M and N), and P For these factors there have been found no corresponding or homologous isoagglutinins in human sera, and so far as is known they fail to produce human transfusion reactions It has been shown, however, that they do pro-

Presented by invitation at the Meeting of the Eighth District Branch, Medical Society of the State of New York, Hotel Statler Buffalo New York, October 4 1945

TABLE 1.—Terms, Synonyms, and Definitions

Terms	Synonym	Definition
Agglutination	Clumping	The result of a specific agglutinin acting upon its corresponding agglutinogen
Agglutinin (serum)	Antibody	The specific substance which causes clumping of its corresponding homologous agglutinogen (antigen)
Agglutinogen (cells)	Antigen	The agglutinable substance for which there is a specific antibody in the blood serum or which under proper conditions may stimulate the formation of such an antibody
Anti-Rh factor (serum)	Rh antibody	The specific substance which causes clumping or hemolysis of Rh positive red blood cells
Donor		One who furnishes blood for transfusions
Hemolysin		Any agent in the serum capable of destroying red blood cells
Heteroimmunization		The production of a specific antibody (agglutinin) in the serum of an individual of another species. Example—by injecting the red cells of one species into the blood of another animal
Isoagglutinin	Isoantibody	An agglutinin capable of agglutinating the agglutinogen (red cells) of another individual of the same species
Isohemolysin		A substance in the serum of a species capable of destroying the red cells of another of the same species
Isohemolysis		The destruction of the red cells by an isohemolysin
Isoimmunization		The production of a specific agglutinin or antibody in the serum of another individual of the same species
Recipient		One who receives anything (especially blood) in transfusions
Rh factor		An antigen present in the red cells of 85 per cent of humans. It may produce an Rh antibody if injected into another individual under certain conditions

duce corresponding agglutinins if the human red cells containing that particular type are injected into the circulation of some other animal, such as the rabbit (heteroimmunization)

In 1940 Landsteiner and Wiener[3] injected blood from the Macacus rhesus monkey into rabbits, thus developing agglutinins in the rabbits' serum which clumped the red cells of the monkey. They also observed that this same rabbit serum (agglutinin) clumps not only the red cells of the monkey but also the red cells of about 85 per cent of humans.

The red cells of the remaining 15 per cent of humans show no evidence of clumping by the antimonkey agglutinins. Obviously this (15 per cent) group of human individuals have in their red cells none of the agglutinogen (antigen) factor which is present in the Macacus rhesus cells and in the cells of 85 per cent of humans. This particular agglutinogen is referred to as the *Rh factor* (Fig. 7). Individuals whose cells contain this antigen (85 per cent of the random population) are termed Rh positive (Rh+). Those individuals whose erythrocytes do not contain the antigen (15 per cent of the random population) are termed Rh negative (Rh−). The percentage of incidence of Rh-positive individuals is higher in the colored races than that in the white race. The Rh factor is also transmitted to offspring as a Mendelian dominant character.

It has been rather definitely established that the Rh antigen may be divided into three subtypes,[4] called Rh_0 and Rh_1 and Rh_2. Another agglutinogen, called the Hr antigen, may be present in the cells of any individual, whether Rh positive or Rh negative, and rarely may also be responsible for isohemolytic reactions. For the purposes of this paper, however, and because the standard anti-Rh agglutinin (containing anti-Rh_0, anti-Rh_1, and anti-Rh_2) is responsible for most intragroup incompatibility or isohemolytic reactions we shall omit consideration of the anti-Hr agglutinin from this presentation.

The Rh Factor and Isoimmunization

Experience in both military and civilian practice has shown that Rh-negative individuals, when transfused with Rh-positive blood (agglutinogen), even of the same blood group, may insidiously develop in their (recipient's) serum anti-Rh antibodies (isoimmunization). The production of such anti-Rh antibodies is variable in degree. In a subsequent transfusion of Rh-positive blood of the same group into the same recipient these antibodies (anti-Rh agglutinins) produced in the recipient by the earlier transfusion of Rh-positive blood, tend to cause agglutination and destruction of the Rh-positive cells of the donor. Such an intragroup transfusion reaction may be severe enough to cause death.

The prevention of this accident lies in the employment, in these cases of subsequent transfusions, of blood from an Rh-negative donor of the proper blood group *who has not previously been immunized*, i.e., an Rh-negative donor who has not upon some previous occasion been the recipient of Rh-positive blood.

The Rh Factor and Isohemolytic Disease

Clinically most cases of so-called erythroblastosis fetalis (acute hemolytic anemia) are recognized in the newborn as either universal edema (hydrops), or as icterus gravis (jaundice), or as a marked congenital anemia. The condition is usually apparent at birth or within a few hours or days thereafter. The predominant findings in a typical instance are those of blood destruction and liver involvement, accompanied

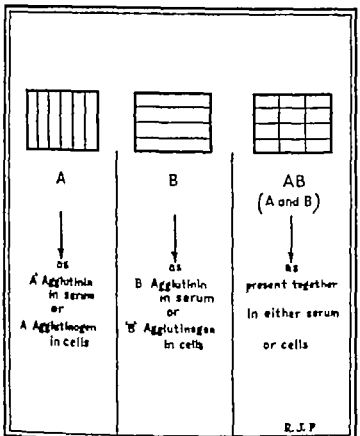


FIG. 1 Authors' concept of agglutinins and agglutinogens as homologues of each other

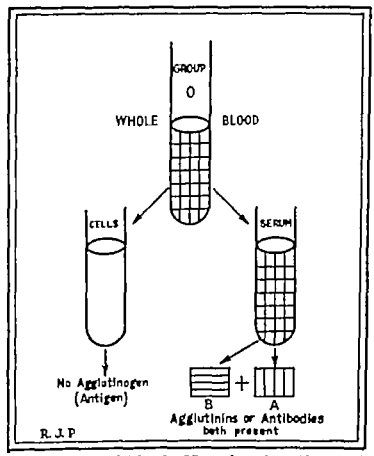


FIG. 2. Group O blood. Note that the cells contain no A or B agglutinogens (universal donor)

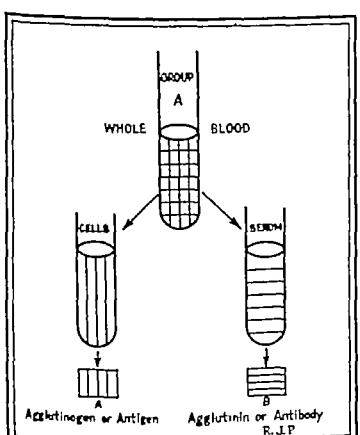


FIG 3. Group A blood contains A agglutinogen in its cells and B agglutinin in its serum (the reverse of group B)

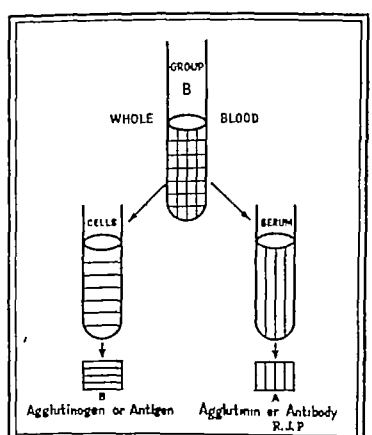


FIG 4. Group B blood contains B agglutinogen in its cells and A agglutinin in its serum (the reverse of group A)

by microscopic evidence of blood regeneration The mortality rate varies from 50 to 100 per cent.

Recently Levine[4] and his associates have shown that about 90 per cent of these infants have in their blood cells the Rh factor, inherited from the Rh-positive father The mother lacks this factor in her blood cells (Rh negative) The blood destruction observed in the neonate is held to be dependent upon the presence in the baby's serum of a specific Rh antibody (the anti Rh agglutinin

TABLE 1.—Terms, Synonyms, and Definitions

Terms	Synonym	Definition
Agglutination	Clumping	The result of a specific agglutinin acting upon its corresponding agglutinogen
Agglutinin (serum)	Antibody	The specific substance which causes clumping of its corresponding homologous agglutinogen (antigen)
Agglutinogen (cells)	Antigen	The agglutinable substance for which there is a specific antibody in the blood serum or which under proper conditions may stimulate the formation of such an antibody
Anti-Rh factor (serum)	Rh antibody	The specific substance which causes clumping or hemolysis of Rh positive red blood cells
Donor		One who furnishes blood for transfusions
Hemolysin		Any agent in the serum capable of destroying red blood cells
Heteroimmunization		The production of a specific antibody (agglutinin) in the serum of an individual of another species. Example—by injecting the red cells of one species into the blood of another animal
Isoagglutinin	Isoantibody	An agglutinin capable of agglutinating the agglutinogen (red cells) of another individual of the same species
Isohemolysin		A substance in the serum of a species capable of destroying the red cells of another of the same species
Isohemolysis		The destruction of the red cells by an isohemolysin
Isoimmunization		The production of a specific agglutinin or antibody in the serum of another individual of the same species
Recipient		One who receives anything (especially blood) in transfusions
Rh factor		An antigen present in the red cells of 85 per cent of humans. It may produce an Rh antibody if injected into another individual under certain conditions

duce corresponding agglutinins if the human red cells containing that particular type are injected into the circulation of some other animal, such as the rabbit (heteroimmunization)

In 1940 Landsteiner and Wiener[3] injected blood from the Macacus rhesus monkey into rabbits, thus developing agglutinins in the rabbits' serum which clumped the red cells of the monkey. They also observed that this same rabbit serum (agglutinin) clumps not only the red cells of the monkey but also the red cells of about 85 per cent of humans.

The red cells of the remaining 15 per cent of humans show no evidence of clumping by the antimonkey agglutinins. Obviously this (15 per cent) group of human individuals have in their red cells none of the agglutinogen (antigen) factor which is present in the Macacus rhesus cells and in the cells of 85 per cent of humans. This particular agglutinogen is referred to as the *Rh factor* (Fig. 7). Individuals whose cells contain this antigen (85 per cent of the random population) are termed Rh positive (Rh+). Those individuals whose erythrocytes do not contain the antigen (15 per cent of the random population) are termed Rh negative (Rh−). The percentage of incidence of Rh-positive individuals is higher in the colored races than that in the white race. The Rh factor is also transmitted to offspring as a Mendelian dominant character.

It has been rather definitely established that the Rh antigen may be divided into three subtypes,[4] called Rh_0 and Rh_1 and Rh_2. Another agglutinogen, called the Hr antigen, may be present in the cells of any individual, whether Rh positive or Rh negative, and rarely may also be responsible for isohemolytic reactions. For the purposes of this paper, however, and because the standard anti-Rh agglutinin (containing anti-Rh_0, anti-Rh_1, and anti-Rh_2) is responsible for most intragroup incompatibility or isohemolytic reactions we shall omit consideration of the anti-Hr agglutinin from this presentation.

The Rh Factor and Isoimmunization

Experience in both military and civilian practice has shown that Rh-negative individuals, when transfused with Rh-positive blood (agglutinogen), even of the same blood group, may insidiously develop in their (recipient's) serum anti-Rh antibodies (isoimmunization). The production of such anti-Rh antibodies is variable in degree. In a subsequent transfusion of Rh-positive blood of the same group into the same recipient these antibodies (anti-Rh agglutinins) produced in the recipient by the earlier transfusion of Rh-positive blood, tend to cause agglutination and destruction of the Rh-positive cells of the donor. Such an intragroup transfusion reaction may be severe enough to cause death.

The prevention of this accident lies in the employment, in these cases of subsequent transfusions, of blood from an Rh-negative donor of the proper blood group *who has not previously been immunized*, i.e., an Rh-negative donor who has not upon some previous occasion been the recipient of Rh-positive blood.

The Rh Factor and Isohemolytic Disease

Clinically most cases of so-called erythroblastosis fetalis (acute hemolytic anemia) are recognized in the newborn as either universal edema (hydrops), or as icterus gravis (jaundice), or as a marked congenital anemia. The condition is usually apparent at birth or within a few hours or days thereafter. The predominant findings in a typical instance are those of blood destruction and liver involvement, accompanied

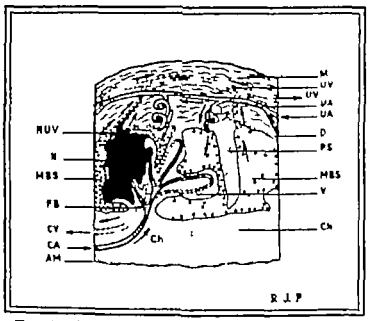


FIG 9 Diagrammatic illustration of rupture of placental villus. N, fetal blood from villus vessels pouring into maternal blood sinus MBS Fetal blood enters maternal uterine vein at NUV to gain access to general circulation of the mother (see text)

ingestion of certain drugs (sulfonamides, quinine) or poisons (arsenic, phosphorus), acute infectious anemia (Lederer's anemia), sickle-cell anemia, or other unrelated diseases None of these conditions, although sometimes clinically almost identical, and sometimes associated with hemolysis, may be said to be due to *isohemolysis*

In true isohemolytic disease, paradoxic as it seems, there exists in the body an antigen *simultaneously with its specific agglutinin* or antibody

The suggestion is therefore pertinent for a change of terminology from erythroblastosis fetalis to *isohemolytic disease* as an accurate designation of that hemolysis which is observed as a result of antigen-antibody reaction It is in this sense that the term isohemolytic disease is used in this presentation In time as investigation continues, other isohemolysins unrelated to the Rh factor, will doubtless be recognized Indeed, Polaves[18] has already observed evidence of this in the cases of two Rh positive mothers both of whom belonged to group O Both newborns belonged to group A Isoimmunization was observed in both babies as a result of unusually high titer of A agglutinin present in the serum of each of the mothers

Mechanism of Production of Anti Rh Agglutinin

It is our concept [2] and that of other observers,[11, 12] that the mechanism of production of the Rh positive antibody is based upon events which occur within the placenta itself

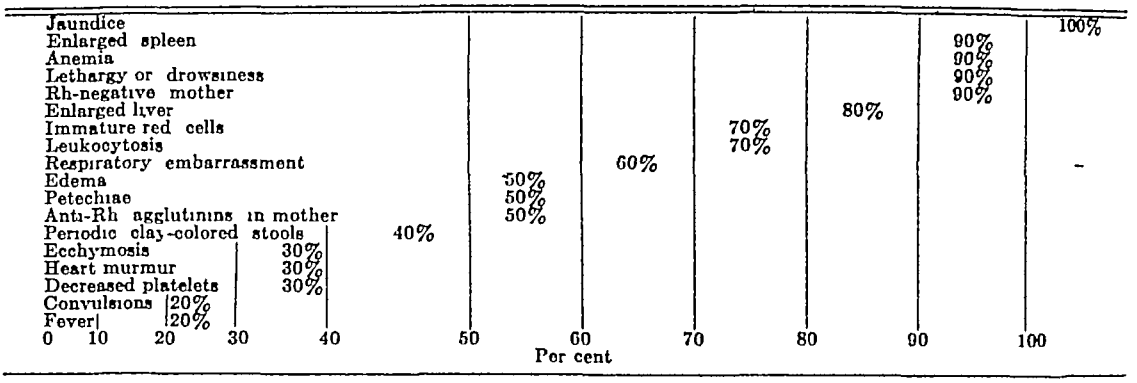
The medium (Fig 8) for the interchange of gases, water, and nourishment between mother and baby is the fragile wall of the placental villus, V, a trophoblastic projection of the chorion frondosum itself, Ch Through an arteriole, FB, each villus is supplied with fetal blood by a branch from one of the umbilical arteries, CA, while a corresponding venule VV, eventually returns the blood to the fetal circulation, CV The delicate placental vilh are bathed in pools of maternal blood, MBS, in the intervillus spaces The maternal blood is carried to these spaces by minute branches of the uterine artery, UA, which are usually found in relation to the decidual septa, PS, while corresponding veins return it eventually to branches, UV, of the uterine vein Constant circulation is assisted by the uterine contractions which occur at intervals throughout every pregnancy Normally, the blood of the child circulates inside the villus, while the maternal blood circulates outside this delicate structure The relationship is so close that osmosis readily takes place through the villus wall It has been estimated that if all the vilh of a placenta at full term were placed end to end their combined length would exceed 11 miles [13]

That the placenta is extremely susceptible to the effects of tumors, trauma, and disease has long been known Thus is not a surprising observation, in view of the complex structure and function of this organ, and of the fact that the more complex an organ the more delicate and vulnerable to injury it becomes [14] Careful scrutiny of the placenta[15] will reveal in nearly every instance the unmistakable evidences of one or many areas of old or recent pathologic alteration Such scars, varying in size from pinhead to several cm , have been designated by a confusion of terms, such as infarction, hepatization placentitis, necroses apoplexy, etc Actually, each such scar represents merely the evidence of a previous placental injury

Since the most delicate portion of the placenta (chorion frondosum) is the villus itself, this structure is the most susceptible to injury (rupture), either as a result of apoplexy, or of hemorrhagic infarction, or of direct trauma Whatever the causative factor, any violent break in the continuity of the vessels of one or more villi will result in hemorrhage of fetal blood cells (Fig 9, N) into the maternal circulation, MBS From here the fetal blood elements, NUV, are carried into the uterine vein, UV, and thence into the general circulation of the mother Such a hemorrhage may be minute and apparently insignificant, or of considerable size Either may produce most serious sequelae

If the baby's cells contain the Rh antigen (Rh positive), while those of the mother are without the antigen (Rh negative), a variable degree of isoimmunization is inevitable The Rh positive cells of the baby stimulate mothe

TABLE 2.—Showing Essential Symptoms and Signs of Isohemolytic Disease and their Approximate Percentages of Frequency



the Rh-negative mother the specific anti-Rh antibody (anti-Rh agglutinin) This antibody not only becomes present in the blood serum of the mother but is readily transmissible, as are many toxins and antitoxins, through the placental filter (the walls of the villi) into the circulation of the infant in utero It is the action of this antibody upon the Rh-positive cells of the baby which produces the disease entity which in about 90 per cent of the cases we recognize as isohemolytic disease In most of the remaining 10 per cent the disease apparently depends upon similar genetically related antigens (such as those designated as Hr or even the A and B antigens), present in the baby's cells but absent in those of the mother

Diagnostic Features

The earlier the diagnosis is made and appropriate treatment instituted the better becomes the prognosis Routine Rh determination in all pregnancies is ideal If, in any expectant mother, the history reveals a reaction to any former blood transfusion, or an unexplained spontaneous abortion, miscarriage, or stillborn infant (especially if her first baby was normal) one's suspicion should be aroused as to the possibility of isoimmunization The history of the birth of an anemic, jaundiced, or edematous infant, or a combination of any of these, is presumptive evidence of this condition After viability, in a positive case, premature termination of pregnancy should be seriously considered, especially if the antibody concentration increases During labor a bile-stained or amber-colored amniotic fluid, with or without signs of fetal distress, should place the accoucheur on guard, and indicate to him the necessity for immediate Rh-factor determinations upon the mother, and upon the baby (cord blood) as soon as delivery occurs

In any newborn baby exhibiting anemia, increasing jaundice, edema (hydrops), enlarged liver and spleen, with a blood smear showing evidence of erythroblastemia, not always manifest, one must rule out isoimmunization Some additional features which we have noted in a number of our cases, usually within the first twenty-four to forty-eight hours, are lethargy, sometimes alternating with convulsions, dark amber urine, diffuse or localized petechiae, unexplained fever, and an abnormally low platelet count (Table 2)

The differential diagnosis between true isohemolytic disease and other unrelated causes of hemolytic reactions must here be critically considered (*vide supra*) Unrelated and rarer causes of jaundice and/or anemia must be ruled out Among these are such conditions as congenital atresia of the bile ducts, certain liver, gastrointestinal, and cardiac deformities, neonatal nephritis or nephrosis, hemorrhagic disease or true hemorrhage, and the still more rare blood dyscrasias of the neonate

Discovery of the anti-Rh agglutinin in the mother's serum during pregnancy, labor, or after delivery is evidence of an antibody antigen reaction A rise in titer (concentration) of this agglutinin during pregnancy is more incontrovertible When the serum of a suspected Rh-negative mother yields in vitro no evidence of anti-Rh agglutinin the so-called biologic test may be employed This consists of injecting 50 cc of Rh-positive blood into her circulation,[16] Usually within an hour or less this will cause a reaction (chills, fever, hemolysis) which may be considered *proof of the condition*

Management

Usually the first Rh-positive child of an Rh-negative mother and an Rh-positive father will survive (insufficient or undeveloped antibody?) Subsequent pregnancies may result in abortion or miscarriage, or the child near term may succumb to the disease in utero and be stillborn, or survive the ordeal of labor only to expire within a few hours or days from the effects of the disease An Rh-negative baby, of course, is unaffected

The oxygen tent and immediate transfusion of 60 cc of whole blood from an Rh-negative donor, repeated at forty-eight-hour intervals during the first two weeks of life, offer the best prognosis The employment of father's blood for transfusion is contraindicated (Rh positive cells) So is the use of mother's blood (Rh antibodies) unless, as recommended by Falkenstein,[17] her donation of cells is first washed free from plasma (antibody) and then given intravenously as a suspension of mother's cells in normal saline. It is our custom to add to the above therapy adequate amounts of C and K vitamins as prophylaxis against possible cerebral complications Milk from the mother probably should not be given the baby (Rh antibodies) Usually about two weeks are required before the anti Rh substance becomes eliminated from the baby's circulation

As in any other obstetric case, an Rh negative mother may herself require transfusion In this event it must be emphasized that she receive Rh-negative blood

Blood Grouping Tests

Blood grouping, or typing, is essential before every transfusion A drop of known group-A serum is mixed on a glass slide (ordinary room temperature) with a drop of 1 to 2 per cent saline suspension of the cells to be tested To another drop of such cells a similar amount of group-B serum is added Microscopic examination is made twenty to thirty minutes later If no agglutination occurs with either serum, the cells belong to group O Agglutination by A serum signifies that the cells are those of group B Agglutination by B serum means the individual belongs to group A. If both sera cause agglutination the cells are those of group AB (Fig 6)

Ideally, all prospective donors and recipients and all expectant mothers should be tested for the Rh factor This determination is especially important in patients who have received one or more previous transfusions, and in women who give a history of toxemia, miscarriage, or stillborn or isohemolytic children All available relatives of known Rh-negative persons should be tested, since it is known that in these individuals a greater percentage of Rh-negative persons will be found than among the relatives of those who are Rh-positive

By using known anti-Rh serum the testing process is simple It is important here to bear in mind, however, that the anti-Rh antibody is a "warm" agglutinin That is, the agglutinin or antibody is most effective at body temperature 37.5 C Variations of this temperature definitely interfere with the test

In our laboratory[18] the following steps in the technic are now employed

1 One drop of the blood to be tested is placed in 1 cc of normal saline (approximately a 2 per cent suspension)

2 One drop of known anti Rh serum is placed at the bottom of a serology test tube (3 by ⅜ inches)

3 One drop of the 2 per cent suspension of red cells is added directly to the drop of anti Rh serum in the testing tube, which is then incubated for fifteen to sixty minutes at 37.5 C The duration of incubation depends upon the titer or concentration of the anti-Rh serum

4 The testing tube is next centrifuged for several minutes

5 The tube is then inspected for the presence of macroscopic clumping (agitate gently)

6 If clumping is present the cells are Rh-positive cells A hanging-drop preparation under the microscope will confirm the presence (Rh-positive) or absence (Rh negative) of clumping

7 If no clumping is observed another drop of the anti Rh serum is added to what is left of the centrifuged specimen in the testing tube This is returned to the incubator for another interval, then recentrifuged and re-examined If no microscopic clumping is observed the cells are definitely considered Rh negative It is good technic to run a known specimen of Rh-positive cells as a control during the test

Rh testing sera should be of high anti-Rh titer Blood from a recently delivered Rh-negative mother who has given birth to a baby with isohemolytic disease usually possesses agglutinin of high titer This titer, however, rapidly deteriorates and often, after a few months, may have entirely disappeared *

Summary

1 Every physician who performs blood transfusions, or who has under his care expectant mothers or newborn babies, should be thoroughly familiar with the fundamentals concerning the blood groups and isoimmunization

2 The blood groups are graphically illustrated and explained

3 Other blood factors, especially the Rh factor, are graphically illustrated and the special importance of the latter in practice is emphasized

4 The relation between the Rh factor, transfusion reactions, maternal isoimmunization, and isohemolytic disease is presented, with illustrations of the placental mechanism involved during certain pregnancies

*The Blood Grouping Laboratory at Boston, Massachusetts under the direction of Dr Louis K. Diamond,[19] is engaged in the study and concentration of anti-Rh sera, and solicits specimens of blood for study Specimens thus submitted to this laboratory will be concentrated and a portion returned to the sender

5 The diagnosis and proper management of isohemolytic disease and of the Rh-positive isoimmunized patient are outlined

6 A simple technic for accurate Rh testing is included with that for the ordinary procedure for blood grouping

References

1 Landsteiner, K Wein klin Wschr 14 1132 (1901)
2 Pieri, R J, and Schwartz, R C Surg, Gynec & Obst 79 490 (1944)
3 Landsteiner K, and Wiener A S Proc Soc Exper Biol. & Med 43 223 (1940)
4 Wiener, A S J A M A 127 294 (1945)
5 Levine P, Burnham, L Katzen E M, and Voegel, P Am J Obst & Gynec 42 925 (1941)
6 Javert C T Surg, Gynec & Obst 74 1 (1942)
7 *Idem* Am J Obst & Gynec, 43 921 (1942)
8 Keyser, J S, and Slovin, I Delaware M J 14 196 (1942)
9 Levine, P New York State J Med 42 1928 (1942)
10 Polayes S H Am J Dis Child 69 99 (1945)
11 Race, R R, Taylor G L Cappell, D F and Mc Farlane, M N Brit. M J 2 289 (1943)
12 Wiener, A S, and Wexler, I B Am J Clin. Path. 13 393 (1943)
13 *Idem* J Pediat 23 656 (1943)
14 MacCallum, W G Text Book of Pathology, Philadelphia W B Saunders Co, p 25, 1919
15 DeLee, J B Principles and Practice of Obstetrics, 7th ed, Philadelphia, W B Saunders Co, 1938 p 635
16 Wiener A S, Wexler I B, and Gamrin, E Am. J Child. 68 317 (1944)
17 Falkenstein A P Surg, Gynec & Obst. 80 187 (1945)
18 Syracuse General Hospital Laboratories Miss Mary B Cooper, technician and supervisor
19 Diamond, L K Personal communication

ENCOURAGING TRENDS IN CANCER MORTALITY

The outlook for the control of cancer is definitely promising There is growing evidence that cancer patients are seeking medical care earlier in the course of the disease and that their chances of survival have improved materially * Encouraging, too, are the facts regarding the trend of the cancer death rate among the many millions of Metropolitan industrial policyholders, who are a representative sample of the urban populations of the United States and Canada Among white female policy holders (ages 1 to 74), the death rate from cancer, adjusted to discount the effect of the aging of the group, has been quite generally downward for about a third of a century, among insured white males the mortality from the disease until very recently had been increasing, although at a diminishing rate, but in the past few years it has also tended downward

Even more impressive are the facts regarding specific sites, or locations, of the disease The age-adjusted death rate from cancer of the skin, for example, has been declining for about twenty-five years, during which period the mortality among white policyholders has been cut in half Almost as marked a decrease is recorded for cancers of the buccal cavity, where the relative decline seems to have been accelerated in the past decade Far more important, in terms of the number of lives involved, has been the long-term decline in the mortality from cancer of the female genital organs, the leading site of the disease among women The death rate from cancer of these organs has decreased by almost one fifth among white female policyholders in the past third of a century

The favorable experience for the sites just mentioned is presumably the combined result of a decrease in the incidence of the disease and a reduction in its fatality because of modern therapy—surgical and radiological The mortality from cancers of the stomach and liver has also shown a marked decline, but it is likely that a considerable part of this decrease is spurious These organs are frequently the site of a secondary cancer involvement, and as reporting has improved in accuracy, the primary site, such as the breast, has been recorded more often on the death certificate Similarly, because of more accurate diagnosis, it is probable that an increasing number of deaths, instead of being attributed to cancers of the stomach and liver, have been reported as due to cancer of the intestines. Thus the upward trend in the death rate from cancer of the breast and from cancers of the peritoneum, intestines, and rectum which was noted until recently, undoubtedly has been the result, in part or in whole, of better diagnosis and reporting In the past few years, however, even these sites have shown a slight decrease in mortality What gives added significance to this improvement is the fact that, at the same time, cancers of the stomach and liver have recorded relatively large decreases

The death rates from cancers of the bladder and of the prostate, which for many years had moved steadily upward among white male policyholders, have also in recent years shown a slight downward tendency

The only important site to record an uninterrupted rise in mortality is the lungs and pleura, and even here the rate of increase is slowing down. The striking increases in death rate for this site must be interpreted with caution, however, inasmuch as many cases which would have gone unrecognized years ago are being correctly diagnosed and reported as hospitalization, operation, and autopsy become more common It should be remembered that only about a decade ago cancer of the lung was considered a hopeless affliction, whereas now clinical reports show considerable success in the treatment of the disease

Altogether, the recent trends in cancer mortality are encouraging, and there is reason to believe that real gains are being made It is very likely that further progress will be achieved by advances in medical and surgical treatment and through discoveries in scientific research But even in the present state of knowledge and medical practice, many thousands of lives could be saved annually by earlier diagnosis and treatment Cancer control is a major challenge not only to the medical profession but to the lay public as well —*Statistical Bulletin, July, 1945*

* Statistical Bulletin (March) 1945, page 6

COMMENTS ON WAR NEUROSES

NORMAN A LEVY, M.D *, Los Angeles, California

THE subject of the war neuroses has received considerable publicity in the press, the popular magazines, and the medical literature It would be well, nevertheless, that we understand the meaning of the term "war neurosis" The word "war" usually implies fighting, mutilation, death, and destruction, certainly the most horrible and tragic aspect of war For every individual in the armed forces, however, "war" consists of everything he experiences during his military service from the day he leaves home for the induction center to the day he returns home as a veteran It is in this latter sense that I use the word "war," for our experiences have taught us that not only actual combat experiences but many other factors in military service play a role in producing neurotic reactions

What do we mean by "neurosis"? This is a label we apply to those forms of behavior, using the word behavior in its broadest sense to include all levels of psychobiologic activity as well as the behavior of the whole individual, which appreciably interfere with the individual's successful adaptation to the world around him Removal from the normal life of the civilian to the abnormal life of military service entails psychologic adaptations without which the individual would not be able to function effectively The dysfunction might manifest itself as a disturbance in the general behavior and effectiveness of the individual so that he could not meet the demands of the current situation or in disturbances at the physiologic level with the production of physical symptoms Regardless of the clinical manifestations, these disturbances result from a failure of the adaptive mechanisms and can be classified, for descriptive purposes, as neuroses It is obvious, however, that the external environment of war is an abnormal one, that it involves varying intensities of stress, especially in combat with its repeated threats to life and safety, far beyond those of normal living Many authorities therefore feel that it is unwise to label as neuroses the psychobiologic disturbances which occur in previously well-adjusted, stable men, when they can no longer tolerate and adapt themselves to the severe stresses and harrowing experiences of modern warfare For this reason the nonstigmatic terms, "operational or combat fatigue" and "anxiety or stress reaction," have been used The terms "anxiety reaction" or "stress reaction" are scientifically preferable to "combat or operational fatigue," as the latter unduly emphasizes the role of physical fatigue and exhaustion, while the former rightly emphasize the importance of stress and anxiety in these conditions

Now that the war is over and demobilization has begun, civilian physicians will be consulted by many veterans, some of whom will have been discharged from the service for medical disabilities, others through the ordinary administrative procedures Few of your patients will be seriously incapacitated They will be going about their lives just as you and I, but they will be suffering with various functional symptoms They will not need hospitalization, and will not be able to find adequate help from existing veterans' outpatient facilities. Specialized psychiatric treatment, psychotherapy, will not be available in most communities, because of the paucity of trained psychiatrists The care of these men will fall, therefore, on the shoulders of the private practioners To deal with these functional disturbances it is of primary importance that physicians be aware of and on the alert to detect the influence of strong emotions and emotional conflicts on the functioning of man and his body

With this in mind, I would like to present the more important emotional conflicts observed in our work as military psychiatrists This is important, for the returning veteran takes back to civilian life not the personality with which he entered the service two to four years ago, but that of a man who has gone through many unusual and sometimes severely disturbing experiences The impact of these experiences has had, in many instances, a beneficent effect and have resulted in a maturing of the personality in the direction of greater independence, self reliance, and self-confidence We need not concern ourselves with these more fortunate men Our concern will be with the men whose war experiences were too traumatic for them, so that a certain amount of crippling of the personality resulted, retarding the normal process of maturing, or actually causing some regression

The crux of adjustment in war,[1] especially in the combat situation, is the individual's capacity to deal with the anxieties that are inevitably stimulated by exposure to severe frustrations and dangers Combat with its constant threat to life and limb, tremendously outweighs all other stresses Fear is the normal biologic reaction

Presented by invitation at the Thirty-Ninth annual meeting of the Fourth District Branch of the Medical Society of the State of New York, Glens Falls, September 21 1945

* Formerly Major Medical Corps, Army Air Forces.

[1] Levy Norman A.: Personality Disturbances in Combat Flyers, the Josiah Macy Jr Foundation, 1945.

which keeps the combat soldier constantly alerted so that he may effectively cope with the dangers confronting him He cannot flee from the anxiety-producing combat situation, as military discipline and his own inner drives and motivations will not permit it The strongest instinctual need and striving in human beings is for safety and security, but the combat soldier must thwart his intense desire to flee and must force himself to remain in the danger situation He is able to do so as long as his defenses against anxiety operate successfully As his defenses weaken, the anxiety-controlling mechanisms break down, anxiety begins to flood the personality, and the symptoms of an anxiety state become clinically manifest

The individual's capacity to defend against anxiety may be strengthened or weakened by a variety of influences It is weakened especially by severely harrowing, catastrophic battle experiences, "close shaves," such as crash landings, being shot down, bailing out, ditching in the sea, being wounded, witnessing the death and mutilation of close friends, becoming a prisoner of war, etc Physical fatigue, exhaustion, and illness are important factors in the reaction of ground-force troops who are subjected to gruelling physical hardships and deprivations Whatever promotes good morale strengthens and whatever produces poor morale weakens the anxiety-controlling mechanisms

The most common, almost stereotyped clinical picture in the combat zone was the typical anxiety state The symptoms were excessive anxiety, exaggerated fear, tension, restlessness, irritability, loss of desire to fly, phobic attitude toward flying, startle reaction, various physiologic autonomic disturbances associated with anxiety such as excessive sweating, tremors, tachycardia, gastric disturbances, frequency of urination, poor sleep, battle dreams and nightmares, poor appetite, loss of weight, excessive smoking, and alcoholic indulgence Depression, which was almost always present, was frequently due to the strong feelings of guilt and shame with which the men reacted to this failure to complete the expected operational tour

The anxiety did not freely erupt in all cases In a small percentage the anxiety remained repressed and was converted into hysteric somatic symptoms In other cases, the anxiety was chronically channelled through the autonomic nervous system to produce psychosomatic disorders, chiefly gastrointestinal illnesses and headaches

The dramatic nature of the stress endured by combat men makes it relatively easy to understand their intense emotional disturbances It must be remembered, however, that the noncombatant soldier, the Air Force ground echelon, and the rear echelon and supporting troops of the ground forces, have also been subjected to severe stresses, although different qualitatively and quantitatively These stresses consist, for the most part, of the severe emotional frustrations and deprivations of prolonged overseas service. This is seen in men who have been stationed for long periods of time on isolated Pacific islands or on bases in foreign countries where living conditions have been primitive and opportunities for satisfactory social and sexual life, recreation, and other gratifications are lacking In some instances the hazards of being bombed and strafed have been additional burdens Above all, the thwarting of the need for love and of the dependent needs present in all of us, especially the adolescent, has led in many instances to an accumulation and intensification of these needs As a result, the men, sometimes consciously but more often unconsciously, felt deserted and abandoned, not only by the Army but also by their own loved ones Often the reaction has been depression, resentment, and bitterness In some the intense emotional conflict resulted in the typical anxiety state described above

When I served as the neuropsychiatrist with the Air Forces in the North African and Mediterranean theater of operations, I saw hundreds of cases of combat anxiety states Relief from combat and return to continental United States was carried out in many as the first step in therapy Most of us thought that these anxiety states would subside by themselves without further treatment It was not until I had returned home and had the opportunity to study these war neuroses in the Air Force convalescent hospitals in this country that I realized how naively optimistic we had been Although many men recovered and could be reassigned, large numbers were found unfit for reassignment even after their furloughs and periods in rest camps Surprisingly, many combat crew members who had successfully completed a tour of combat duty developed nervous reactions after return home, many during their furloughs, others on reporting to redistribution stations for processing and reassignment, and still others after reassignment to continental bases Similarly, it has been found that nervous disturbances continue or develop in noncombatant personnel after rotation home

Our work with returnees and that of others, especially Grinker and Spiegel (*Men under Stress*, Blakiston, 1945), have given us at least a partial understanding of the emotional reactions responsible for these personality disturbances In the combat crew members a continuation of anxiety and its attendant symptoms commonly occurs even though the individual is no longer in a

dangerous situation He continues to react to external stimuli as though he were still alerted for an attack. It seems as though there has been an impairment of the ego's power to discriminate adequately between threatening and innocuous stimuli from the outer world Psychologic study of some of our patients indicates that exposure to severe anxiety-producing situations, as in combat, may reactivate previously existing but successfully repressed and controlled, deeply rooted anxieties due to childhood experiences Defenses built up in the normal process of maturing may break down and then not be quickly reconstructed These cases are characterized chiefly by anxiety, apprehensiveness, tension, and various concomitant physiologic disturbances. In formerly well-adjusted young men, a personality change is now noted They are cautious, and have a constant fear of and expectation of catastrophe, something bad happening, of getting hurt Those neurotic fears which existed prior to the war are now intensified These anxieties are projected on to all the various possible sources of danger in everyday life

Why is it that the individual's ego, after removal from the dangerous combat situation and return to the U.S.A., is no longer able to master anxiety? Why is it that this individual now has difficulty adjusting to what should be a safer, less frustrating life in the States? Our observations indicate that a change has occurred in the strength and maturity of the personality Apparently some regression has taken place While in combat, all the resources of the soldier's ego are utilized to combat anxiety so that the soldier can continue to function Loyalty to the combat unit, sense of duty and responsibility, pride and self respect, identification with the unit, and the wish to preserve the love and respect of comrades all force the man to continue in the hazardous combat situation. The normal urge for security, safety, and protection must be and is thwarted Naturally, this need accumulates and becomes greatly intensified, far beyond what is normal in an adult We know from previous observations in civilian life that when an individual is faced with painful frustrations, unbearable conflict, and anxiety, he understandably strives to find relief by regressing to a level of feeling and behavior in which he was free of anxiety Such a situation existed in childhood when passive dependence on loving parents provided protection, security, love, and other gratifications We are not surprised that strong, dependent needs and cravings develop in men who have been exposed to severe dangers and have felt intensely frightened and insecure These dependent needs had been partially gratified in the close personal relationships of the combat unit, but were all too frequently violently disrupted by the death and departure of close comrades and loss of leaders, greatly intensifying the individual's feeling of being alone and abandoned No wonder then, that the men are sustained in battle by the ever present wish and fantasy of "getting it over with," of "getting my missions finished and getting home," or that the deprived, frustrated soldier separated from his home for several years should long with his entire being for the gratifications which have been denied him so long

Finally, the great day comes and the man leaves the combat theater and returns to the States In many instances the struggle against anxiety and against the regressive dependent needs is given up It is no longer necessary, the battle is over Gratification lies ahead Unfortunately, reality cannot satisfy the tremendously powerful unconscious cravings for love, attention, and dependence which exist in many returnees, as such gratifications can only be given to small children Despite the gratifications given to most returnees by their families and friends, intense feelings of frustration often occur, followed by resentment and hostility The men feel that the people at home have changed and that their families are different In actuality the men have changed Their needs to be cared for and indulged, in order to feel secure and loved, are so great that they cannot tolerate even minor frustrations without reacting with resentment, like spoiled children When actual frustration and rejection is encountered, such as faithless wives and sweethearts, demanding or ununderstanding families, the reactions are naturally more severe The men are usually not aware of these child-like cravings, as they are not acceptable consciously to the grown-up part of the personality However, the inability to accept new responsibilities, the excessively angry reactions to trivial and minor annoyances, the dislike of routine military and family demands, the intense need and demand for indulgence are clearly indicative of the underlying emotional regression These immature attitudes come into conflict not only with the individual's own ideals and conscience, but also with the external environment, and cannot be adequately released in action or words As a result, much inner conflict develops, resulting in the tension, anxiety, and other psychogenic disturbances seen in our patients Many men feel quite upset and disturbed at the mysterious changes in themselves. They frequently feel ashamed and guilty because of their childlike attitudes and actions The feelings of insecurity, helplessness, and dependency rob them of their normal self-confidence and their feelings of inde-

out the tremendous need for outpatient facilities for the treatment of veterans with nervous disorders

Just as after the last war, large numbers of soldiers are returning to civilian life with personalities warped and distorted by some of the emotional disturbances just described Thousands more, free of overt neurotic disturbances at the time of discharge from the Army, will carry within themselves similar emotional tendencies in latent form The thinking person cannot avoid feeling concerned, not only about the tremendous medical problem, but also by the potential sociologic and political implications What is going to happen to these thousands, in fact, millions of veterans, many of whom have developed the dependent, demanding attitudes, the feelings of grievance, the intolerance of frustration, and the hostilities so typically seen in the war neuroses? Are our social, political, and economic institutions cognizant of and prepared to deal effectively with this problem? If life deals kindly with these men, if our economic and social system functions well and permits them to find adequate employment, security, and happiness, they should, for the most part, become effective and constructive citizens One can justifiably expect serious trouble if, on the other hand, this country encounters serious economic difficulties with unemployment and all the severe frustrations which inevitably follow Because of the prevalence of regressed dependent tendencies in many of our veterans they will, in the face of frustration and insecurity, readily turn toward demagogic leaders who offer them the dubious salvation of an authoritarian regime Just as they direct their hostilities toward the present authorities, the Army and its officers, when they feel frustrated, insecure, and abandoned, so later they will direct their grievances against our civilian democratic leaders It is a matter of history that the Fascist virus of postwar Europe found fertile soil in the disgruntled, frustrated veterans of World War I A similar virulent infection can be avoided by us only if we understand the emotional as well as the realistic economic and social problems of our veterans, and purposively take necessary prophylactic measures It is beyond our role and our knowledge as physicians to postulate what these measures should be That is a problem for economists, social scientists, educators, and for our business and governmental agencies We, as physicians, will be fully occupied with the vast numbers of veterans afflicted with emotional disturbances and functional symptoms It will be our obligation to achieve an adequate understanding of these neuroses and to develop therapeutic technics and facilities to cope with this manifestly difficult and challenging problem

3355 Wilshire Boulevard

"DOCTOR JONES" SAYS—

Alcoholism—that's the monthly bulletin of the Research Council on Problems of Alcohol I was looking over one of the recent issues and it's got a lot of interesting stuff in it

Doctor Jellinek, the head of the Yale alcohol studies—there's some figures quoted from an article he wrote They estimate there's a hundred million persons of "drinking age" (15 and over) in the United States And about half of 'em use alcoholic beverages to some extent About three million that use 'em become excessive drinkers and about 750,000 of these get to be chronic alcoholics In short, about one in each 33 of the "drinking age" population gets to be an excessive drinker and one in 134 a chronic alcoholic

That gives a pretty fair idea of the extent of the problem It's one society, as we call it, has been hammering at for hundreds of years without making much headway I'm glad to see 'em, now, going at it scientifically The main questions, of course, are why some people can't drink without overdoing it and the best ways of preventing 'em from becoming alcoholics or helping 'em if they do

Connecticut, I see, is establishing a board to study the alcohol problem and provide for the care and treatment of inebriates Nine per cent of their liquor license money is being set aside for their use Alabama is setting up a Commission "to prepare and administer a program for the rehabilitation of alcoholics and the education of the public with respect to dealing with alcoholism as a disease" In Massachusetts a special commission to study the problem has just made a long report And out in Buffalo the Council of Social Agencies is establishing a clinic for alcoholics

Alcoholics Anonymous—2,500 members, from all over the country, met in Cleveland this past summer to celebrate their tenth anniversary And there's other items about what they're doing in various places

Yes, sir Things are stirring in the alcohol line and it ain't just cocktail shakers Folks are coming to recognize that it's a health and not a moral problem And it's like world peace when the interested parties can agree on the general principles of a program—they can't expect perfection but there's hope of getting somewhere—*Paul B Brooks, M.D , in Health News, Dec 24, 1945*

COLLOIDAL SULFUR

Some Pharmacodynamic Considerations and their Therapeutic Application in "Seborrheic Dermatoses"

FRANK C COMBES, M D , New York City

(From the Department of Dermatology and Syphilology, New York University College of Medicine and the Third N Y U Medical Division, Bellevue Hospital)

SULFUR, which is an important constituent of all organic tissue and one of the most important elements contained in the human skin, has for centuries been a medical and veterinary standby for treatment of cutaneous disease. It has been used in many forms from the sulfur vivum of Pliny and Virgil to the colloidal sulfur of modern medicine It has been applied topically not only in its elemental state, but as a powder, and in ointments, lotions, and varnishes, as well as in the form of alkaline sulfides, such as sulfureted potash, Vleminckx's solution, etc

In more recent years, sulfur in colloidal form, sufficiently stable to be of more than mere scientific interest, has been developed, permitting the use of active, yet nonirritating ointments, creams, and aqueous lotions

Sulfur, in a colloidal state, possesses attributes not identified with any of its other physical forms, and for the sake of clarity it might be advisable to explain briefly what is meant by a colloid The general conception that it comprises a suspension of very finely subdivided particles in water is, for our purpose, not very wide of the mark, but it does not tell the whole story All soluble substances may be classified in two main groups, crystalloids and colloids. While this separation was believed by physicists of the last century to indicate two entirely distinct classes of matter, we now know that the difference between them is not so great.

Simply stated, crystalloids are substances that tend, under favorable circumstances, to form crystals, and which readily diffuse through most diffusion membranes Although they form the bulk of matter occurring in the mineral kingdom, in animal and plant physiology they play a minor role Yet, although they form a relatively small part of the total mass of the cell, they are fully as essential as the colloids.

Colloids were originally defined by Thomas Graham[1] in 1861 as substances which, while dissolving to the extent of showing no visible particles in suspension, either did not pass through diffusion membranes at all, or did so very slowly as compared to crystalloid substances However, as a result of modern developments in colloid chemistry, this distinction has been dropped, and since it is possible to prepare most substances in colloidal state, the difference between crystalloids and colloids becomes a matter of particle size only Furthermore, it has been possible to prepare membranes with pores so small as to retain molecules, or large enough to allow some colloids to diffuse through them.

The Colloidal Solution

Although we speak of "colloidal solution" colloids are *not* soluble, nor do they form true solutions, but rather very fine suspensions or pseudo-solutions, which vary slightly in their physical characteristics, and are respectively designated as sols, gels, suspensoids, and emulsoids These all have the external appearance of true solutions, since they are clear, homogeneous, and may be filtered without leaving any solid residue Under ordinary magnification no solid particles are visible, but under the ultramicroscope or electronic microscope, the suspended particles may be readily seen as luminous puncta, constantly in motion (Brownian movement) These particles vary in size from $^1/_{10\,000}$ mm to $^1/_{500,000}$ mm

The kinematic difference between true solutions and colloidal solutions may be explained on the assumption that a substance is dissolved by a liquid when the attraction of the molecules of the liquid for those of the solid exceeds the attraction of the molecules of the solid for each other Should the dispersion be of sufficient degree the solute would go into true or crystalloid solution, however, if the molecules of the solute cling to each other with an affinity greater than exerted by those of the solvent, dispersion will be less profound and the solute may form clusters or particles of colloidal dimension, the result being a "colloidal solution"

The Colloidal Sulfur Particle

Although sulfur colloids have many interesting scientific properties, that which seems to have most interest to the physician is the size of the particles themselves Generally, the diameter of a colloidal sulfur particle ranges between 0 0001 mm and 0 000001 mm In the English system of measurement the latter represents $^1/_{21\,000,000}$ of an inch. These limits are by no



FIG 1 Sulfur in sulfur ointment (U S P) × 1,500 diameters

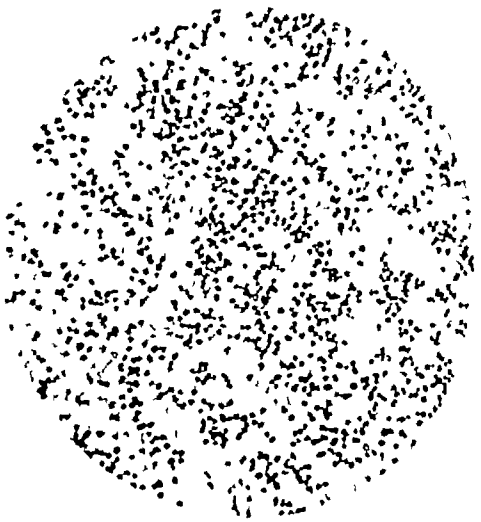


FIG 2 2 per cent aqueous colloidal suspension of sulfur × 1,500 diameters

means definite, but the smaller the particles, the more stable they are, and conversely, the larger the particles the less stable they are

Some idea of the tremendous surface area possessed by an element in the colloidal state may be obtained by noting that if a sphere of 0 1 cm radius, having a surface of 0 126 square cm , were subdivided to colloidal particles having a radius of about $^{1}/_{1,000,000}$ cm , the total surface area of the particles would amount to approximately *100 square meters*

The colloidal states of insoluble substances are not invariably identical with amorphous forms Although in general this is true, many substances, including sulfur, as colloids, form beautiful crystals exhibiting Brownian movement This might indicate that molecular elements exist in colloidal solutions, possibly in large aggregations, otherwise they would scarcely unite in definite spatial relations necessary to produce crystalline forms

In an attempt to illustrate the essential differences between colloidal sulfur and particles of precipitated sulfur in the U S P ointment, slides were made of both and examined under a high-power microscope [2]

A photomicrograph (Fig 1) shows the particles in U S P sulfur ointment (prepared with precipitated sulfur) under a magnification of 1,500 diameters By actual measurement these particles range up to 45 mm in diameter, or an actual size of 0 03 mm In other words, the particle of precipitated sulfur would yield 27,000,000 large colloidal particles having a diameter of 0 0001 mm

Fig 2 shows the tiny particles observable on a slide prepared from a 2 per cent aqueous colloidal suspension of sulfur It is impossible to photograph colloidal particles, since they are too small to be seen even with the most powerful microscope, and what is visible in this particular photograph are just a few of the colloidal particles which have agglomerated and precipitated on the glass slide The slide was left to dry and after several hours another picture was taken (Fig 3) Here, larger clumps of sulfur are seen These were formed by the continued precipitation of the sulfur as the water dried out, and give an approximate indication of the amount of sulfur actually contained in the colloid, not observable with the microscope until the colloid actually begins to break down with consequent precipitation and aggregation of the micelles

Colloidal particles are not visible with the ordinary microscope, even when an oil-immersion lens is used However, when a beam of light is passed through a colloid sol, the particles become observable because of the reflection of light waves on the surfaces of solid particles suspended in the fluid, just as rays of sunlight become visible in a dusty room (Tyndall's phenomenon) These light shadows appearing faintly in the background in the photomicrographs represent some of the smaller particles, too minute to be observed microscopically

Table 1 serves to illustrate the approximate diameters of material masses from the Einstenian universe to the electron, and its study should afford information regarding the relative size of the various types of matter



FIG 3 2 per cent aqueous colloidal suspension of sulfur after six hours exposure to air × 1 500 diameters.

TABLE 1*

Physical Limits	Approximate Diameters
Electron { positive	2. × 10⁻⁴ A
Electron { negative	3.8 × 10⁻⁴ A
Atomic Nucleus { H	2 × 10⁻⁴ A
Atomic Nucleus { Au	4. × 10 ² A
Atoms	0.1–0 6 mu
Molecules	0.2–5 mu
Molecular groups	0.5–10 mu
Primary colloidal particle	2–20 mu
Secondary colloidal particle	5–100 mu
Microscopically visible particle	Over 100 mu
Visible particle	Over 50 μ
Mass	Over 1 mm.
Planet (Earth)	1.3 × 10⁴ km.
Solar System	5. × 10⁹ km.
Star Cluster	5. × 10³ light year
Galaxy	5. × 10⁴ light year
Einsteinian Universe	2. × 10⁹ light year

* Modified from *Colloid Chemistry Theoretical and Applied* by Alexander and Bridges Vol. II Chemical Catalog Co., New York, 1928.

Now why is it essential to know the solubility or particle size of a topical remedy? For the reason that before it can exhibit any other than physical activity, it must be ionized, and unless conditions are favorable this does not occur

The importance of this process of dissociation or ionization reposes in the fact that in the case of most substances no chemical reaction can occur while the substance is in a nonionized state, nor do all substances ionize with the same readiness, which causes a great difference in their chemical properties For example, the reason acetic acid is a much weaker acid than hydrochloric is that it does not ionize to such an extent.

In the case of sulfur, this reacts when it comes in contact with the skin to form sulfides and other sulfur bearing compounds This is purely a chemical reaction which depends to a very large extent on the contact of sulfur itself with the epidermis. It will thus be obvious that the finer the state of subdivision in which the sulfur exists, the better and more intimate its contact with the skin and hence the more free the formation of active sulfur compounds

An insoluble substance is incapable of ionization This property is, therefore strictly speaking, attributable only to crystalloids and fluids in which molecules are freely dispersed However, colloids are capable of cataphoresis, and when an electric current is passed through water containing colloids in solution, the particles tend to pass to one pole or the other The nature of the charge depends upon the existence of high surface tension in colloidal solutions of sulfur, and it is this same property that explains, in part, the ability of the sulfur particles to remain suspended in a fluid which has a much lower specific gravity

Preparation of Colloidal Sulfur

Colloid chemistry is by no means a recent development in science nor did it spring, as remarked by Alexander, "like Minerva, full armed and panoplied, from the front of Jove" It is a development of many centuries Those interested will find *The Foundations of Colloid Chemistry, Selections of Early Papers Bearing on the Subject*, edited by Emil Hatschek and published by Ernest Benn, Ltd , of London, 1925, full of useful information.

It is of interest to note some of the methods which have been used in the past to prepare colloidal sulfur Wackenroder[3] and Selmi,[4] in publications dated around 1850, recorded their observations on suspensions formed by the interaction of hydrogen sulfide and sulfur dioxide resulting in what were probably the first more or less stable colloidal sulfur suspensions.

Since then, numerous methods have been described, among which are those of Raffo,[5] who precipitated colloidal sulfur from sodium thiosulfate with sulfuric acid, and Engel,[6] who prepared a similar product by precipitating sodium thiosulfate with hydrochloric acid, both giving a solution similar to Wackenroder's It was Raffo who observed that colloidal sulfur possessed chemical properties not inherent in the crystalloid form, and demonstrated that it reduced silver salts energetically, whereas even finely divided precipitated sulfur did not form silver sulfide in the cold, and did so only partially upon boiling

Colloidal sulfur has also been prepared by hydrolysis of sulfur monochloride by the method of Freundlich[7] and by methods designed to replace a solvent containing dissolved sulfur such as that of Von Wiemarn [8] who prepared it by pouring a solution of sulfur in alcohol into water

Finally, there is the method of triturating sul

fur in water with substances designed to facilitate the formation and stabilization of colloidal particles such as that used by Von Wiemarn,[9] who triturated it with glucose in water Other substances used for this purpose, all of which are emulsifiers, have been gum arabic, quillaia, tragacanth, chondrus (Irish moss), etc

The purely chemically prepared colloids made according to the method of Wackenroder are moderately stable and contain particles which are comparatively small, whereas those prepared by replacement of solvent and by grinding methods are not very stable and the particles are, on the whole, much larger

Classification of Colloids

Although the simplest classification of colloids is probably that suggested by Wolfgang Ostwald, *distinguishing both the dispersed phases and dispersion media* as gas, liquid, or solid, a more practical and comprehensive classification is that of Zsigmondy who, following Hardy, divided colloids into two classes, the reversible and irreversible, the former redissolve after dessication at ordinary temperatures, whereas the latter do not In reversible colloids, such as gelatin, tragacanth, and acacia, there is a more intimate union between the dispersed phase and the dispersion medium, in fact, the two phases probably exist in a state of flux and constant interchange Colloids of this reversible type are hydrophilic or lyophilic, while the irreversible colloids are hydrophobic or lyophobic

The colloidal suspensions prepared by Wackenroder, Selmi, and Raffo are of this so-called hydrophilic type (emulsoids), while those of Von Wiemarn are of the hydrophobic type (suspensoids) Hydrophilic colloids of sulfur are the more stable, but even so do not stand up for very many months, and efforts have been made from time to time to confer upon them additional stability Most of these efforts have failed up to now and the colloid of sulfur used by the author in these investigations is the first adequately protected one which has yet been offered for clinical investigation *

It is a modification of Wackroder's solution containing colloidal particles, or micelles, which are aggregations of sulfur molecules with which polythionic acids, particularly pentathionic, and to a lesser degree, hexathionic acid, are mixed or absorbed

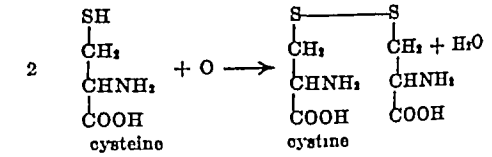
The so-called hydrophilic properties of this type of chemical sol are attributed to the presence of these polythionic acids, which, by reason of their high sulfur content, possess an affinity for sulfu and, because of their high oxygen content, pos sess an affinity for water They, therefore, serv as connecting links between the micelles and th water molecules effecting a perfect hydrophilic reversible colloidal solution

The Pharmacodynamics of Sulfur

This is extremely complex and the subject o constant study While much is still obscure some of the activities of sulfur in relation t keratoplasia and keratolysis are fairly well under stood

Keratoplastic Action—First let us conside briefly what is meant by keratoplasia, Tersely we mean the aggregate of chemical processes in volved in the normal formation of keratin, th principal ingredient of the stratum corneum The basic changes are oxidative, the norma process of cornification occurring through the formation of disulfide groups at the expense of thiol groups Chemically active sulfur is essential for this process It is one of the most important elements in the skin, occurring in three of the skin's most important compounds, cysteine, cystine, and glutathione Cysteine is thioaminopropionic acid, cystine is di-(thioaminopropionic acid), and glutathione is a tripeptide containing cystine, glutamic acid, and aminoacetic acid

During the process of normal keratinization cysteine is converted to cystine of the horny layer as follows



Besides cysteine, glutathione, also a bearer of the sulfhydryl or thiol group, partakes in this oxidative process Disturbance in the normal rate of this process, which results in disturbance of the normal balance of the essential skin constituents, leads to an abnormal skin condition Not only is oxygen necessary for this reaction, but it will not occur in the absence of SH groups in the protein molecule Now cysteine is an extremely unstable compound and in the presence of excess oxygen as a result of cutaneous hyperemia and inflammation, or excessive exposure to actinic rays of a wave length between 2,900 and 3,300 Angström units, overproduction of immature, nucleated, parakeratotic cells containing oxykeratin eventuates (responsible for senile keratoses, chronic actinic dermatitis, etc) In addition there is also an associated hydrops of the epidermis, so that a supply of oxygen which is *not excessive* is necessary, not only for normal

* The colloidal sulfur cream used in this investigation was Collo-Sul Cream, and was supplied by the Crookes Laboratories It consists of 2 per cent colloidal sulfur in an emulsifiable, greaseless, nonstearate, vanishing-type base, pale yellow in color and pleasantly perfumed

TABLE 2

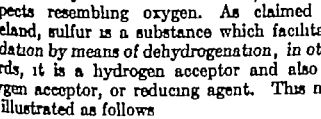
Number	Diagnosis	Average Duration of Therapy	Results Improved	Unimproved	Cured	Per Cent Cured and Improved
37 (hospital)	Acne vulgaris	2.8 weeks	15	12	0	55
11 (private)	Acne vulgaris	17 weeks	7	2	2	81
19 (hospital)	Pityriasis capitis	3 weeks	13	4	2	78
21 (private)	Pityriasis capitis	6 weeks	6	5	10	76
9 (hospital)	Seborrheic eczema	2.4 weeks	6	2	1	66
3 (private)	Seborrheic eczema	3.3 weeks	0	2	1	33
2 (hospital)	Rosacea	2.5 weeks	0	2	0	0
5 (private)	Rosacea	5.4 weeks	2	2	1	60
1 (private)	Furunculosis	4 weeks	0	1	0	0

keratinization but also for dehydration of the epidermis

Now, in what respect will the application of sulfur to the epidermis encourage the formation of mature, normal horny epidermis? In order to understand this we must appreciate that it is an extremely facultative element, in many respects resembling oxygen. As claimed by Wieland, sulfur is a substance which facilitates oxidation by means of dehydrogenation, in other words, it is a hydrogen acceptor and also an oxygen acceptor, or reducing agent. This may be illustrated as follows

$$H_2 + S \rightarrow H_2S \text{ (sulfur as H acceptor)}$$
$$H_2S + 2O_2 \rightarrow H_2SO_4 \text{ (sulfur as O acceptor)}$$

When colloidal sulfur comes in close contact with the skin, in the presence of bodily warmth, perspiration, and light, it combines with the sulfhydryl (SH) radical of the cysteine to form hydrogen sulfide (H_2S) as follows



Some of the sulfide in turn unites with free oxygen (O_2) from the air and lymph to form polythionic acids This utilization of oxygen retards the oxidation of cysteine, thus facilitating more normal maturation of keratin and reducing parakeratosis

The polythionic acids, because of their hygroscopic properties, effect dehydration of the epidermis. The presence of pentathionic acid in the colloidal sulfur micelle is considered by Goodman and Gilman[10] to be a distinct asset They state that "colloidal sulfur is the most active form of sulfur"

Keratolytic Action.—By keratolysis we mean a solution or lysis of the keratin layer of the skin While not as significant as its keratoplastic action, sulfur is capable of keratolysis. This is dependent upon the formation of hydrogen sulfides (H_2S, H_2S_2, H_2S_3, H_2S_4, H_2S_5) As previously mentioned, whereas these are all keratolytic, they are also capable of absorbing oxygen to form polythionic acids (H_2SO_3, H_2SO_4 $H_2S_2O_6$ etc.), thus retarding the cysteine-cystine reaction

Colloidal Sulfur in Therapy of the 'Seborrheic Dermatoses

We have selected the term "seborrheic dermatoses" to designate those inflammatory and noninflammatory disorders associated with some quantitative or qualitative change in sebaceous secretion, or which have a predilection for those regions where sebaceous glands are either more numerous or of greater size (On the scalp the average gland is smaller than on the glabrous skin)

Miller[11] pioneered in this country in treatment of these dermatoses with colloidal sulfur, reporting uniformly good results, in most instances superior to those obtainable with other forms of sulfur

In our series we treated 38 patients having acne vulgaris, 40 with pityriasis capitis, 12 with seborrheic eczema affecting the ears, axillae, chest, or face, 7 with rosacea, and 1 patient with furunculosis of the scalp

The results are tabulated above.

Comment

Acne Vulgaris.—The colloidal sulfur cream was the sole topical application in all cases Internal medication differed and was individualized However, any effect of systemic treatment was insignificant Patients massaged the cream into their faces each evening, after washing with soap and water Some of them used a sulfonated oil In the morning additional cream was applied with water, the cream being used as a detergent instead of soap The better control exercised over private patients resulted in a higher percentage of patients improved and cured. One patient developed a mild dermatitis and in 2 the cream was excessively drying to the face

Pityriasis Capitis.—Patients discontinued the use of soap shampoos. The cream was massaged well into the scalp each night, and once weekly, using more cream as a detergent with plenty of warm water, a shampoo was given.

Those patients designated as cured continued to use the cream as a detergent every one or two weeks It was noted that if the patient resumed using soap as a detergent, scale and itching recurred

Seborrheic Eczema—Of course, none of these cases were acute or vesicular Response was not particularly good, but there was no tendency to a contact dermatitis, as is not infrequently observed when precipitated sulfur is used topically

Rosacea—The extreme chronicity and complicated and often obscure cause of this dermatosis do not favor its prompt response to any topical remedy Nevertheless, several of the patients did well, better, in fact, than could be expected from greasy sulfur ointments

Furunculosis—After four weeks' application twice daily with frequent shampoos there was no improvement Subsequent favorable response to oral penicillin was immediate

Conclusions

1 Sulfur in the colloidal state can be prepared in a stable form, properly protected against deterioration and suitable for topical application to the skin

2 Therapeutically it is superior to precipitated sulfur and, because of the fineness of its subdivision and consequent augmentation of surface area, colloidal sulfur may be used in much lower concentrations

3 In a neutral, emulsifiable base that can be readily removed from the scalp with plain water it is superior to precipitated sulfur in other bases for the treatment of pityriasis capitis or seborrheic eczema of the scalp

4 As a topical application, colloidal sulfur, in a neutral emulsifiable base, is both an acceptable and an effective remedy in the treatment of acne vulgaris

104 East Fortieth Street

References

1 Graham, Thomas Phil Tr Roy Soc of London 151, 183 (1861)
2 Microphotographs prepared by the Gravelle Laboratory, South Orange, New Jersey
3 Wackenroder Arch d Pharm 47 272, 48, 149 (1846)
4 Selmi F Annali del Majochi 15 88 212, 235 (1844)
5 Raffo, M Kolloid-Ztschr 2 358 (1908)
6 Engel M Compt rend Acad d sc 112 866 (1891).
7 Freundlich, H, and Scholz, P Kolloid Beihefte 16 234 (1922)
8 Von Weimarn P P, and Malyschew, B W Kolloid-Ztschr 8 216 (1911)
9 Von Weimarn, P P, and Utzino, S Kolloid Ztschr 36 265 (1925)
10 Goodman, L and Gilman, A The Pharmacological Basis of Therapeutics, New York, MacMillan Co., 1941
11 Miller, H Arch Dermat & Syph 31 516 (1935)

PALESTINE TO HAVE MEDICAL SCHOOL

To prevent a decline in the health of the Palestine population that might threaten peoples of all the Middle East, the Hebrew University and Hadassah, the Women's Zionist Organization of America, will build a nonsectarian medical school on Mount Scopus in Jerusalem, it was announced on September 19 The prospective institution, it was disclosed, will be the first one to train physicians in Palestine

Ira A Hirschmann, vice-president of the Metropolitan Television Company, and Mrs Samuel J Rosensohn, national treasurer of the women's group, who are cochairmen of a committee to raise $4,000,000 for the project, made plans for the school and also revealed that headquarters have been established at 16 East Forty-eighth Street, New York City, for a two-year national fund campaign, to be started immediately

According to current schedules, the goal of the financial drive will not only meet the cost of construction, equipment, and five-year maintenance of the school—which will be known as the Hebrew University-Hadassah Medical School, but will provide an additional one hundred beds in the Rothschild-Hadassah Hospital, a part of the Hadassah-University Medical Center The increase will bring the hospital's total bed strength to four hundred and forty

"Such a school," Mr Hirschmann declared, "would not only replenish the shrinking medical profession with skilled young men in a part of the world where constant vigilance must be exercised to control epidemic and endemic diseases, but would be an inspiring example of the resurgent will to reconstruct institutions of peace and goodwill"

He emphasized that, because a supply of Jewish doctors from Europe had been shut off from Palestine, the scarcity of physicians there is becoming critical

Unless a medical school is set up to furnish well-trained young doctors "the population of Palestine, Arabs and Jews alike, will suffer a decline in health that will become a hazard to the people of the entire Middle East," he declared

Present plans call for three main buildings, with provision for future expansion and use of certain departments of the existing Nathan Ratnoff Building, now housing the postgraduate medical school of the university Other facilities of the university and medical center will become part of the projected school

Mr Hirschmann reported that coordinating groups have worked for three years on plans for standards equal to those of the best medical schools in the world Great care, he promised, will go into choice of the faculty for the training institution and outstanding men from America, Palestine, and other countries will be appointed to its posts

The American Jewish Physicians Committee is associated in the campaign with the American Friends of the Hebrew University and Hadassah—*New York Times, Sept, 20, 1945*

OBJECTORS TO ELECTRIC SHOCK TREATMENT ARE REFRACTORY TO ITS THERAPY

HIRSCH LOEB GORDON, Capt ,(MC),AUS, Northport, New York

(From the Veterans' Hospital)

SOME electric shock therapists have pointed out two antipodal attitudes to this form of treatment met with among patients. At one extreme we find those who dread it and are overwhelmed by terror when they are about to be taken to the treatment room and look upon the electrodes as instruments of torture To relieve their apprehension and prevent their unavoidable altercations with the ward staff and its unpleasant sequelae, some form of preshock sedation, like sodium amytal, is given. At the other extreme are, according to them, the penitent and conscience-smitten patients who demand that this treatment, considered as a form of electrocution, be meted out to them as a punishment in expiation of real or imaginary transgressions against the commandments of the Lord and the equity of man.

The writer regrets to state that among the considerable number of patients treated by him in a municipal and federal mental hospital none of the above-mentioned fearful or solicitous attitudes ever manifested themselves However, he did encounter a small number of them, about 10 per cent of the total, who were averse to submitting to electroshock therapy, but for quite other motives, as is clearly evident by their behavior They too may be divided into two different groups, though not in sharp contrast to each other as the former

The larger group consisted of schizoid catatonics in the full flourish of their symptom tetrad mutism, negativism fasting, and stereotypy They opposed every effort at guidance and resisted all attempts to make them do things, or even change their posture Inasmuch as the administration of an electroshock treatment involves many operations requiring cooperation on the part of those being treated, the catatonic will resist and very often wrangle at every step of this procedure, whether it be the transfer to a special room, the change from a day suit to pajamas, or the insertion of the mouth gag and application of the electrodes to the temporal regions. Their resistance to the electroshock treatment is *not specific* but a part of a general tendency to perseverance of the assumed posture and of violent resistance to change They are not electroshock resisters in particular, but *negativists* in general The smaller, but more interesting group of electroshock resisters resemble the catatonics in their body build they are asthenic and slender but to all appearances they do not show the catatonic tetrad of symptoms. Most of them wear the schizophrenic label, though occasionally they come from the group of affective psychosis, in the depressive stage. They are generally in good contact, cooperative, neat, and well oriented, and their speech is coherent and relevant However, their judgment and insight are impaired and they entertain delusions and hallucinations, ideas of reference, and, occasionally, feelings of depersonalization. But as soon as they are about to undergo electroshock treatment they show displeasure and resentment, without rage or signs of fright They insist on seeing the doctor immediately and when that privilege is granted to them they begin to plead with him to excuse them from electroshock, arguing without weighty arguments "Doctor, I don't need *any* treatment. There is nothing the matter with me. No one of my family requested it for me. I don't belong here etc" The treatment has to be given to them against their wish, yet not much compulsion is required to obtain their passive cooperation and they yield, physically, under protestations These remonstrations continue unabated throughout the course, before every application And as the treatments progress numerous somatic complaints are made by them in support of their demand to have them interrupted Blindness, deafness, colds, dandruff, muscular pains, and bone fractures have resulted, according to them, because of the "electricity," and the ever-cautious therapist rushes them to various clinics, to x ray and to the "acute" division for a check-up, and their course is thus protracted through many extra weeks A favorite question of patients of this group is "Doc, how many treatments did I have already? I think I took many more than you say I did Is it not time to stop them altogether?" Inasmuch as this group does not really resist electroshock treatments nor do they dread them but object to them, I name them electroshock *objectors*

While the resistance of the catatonic *negativists* diminishes with each succeeding treatment and occasionally disappears after the very first application, the aversion of the *objectors* to the same never subsides but is occasionally on the increase. This is the first observation made by the writer

But besides this unabated objection noted among them an even more striking distinction is

noted between these two groups While the former, the negativists, show the most gratifying result of the efficacy of electroshock as they are relieved of their muscular rigidity, develop a good appetite and contact, become talkative and sociable, and are soon found capable to be entrusted with the most important tasks of ward management given to patients, to the delight of the ward staff and the amazement of the relatives, the latter group, called by us objectors, derive no benefit whatsoever from these treatments They rise from this long ordeal laden with their full array of delusions, hallucinations, and other abnormal ideas and attitudes as if nothing had been done for them Those who objected the most and the longest were the least affected by these treatments

It seems rather difficult to assume that the effect of the powerful stimulus, a veritable shock, given to the brain tissue by the passage of electric energy from the apparatus, can be nullified by the objection of the individual This objection was a sentiment active in the waking condition which should have vanished when his conscious state was extinguished in the wake of the truly electrical storm One can easily conceive the dependence of such therapies as suggestibility, hypnosis, and psychoanalysis on the volitional response of the one treated, but an electrical impact, like a surgical intervention, should be able to defy the resentment of the patient, as long as he cannot hinder physically its performance

To explain this phenomenon and many other aspects of electroshock therapy one would have to ascertain what parts of the brain tissues are affected directly or by dispersion when the artificial outside electric current passes through them and what changes take place in them This involves a great deal of speculation in the problem of localizing mental and emotional activities in the various parts of the brain, in suggesting the type of alterations that result in those parts with the various psychotic derangements, and explaining how the artificial transition of electric current through them dislodges, banishes, or inactivates temporarily those aberrations from the normal

We are inclined to agree with those who maintain that *structure and function are inseparable* and that the discovery and localization of structure changes in many mental illnesses presently called "psychogenic" and *non*organic are to be anticipated in the future with more refined means of detection

The known physiologic responses of nerve cells might be classed as thermal, chemical, and electrical The flow of electric energy through the temporal-frontal lobes involving the cortical and subcortical structures, harboring countless patterns of mental activity, surely evokes responses of varied degrees in all the three phases It has been suggested that mental and emotional processes may be correlated with alterations in the colloidal status of the nerve cells *activity* with colloidal *aggregation* and *stupor* with colloidal *dispersion* It has already been shown that epileptic fits affect the water balance of the brain cells by causing a diuresis The anticonvulsive drugs have, therefore, a dehydrating side effect

Electroshock, it must be remembered, is an artificially inducted epileptic fit As the ionic equilibrium depends essentially upon the distribution of electrolytes, it cannot avoid the effect of this treatment Inasmuch as a disturbance in carbohydrate metabolism has been noted in psychotic patients, the electric current affects, probably, the brain metabolism too Oxidizing processes in the nerve cells have also been correlated with emotional experiences According to some workers, mental illness is a disease of the autonomic nervous system Schizophrenia is supposed to result from the hypofunction of this system and its stimulation will bring about improvement Electroshock hinders respiration, and the severe anoxia that develops is a powerful stimulus to the sympathetic center This aspect recalls well the stages of an epileptic fit when vascular spasm causes cerebral anemia (tonic phase) followed by compensatory hyperemia (clonic phase) The known and unknown factors in the endocrinologic secretions activate or inhibit many of our emotional states

It has already been conjectured, with fair proof, that a state of excitement and irritability followed by fatigue and relaxation is common to many nervous and mental disorders Their targets may be muscular or visceral foci This theory is very helpful in the postulation of a rationale for the electroshock mechanism and effects Catatonic and depressive states, for which electroshock holds most promise, are states of irritable tension and rigidity The traversing of electric energy through the brain makes this tension more taut, so to speak, as seen by the initial tonic phase that the entire body assumes This "tautness" is probably pushed to its unyielding limit in order to achieve the maximum recoil into a state of fatigue and relaxation Using a popular expression emanating from the wisdom of the common people, whose figurative speech is often colorful and descriptive, we would say that no "screw" is "loose" in the brain structure of a mentally ill patient, but, on the contrary, its elements are, so to speak, too tightly joined together whether his behavior is tense and rigid or overactive in speech and action, as the latter is also a form of tension, an inability

to arrest and stop exaggerated drives and compulsions

It is during this state of relaxation that improvement or cure from mental illness is apt to occur This sudden cessation of rigidity and reversion to passivity and calm compares well with the effects of sedative drugs and prolonged sleep For our present purpose it makes no difference whether the electric current introduced into the brain tissue causes this state of remedial relaxation by acting on the thermal, chemical, or electrical properties of the nerve cells, on their colloidal status, water balance, ionic equilibrium, or carbohydrate metabolism and oxidative processes, as long as it is achieved Many other biochemical investigations brought out contrasting and thus inconclusive results, due to the diversity of methods

The shock objector who tries in vain to prevent the physician from forcing on him this treatment finally submits his body to it. Placing himself face up on the treatment table and permitting the electrodes to be applied to his temples, he preserves within him the full force of his unbent resentment to this procedure He mobilizes against the forthcoming electric current what Jung called the controlling force of mental life—his *will*

By pressing the special button on the electroshock machine a "tempest" is created within the cranium, with literal repercussions all over the body, no part remaining unaffected Consciousness is obliterated Yet those mental aberrations that are surely structurally connected with the brain tissue have not been ejected or may not even be contacted, lying, so to speak, sheltered, inside the defenses of the *will*. This will, this resolute intent, this deliberate resistance has defied the onslaught of electric energy and blocked its way to the areas of anomalous mental patterns called diseases It has already been noted by many a physician how a patient can deliberately block the effects of a narcotic drug and thwart sleep and even somnolence But the thwarting of the effects of electric current on the cerebral sources of psychosis by sheer volitional impediments when the entire body is violently shaken and thrown out of gear is probably a more emphatic indication of the inseparable psychosomatic interacting unity of a living organism There is, of course, the possibility to consider that these shock objectors who are immune to its therapeutic benefits represent a special reaction type in psychopathology scattered throughout many of the standard groupings. In the realm of physical nosology the failure to respond to a specific remedy is enough to differentiate and separate one malady from many others of similar symptomatology and often directs us in a successful search for its specific cause and therapy Shock-refractory patients would thus form a class in themselves. However, their particular refractability would still baffle us and the theory previously promulgated by the writer would still serve its purpose

Psychotherapy has long been recognized as a required supportive measure to every form of shock treatment given. And here too we noticed the sharp dividing line between the negativists and the objectors While the former have been amenable to it and improved by it, showing a marked and progressive approach to normal thinking and feeling with every successive interview, the latter persevered in their psychotic behavior The writer assumed that the negativists, who did not interfere volitionally with the propagation of the electric energy through their brain, thus "softened up" their abnormal ideas and attitudes and became receptive to suggestion and reassurance, and their partially relaxed psyche, like a freely expanding sponge, favored absorption from the outside, while the objectors, whose citadels of psychosis were not penetrated by the electric current and the accumulated false notions left in them in tense apprehension, were inaccessible to the therapists' persuasive talks On the basis of this conjecture, which is expressed here in figurative speech for the sake of clarity, the writer abstained from giving shock objectors a single electroshock treatment before these objections could be banished by a series of talks, if ever This delay, if persuasion succeeded, or the refusal, if persuasion too found them refractory, spared us from wasting our time and spoiling our disposition in treating argumentative and complaintive patients with no hope for their improvement.

Summary

1 Patients who have a special fear of electric shock treatment or who, on the contrary, ask for it as an expiative punishment for committed transgressions are very rare.

2 There are, however, opponents of shock treatments divided into two groups (*a*) Negativists, comprising catatonics in the full flourish of their symptoms, who resist shock treatment or any other treatment or enforced guidance, (*b*) Shock objectors, asthenic and slender, as the catatonics, delusional, hallucinatory, and occasionally depersonalized, neat, well oriented, and in good contact, who offer no physical resistance to shock treatment but try to persuade the therapist with ardent pleas, before every application, not to submit them to these treatments because they are "not in need of them"

3 While the catatonic negativists are the greatest benefactors from electric shock treat-

ment, the group of shock objectors is completely refractory to it

4 The astonishing fact that the induced electric energy, which creates a veritable electric storm in the cranium and throws the entire body into powerful convulsions, blacking out consciousness at the same time, fails to affect the psychotic patterns of those who object to them in the waking state leads the author to review various correlations between nerve-cell states and activities and mental processes and to postulate the following

5 The curative moment in the procedure of electric shock treatment is the period of fatigue and relaxation following the initial tension reaching its highest limits, nervous and mental disease being a state of irritable tension

6 The objector's resentment against shock, in the form of mobilized will power, is not banished through loss of consciousness, but surviving the electric storm, defiantly prevents access to the "areas" or "processes" of psychotic activity

7 This phenomenon is an additional proof of the inseparable psychosomatic interacting unity of a living organism

8 To make shock objectors benefit from electric shock treatments, psychotherapy must precede the initiation of the course, that may begin only when the patient's objections are banished by his inner conviction and the road to his psychotic ideas left undefended by an opposing impregnable will Psychotherapy should, of course, be continued and given between the electric-shock applications and following their termination

---

THE PROGRESS OF THERAPY

Physicians, listing the ten most important drugs used in medicine in 1910, chose them in the following order (1) ether, (2) morphine, (3) digitalis, (4) diphtheria antitoxin, (5) smallpox vaccine, (6) iron, (7) quinine, (8) iodine, (9) alcohol, and (10) mercury Just five years previously the Council on Pharmacy and Chemistry had been established to eliminate from medicine the shotgun therapy based on indiscriminate empirical remedies Out of their efforts came such works as *Useful Drugs* The same impetus brought about intensive revision of the *United States Pharmacopeia*, which today, along with *Useful Drugs* and *New and Nonofficial Remedies*, may be said to constitute the proved armamentarium of the physician

Tremendous advancement has occurred in the field of therapy since 1910—so great indeed that it is almost impossible to list today ten individual remedies which might be said to be the ten most important or useful in medical practice In an effort to determine what leaders in medicine might choose as most important in 1945 the editor of the *Journal* of the American Medical Association addressed a communication to some of the professors of medicine in leading medical schools The largest number of replies put penicillin first In considering penicillin, however, other antibiotic drugs were added Certainly the sulfonamides come exceedingly close from the point of view of their application under a wide variety of circumstances At least five of the physicians consulted placed morphine first on the list of important drugs, yet many added to morphine the names of some of the barbituric-acid derivatives Ether still merits a place on any list of important drugs, but today the anesthetist has access to nitrous oxide-oxygen, cyclopropane, ethylene, local anesthesia, spinal anesthesia, and continuous caudal anesthesia as well as the basal anesthetics injected directly into the blood Digitalis still holds a place among the most important of remedies The diphtheria antitoxin of 1910 is now supplemented by innumerable antitoxins and vaccines established as specific against certain infections New on the modern list are blood plasma, whole blood for transfusions, gamma globulin, and all of the other substances derived from blood. Little was known in 1910 of the products of glands Today the life-saving properties of insulin, liver extract, estrogenic and male sex hormones, adrenal, and thyroid are unquestioned Little was said in 1910 about vitamins, but the vitamins must be included in any significant list because of their specific virtues in cases of established deficiencies such as rickets, scurvy, pellagra, and beriberi Questionable on any modern list would be the arsphenamines If penicillin develops as is anticipated in the treatment of syphilis, the arsphenamines may go far down on any list of important remedies Since malaria appears to be the most widespread of all diseases on the face of the earth, the quinine of previous generations must be assisted by quinacrine and other specific antimalarial remedies

A 1945 list of the most important remedies might be

1 Penicillin and the sulfonamides and antibiotics
2 Whole blood, blood plasma, and blood derivatives
3 Quinine and quinacrine
4 Ether and other anesthetics, morphine, cocaine, and the barbituric-acid derivatives
5 Digitalis
6 Arsphenamines
7 Immunizing agents and specific antitoxins and vaccines
8 Insulin and liver extract
9 Other hormones
10 Vitamins —*J.A M.A , March 10, 1945*

THE MANAGEMENT OF VARICOSE ULCERS

LEONARD K. STALKER, M D , M S , Rochester, New York

A VARICOSE ulcer is one of the most common complications of varicose veins of the lower extremities The majority are seen in individuals with neglected, advanced varicosities and associated stasis, but it is important to mention that the development of such an ulcer is not necessarily dependent on the severity of the varicosities It has been my experience that in all cases in which a varicose ulcer develops there has been a demonstrable incompetency of either one or both of the greater or lesser saphenous systems. In addition to this, incompetency of one or more communicating veins in the lower leg can usually be demonstrated

The diagnosis of a varicose ulcer is not difficult, and while specific neoplastic and traumatic lesions do occur on the lower extremities, the vast majority of leg lesions are related to disturbances of the venous circulation A varicose ulcer is usually a chronic, progressive, necrotizing lesion which fails to heal spontaneously They are most often situated on the inner aspect of the lower third of the leg and ankle The highest level at which they are occasionally found is the juncture of the upper and middle thirds of the leg A few will be found on the lateral aspect of the leg and ankle They appear in the center of a pigmented, indurated area and are extremely painful Cellulitis is always present in varying degrees, and results in a copious, offensive discharge

I believe, with Heller,[1] that such lesions represent the effect of a nutritional deficiency on the functions inherent in cutaneous cells. These functions are impaired because of an ischemia arising from peripheral arterial or venous disturbances The region of the lower leg and ankle is particularly vulnerable to such disturbances because of its exposed and dependent location, poor protective padding of bone prominences, and a relatively meager arterial supply When the skin in such a static area is traumatized, bacterial invasion promptly leads to necrosis and ulceration There is little question that phlebitic inflammatory disease forms the basis of varicose indurations and ulcerations, and once ulceration has occurred secondary infection is introduced and becomes an exceedingly serious factor

When examining individuals with ulceration on the lower extremities, the possibility of malignant degeneration, tuberculosis, syphilis, and fungoidal and chemical causation must be considered A few ulcers are associated with arterial disease, and the possibility of arteriovenous aneurysms is one of the serious considerations It is difficult to differentiate between those ulcers associated with obstructive thrombophlebitis and impairment of the deep venous circulation and those attributable to varicose veins alone These two conditions will be separately discussed and individual methods of treatment outlined

Treatment

Ulcers Without Deep Phlebitis—It has been frequently mentioned that all patients who have varicose ulcers should be treated conservatively and surgery postponed until the ulcer has healed and evidence of inflammation disappeared It is my impression, and I have followed this method of treatment for a period of more than ten years in a great number of cases without regret, that the necessary ligation of the incompetent venous system should be carried out to cure the ulcer[2] Primarily, if one adequately treats the incompetent venous system in the face of ulceration, very few other adjuncts in the treatment will be necessary, and all ulcers can be healed with the patient ambulatory

It is true that if a patient is hospitalized and the leg elevated, a varicose ulcer will heal without any further treatment However, as soon as the patient walks, edema develops and the ulcer recurs In order to create the best conditions for healing, it is necessary to prevent edema. Several factors produce this edema, namely, incompetency of the venous system and inflammatory changes in the region of the ulcer The incompetency of the venous system can easily be handled by performing a combined division and ligation of the greater and in some cases of the lesser saphenous veins, together with separate division and ligation of the uppermost tributaries, and where feasible, to ligate the communicating veins unless such are in the base of the infected area. These can be handled at a later date, and in many instances can be adequately treated by injection of a sclerosing agent

The aforementioned ligation is performed by a method previously described by Heyerdale and myself[3] Following this, the sclerosing solution is judiciously used until complete obliteration of the involved superficial venous system takes place In those cases in which considerable inflammation and infection is present in the region of the ulcer, no injections are carried out until this subsides, but in other cases, injection treatment is carried on as in those cases of uncomplicated varicose veins Together with this, some

type of elastic support is used In all cases in which edema is present, a bland type of ointment is usually applied to the ulcerated area I have rarely found it necessary to confine my patients to bed or to employ such measures as Unna's boots, rubber sponge dressings, etc In the majority of instances a varicose ulcer can be expected to heal within a period of four to six weeks, and many will heal within two weeks following ligation In a few cases the healing is complicated by the severity of the secondary infection, but in most of these instances this can be combated by the use of sulfa drugs, penicillin, streptomycin, or other antibiotic substances

Ulcers Associated with Deep Thrombophlebitis — If a thrombophlebitis has involved the deep venous system it is likely to be followed by chronic venous insufficiency in the leg Varicosities develop secondarily and frequently will be followed by ulceration and cellulitis Complete occlusion of the deep circulation is a contraindication to surgical treatment It is a rare condition, and the diagnosis is not difficult Many individuals will be seen in whom the history of a deep thrombophlebitis exists, but on examination it will be found that the deep venous system has recanalized, or sufficient deep collateral channels have developed, and an adequate venous circulation exists In these cases the same treatment can be carried out successfully as in the group in which no deep phlebitis has been present However, in many of these cases a partial occlusion of the deep venous system exists, and complete improvement cannot be accomplished, that is, the ulcer will heal and remain healed, but there may continue to be a certain amount of swelling in the extremity The simplest method of determining adequacy of the deep venous circulation is to apply a snug elastic bandage from the base of the toes to the knee This restricts the superficial circulation, and if after wearing this for a period of thirty to sixty minutes the patient has no discomfort, the physician can be certain that the deep venous circulation is adequate.

In those cases in which the deep venous occlusion contraindicates surgery, there is little alternative but to put the patient to bed and elevate the extremity, treating the ulcerated area conservatively until it heals Following healing, these patients are given instructions in keeping the leg as free from edema as possible, and in many instances some relief will be obtained if a not too snugly applied elastic bandage is used when they are on their feet

These patients who have maintained chronic edema for a prolonged period of time, regardless of whether or not there is any degree of occlusion of the deep venous system, require in addition to other treatment elastic support to the leg The healing of the ulcer in these cases will require more time and the revascularization and softening of the infiltrated tissue may require a period of months The rapidity with which this occurs will depend entirely on the degree of cooperation obtained from the patient in regard to maintaining the extremity without swelling at all times As yet no supportive bandage or stocking has been invented that is perfect The elastic stockings are neat, but the fit must be perfect, and they wear out in a relatively short time Bandages must be reapplied frequently and many patients object to their appearance Heavy, pure rubber bandages are the strongest and most satisfactory support in the presence of severe edema, but they are hot and at times uncomfortable Many patients refuse to wear these because the symptoms of carrying a small amount of edema seem less troublesome than the discomfort of the bandages However, if the involved extremities can be kept edema-free for a prolonged period, a year or more, there is a fair expectancy of being able to dispense with supportive bandages

Factors Which Complicate Treatment—Many of the patients who have varicose ulcers are indifferent, careless, indolent individuals, and it will be difficult to obtain their cooperation in treatment, and thus a much longer time for healing may be required Age has been no contraindication in treatment of these cases, but the older the patient, the more apt one is to find an associated arteriosclerosis with a somewhat impaired arterial circulation This may contribute to a slower healing of the ulcer in some cases Varicose ulcers will heal more slowly in obese patients than in slender patients This is probably due to the fact that there is poor vascularization of the fatty tissue, and in many such individuals dependent edema exists without noticeable degree of venous insufficiency

There are many conditions associated with varicose ulcers that are not the result of the ulcers, but are the sequelae of the primary pathologic condition, that is, stasis These conditions are stasis dermatitis, pigmentation, edema, brawny infiltration, phlebitis, and cellulitis. Stasis dermatitis, edema, and pigmentation are the most commonly associated conditions The majority of these are improved when the treatment for the varicose ulcer is carried out The hemosiderin deposits which produce the pigmentation will usually lighten, but invariably do not disappear When brawny infiltration of the type in which the surrounding tissue feels hard and woody is present, there has invariably been some degree of cellulitis with thrombophlebitis and occlusion of the lymphatic channels The prognosis in these cases must be somewhat guarded, and as has been pointed out above, the

healing of the ulcer will require more time and it may be necessary to utilize supportive measures indefinitely

Comment

There is no stereotyped treatment which is effective in the treatment of varicose ulcers Each case is an individual problem the treatment of which must be individualized after careful analysis of the arterial and venous circulation of the extremity A careful general history and examination must be done in order to exclude associated or aggravating conditions The time and type of treatment will vary with the individual surgeon and his experience

It is likely that in the future the number of varicose ulcers will decrease. This is a result of the fact that it has become well known that there is a treatment for varicose veins and also that the chronic ulcers which are difficult to heal are the price of neglect Patients are rapidly becoming aware of the fact that, aside from the disfiguring effect of varicose veins, they increase the risk of phlebitis, hemorrhage, and ulceration, and as a result are seeking treatment even before symptoms occur The obstetricians have become aware of the fact that it is advisable to treat varicosities during the course of pregnancy The surgeon has become aware of their importance as a factor in postoperative embolus and phlebitis The treatment of phlebitis has advanced greatly with the introduction of anticoagulants, paravertebral nerve block, and a better understanding of the underlying physiology and pathology, so that fewer of the complications of the chronic deep venous occlusion may be expected

Summary

A discussion of the so-called varicose ulcers of the lower extremities has been made. A method of treatment of such ulcers in the absence and in the presence of deep venous insufficiency has been outlined A brief discussion of the factors which complicate the treatment of varicose ulcers was made

Medical Arts Building

References

1. Heller Richard E.: Surg., Gynec. & Obst. 76: 77 (Jan.) 1943
2. Stalker L. K.: Ten Years Observation in the Treatment of Varicose Veins (in press).
3. Stalker L. K. and Hyerdale, W W: Surg., Gynec. & Obst. 70: 1094 (June) 1940.

OUTPUT OF CARBON 13 INCREASED

Expanded production of Carbon 13 which, recent experiments in biochemical research indicate "gives promise of ranking in importance with x ray as a tool of medical science" was announced on January 1 by the Sun Oil Company and the Houdry Process Corporation

The isotope, so rare that production has been at the rate of less than 1/2 ounce a year "may be compared to a chemical microscope that makes it possible for the chemist to see and follow chemical reactions in the body not possible with the x ray" a joint statement declared

The companies announced plans for construction by Sun Oil of two plants to produce "comparatively substantial quantities of Carbon 13" Houdry now has in operation, at Marcus Hook Pennsylvania, a thermal diffusion plant producing about 1/4 Gm. of Carbon 13 a month and has made this available without cost to members of the Isotope Research Committee

The present cost of Carbon 13 is $400 a gram the statement said, adding that the new plants should reduce this to $40

Carbon 13 has been described as appearing like an ordinary carbon. It can be used to produce any of the compounds normally composed of carbon, such as sugar alcohol, the hydrocarbons of gasoline and thousands of others, including synthetic rubber Or, the statement continued, Carbon 13 can be used to grow vegetables which have some or all carbon atoms with atomic mass equaling 13 These compounds and vegetables, injected into or eaten by living organisms, including humans contain the necessary "tracers" by which their effect on body functions can be discovered.

Research with the isotope, the companies said, has already led to discovery of how fats are broken down in the animal organism to create energy necessary to carry on the life process. In contradiction of a long-established theory, Drs. C H. Werkman, of Iowa State College and Dr E. A. Evans, of the University of Chicago, reported after experiments with Carbon 13 that animals as well as plants utilize carbon dioxide.

"The possibilities of research with Carbon 13 are almost beyond imagination," the statement said. 'It is a new and powerful tool for a revolutionary approach to studies of the fundamental processes that occur in all living things, as well as metabolic disease processes such as cancer, diabetes hardening of the arteries, so-called 'heart trouble" and others."—*N Y Herald Tribune Jan 1, 1945*

DUODENAL OBSTRUCTION CAUSED BY CHRONIC PYELONEPHRITIS AND HYDRONEPHROSIS

BENJAMIN SHERWIN, M D , F A C S , and EDWARD E ROCKEY, M D , New York City

(From the Surgical Service of the Lincoln Hospital)

VISCEROPTOSIS and atony of the duodenum[1] are predisposing factors for duodenal obstruction, which can be the result of pressure from outside or within the wall of the duodenum or occlusion of the lumen by objects entering the duodenum

Pressure from outside of the duodenum can be due to angulation of the third or preaortic portion by the superior mesenteric vessels, inflammatory scar tissue, congenital or acquired bands or adhesions, pathologic conditions of the head of the pancreas, tumors of the pancreas or tissue around the duodenum such as retroperitoneal tumors,[2] calcified *mesenteric glands,*[3] *cholecystitis,*[4] *nodular cirrhosis,*[4] carcinoma of the colon,[4] partial volvulus of the ileum twisting the jejunum at the level of the ligamentum Treitz,[5] or anomaly of the curvature or rotation of the duodenum Pressure within the wall of the duodenum is caused by tumors, which are quite rare

Occlusion of the lumen of the duodenum may occur from large gallstones or blocking by food of a partial congenital or acquired stenosis[6]

Among the causes of the obstruction of the intestine by external compression Wangensteen[7] mentions also hydronephrosis Hydronephrosis as the cause of the obstruction of the duodenum has not been mentioned in the literature, which fact initiated the idea of reporting our case

Case Report

M Z (History number 141009), a 49-year-old Armenian man, a bootblack, was admitted to Lincoln Hospital on February 12, 1945, with three weeks' history of progressive vomiting after meals For four days prior to admission the patient was not able to retain any food, became weak, and lost approximately 15 to 20 pounds in weight Past history is irrelevant

Physical examination revealed a white man who appeared chronically ill, dehydrated, and emaciated Temperature was 98 8 F , pulse 80, respiration 16, and blood pressure 86/60 The skin was deeply pigmented Examination of eyes, ears, nose, throat, and neck revealed no abnormalities There was moderate bulging over the right posterior chest wall on sitting The lungs were clear to percussion and auscultation The heart was of normal size, with normal sounds and rhythm The abdomen was slightly distended throughout, with no tenderness present The liver edge was not palpable There was a definite mass in the right upper quadrant of the abdomen which percussion showed to extend five fingerbreadths below the right costal margin

On the abdominal wall there was a healed right paramedian incision (postappendectomy scar) and bilateral inguinal hernioplasty scar Rectal examination revealed no masses or other abnormalities Neurologic examination revealed equal but hypoactive reflexes

Laboratory Findings —Urine specific gravity, 1 015, acid, albumin, 2+, 1 to 2 white blood cells per high power field, urate crystals Subsequent examinations revealed no albumin and the white blood cells per high power field varied up to 10 Blood nonprotein nitrogen, 66, blood urea nitrogen, 42 6, sugar, 92, albumin, 3 3; globulin, 3 3, total proteins, 6 6, icterus index, 6 5, cephalin flocculation, 2+ Subsequently the nonprotein nitrogen came down to 38 5 and on March 5, 1945 to 33, at which time the albumin was 3 5, globulin, 2 8, total proteins, 6 3, icterus index, 11, cephalin flocculation, 4+ Blood culture did not show growth in ten days The Klein test of blood was negative. Red blood cells, 2,950,000, hemoglobin, 65 per cent, white blood cells, 5,200, of which polymorphonuclears were 79 per cent, lymphocytes, 12 per cent, cosinophils, 2 per cent, stabs, 7 per cent Gastric analysis showed a hypoacidity

A gastrointestinal series (Fig 1) revealed the stomach to be normal in size and shape, however, it seemed low in the abdominal cavity The duodenal cap was distorted and flattened Six-hour, twenty-four-hour, and even ten-day films showed large retention of the barium meal in the stomach (Fig 2) An intravenous pyelogram failed to visualize the right kidney Cystoscopic examination revealed the bladder contents to be grossly cloudy and the bladder moderately injected The orifices were normal in size, shape, and position A catheter was introduced to the renal pelvis on the left side On the right side it could not be passed beyond 3 cm , at which point a definite obstruction was present Retrograde pyelogram showed obstruction at the lower end of the right ureter

During the course of observation in the hospital, a large cystic mass, not tender, occupying the entire right upper quadrant of the abdomen and right lumbar gutter became more definite The patient vomited if fed orally He was given intravenous fluids—glucose in saline, amino acids, and whole-blood transfusions On March 9, 1945, after a thorough preoperative preparation with fluids as noted, the patient was operated upon An oblique incision, extending from the twelfth rib near the angle downwards and forwards towards the crest of the ileum, was made The abdominal wall was very thin, on cutting through the muscular structures, the large cystic tumor mass presented itself By careful palpation this mass was found to extend from the diaphragm and under the surface of the liver above to the pelvis below and medially beyond the vertebra It was noted that the large vessels, duodenum, and stomach and small bowel were pushed toward the left side of the abdomen A large trocar was inserted into the cystic mass and, with aspiration, about 4,000 cc of dirty, grayish fluid was removed There was a large amount of debris There was a complete collapse of this extensive mass and by blunt manipulation the entire wall of a hydronephrotic kidney was easily separated from the surrounding structures and peritoneum The entire ureter down to the brim of the pelvis was removed with the mass after doubly clamping, cutting, and ligating the ureter, the renal artery, and vein. The cavity was packed with a large square of rubber



FIG. 1 Roentgenogram showing the duodenal cap distorted and flattened

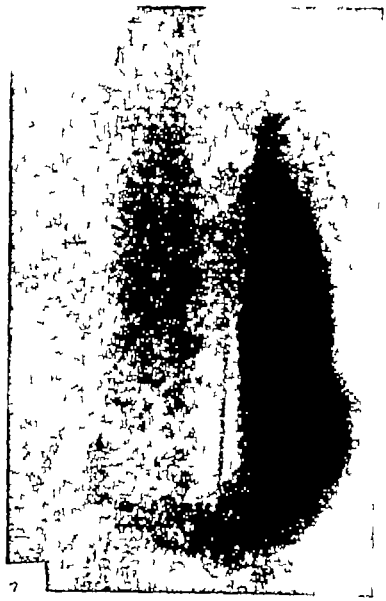


FIG 2 Roentgenogram showing large retention of the barium meal in the stomach

tissue and gauze Muscle structures and skin were sutured in anatomic layers *per primum*.

Pathologic Examination.—Dr J G Sharnoff performed an examination which showed the specimen to consist of a kidney which had been converted into a huge sac. Normal kidney structures could not be made out. The lumen contained a small amount of purulent material. Microscopic sections revealed the pelvis, the epithelium of which was partly eroded The muscular coat showed marked fibrosis, it was also diffusely infiltrated by lymphocytes and plasma cells. The diagnosis was chronic pyelonephritis and hydronephrosis.

On the fourth postoperative day, the patient tolerated a soft diet and the following day a regular diet. He had a smooth postoperative course with the exception of low-grade fever, which varied between 99 and 100 5 F There was a slight purulent discharge from the drain site, and on March 19 1945 the patient was given penicillin a total of 1,250 000 units. On the nineteenth postoperative day the patient developed an itching urticaria-like rash over his body and extremities. With the discontinuation of penicillin, the itching and the rash cleared up in four days. On March 31 1945 there was a definite foot-drop noted with some atrophy of the muscles of the right leg which cleared up in about two weeks. The cause of this was unknown

Followup gastrointestinal series (Fig 3) showed the stomach low in the abdominal cavity but normal in size and shape. The duodenal cap was well visualized as compared to the previous films and the twenty four hour film showed the stomach to be empty

On April 19 1945 or the forty-first postoperative day the patient was discharged in good general condition with a residual sinus tract present measuring only 1½ by ½ cm. in diameter The patient gained considerable weight and was able to eat and retain the general diet without difficulty

Discussion

Among the leading symptoms of duodenal obstruction are recurrent waves of nausea, early vomiting, regurgitation of food, pain in the epigastric region referred to the right costal border, weakness, and weight loss. Many of these patients have thin chests and long waists and show typical habitus enteroptoticus.[4] If the obstruction is near the pylorus and above the ampulla of Vater no bile will appear in the stomach content. Blood studies usually reveal a sharp fall in chlorides and a rise in urea.

In our case the progressive vomiting, weakness, and weight loss were the outstanding or predominant findings.

Obstruction of the duodenum occurred in this case by compression of the greatly enlarged right kidney This is more easily understood if we recall that the duodenum has no mesentery and is fixed retroperitoneally Its first part, which begins at the pylorus and ends at the neck of the gallbladder, is somewhat movable. The descending part is fixed to the front of the right kidney in the neighborhood of its hilum, posteriorly to the right side of the vertebral column to the level of the lower border of the body of the third lumbar vertebra[3] (Fig. 4) It is

Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL *The members of the committee are Oliver W H Mitchell, M D , Chairman, (428 Greenwood Place, Syracuse), George Bachr, M.D , and Charles D Post, M D*

Cancer Teaching Day in Jamestown

MEMBERS of the Erie, Chautauqua, and Cattaraugus County medical societies will attend a cancer teaching day to be held on Thursday, February 28 at the Hotel Jamestown, in Jamestown The Erie, Warren, and McKean County medical societies in Pennsylvania have also been invited to attend the meeting

The program of the day will begin at 2 30 P M with Dr Robert E Storms, president of the Medical Society of the County of Chautauqua, presiding The speaker of the afternoon will be Dr Louis C Kress, director of the State Institute for the Study of Malignant Diseases, in Buffalo His topic will be "What the Public Should Know About Cancer"

Dr Frederick R. Weedon, president of the Jamestown Medical Society, will be chairman of the scientific session which will begin at 8 00 P M that evening He will introduce Dr Clyde L Randall, professor of gynecology, University of Buffalo School of Medicine, and Dr Samuel J Stabins, assistant professor of surgery, University of Rochester School of Medicine and Dentistry Dr Randall will discuss "Malignancies of the Uterus," and Dr Stabins will speak on the subject, "Cancer of the Breast"

A dinner will be served at 6 30 P M at the Hotel Jamestown

The following are the committee members arranging for the teaching day Public Health Committee, Drs O T Barber, C E Goodell, and Van S. Laughlin, Program Committee, Drs H A. Blaudell, G W Cottis, W G Hayward, and E J Kelly, Jr

The program is being presented under the auspices of the Medical Society of the County of Chautauqua, Jamestown Medical Society, the Medical Society of the State of New York, and the New York State Department of Health, Division of Cancer Control

Common Diseases of Older People

THE Diagnosis and Treatment of Common Diseases of Older People" was the subject of a lecture given by Dr Wardner D Ayer to the Ulster County Medical Society on February 6 Dr Ayer is professor of clinical medicine at Syracuse University College of Medicine, Syracuse, New York. The meeting, arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York, was held at the library of the Kingston Laboratory, Kingston.

Laboratory Tests in the Practice of Medicine

DR. RALPH G STILLMAN, assistant professor of medicine at Cornell University Medical College, New York City, gave a lecture to the members of the Rockland County Medical Society on January 25 in the Recreation Pavillion, Summit Park Sanatorium, Pomona

His subject was entitled "The Use and Interpretation of Laboratory Tests in the Practice of Medicine"

This instruction was arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York

---

PIGEONS FIND DEFENDERS IN MEDICAL PUBLICATIONS

Declaring "sensational, irresponsible, speculative newspaper publicity" against pigeons as disease carriers lacks scientific basis, the *American Medical Association News* cited a November 17 editorial in the *Journal of the American Medical Association* which branded antipigeon compaigns as ill-founded

Quoting the editorial, the publication asserted that "until statistics in any city present conclusive evidence that human infections due to exposure to pigeons in the streets and parts are fairly common, such action is not warranted" Only a relatively small percentage of all pigeons are "open" carriers, that is, capable of excreting virus in any form which might infect other pigeons or humans

The diseases latent in pigeons may be transformed into clinical infections when the birds are crowded into lofts or cages, it continues, declaring

"Therefore, lofts in back yards or receiving pens for racing pigeons are much more likely to be foci for dissemination of infectious material than are the wild pigeons in city parks and around public buildings

"Danger to the human being comes from intimate contact with pigeons, such as occurs when cleaning dirty lofts or when standing close to cages in which racing pigeons are received It is possible for a human being to become infected from inhaling virus in dusts of streets or parks However, actual studies seem to show only an exceedingly few cases that may have developed in this manner"

The article concludes with the opinion that trapping the pigeons does not guarantee other pigeons will not reinvade the areas, or that their removal will minimize the danger of viruses from other birds

A Fundamental Approach
TO SULFUR METABOLISM

HYDROSULPHOSOL



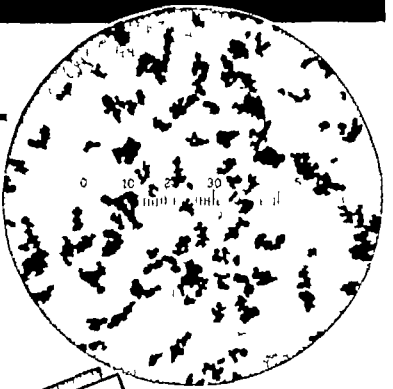


Illustration showing flowers of sulfur magnified 82X small divisions = 10 microns. The size of the colloidal sulfur particle in Hydrosulphosol is estimated at 1/1000 of a micron or 1/10,000 of the small division particle illustrated.

A true solution of sulfur bearing compounds resulting solely from the reduction of flowers of sulfur by a catalytic process. In aqueous solution, it is capable of releasing its unusually high concentration of sulfhydryl ion in readily utilizable form without evidence of toxic reaction.

Its therapeutic importance may best be evaluated by the fact that the —SH radical of the cysteine forms the active group in glutathione, alone of reported importance in connection with tissue oxidations.

Hydrosulphosol is indicated in the management of burns, ulcers and pathological conditions in which sulfur metabolism is a clinical consideration.

Reprints of scientific papers by authoritative investigators available on request

R D

Rees-Davis Drugs, Inc.
MERIDEN, CONNECTICUT

Department of State Medical Insurance Plans

CONDUCTED BY GEORGE P FARRELL, DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

Report of Present Plans on a State-wide Basis

IN CONSIDERING the above problem there are three different methods of approach

1 Amalgamation of all the present plans in New York State to offer a uniform contract

2 Establishment of a new organization by the Medical Society of the State of New York to offer a uniform contract on a state-wide basis

3. Consideration to be given to a uniform contract with minimum benefits, to include in-hospital surgical-medical care by all present existing plans

The primary consideration in offering a contract on a state-wide basis would be whether it should be indemnity or service At the present time the following contracts are being offered

Western New York Medical Plan, Inc , Buffalo A surgical contract including obstetrics, on an indemnity basis (medical rider providing house, office, and hospital calls was discontinued as of November 1, 1945)

Central New York Medical Plan, Syracuse Medical-surgical contract including obstetrics, providing for house, office, and hospital calls for medical care, on an indemnity basis

Medical and Surgical Care, Inc , Utica Surgical care, including obstetrics, on an indemnity basis Dependents receive one half of benefits for surgical procedures Limited medical-expense benefits (20 8 per cent are enrolled under this contract)

United Medical Service, Inc , New York City Two classes of contracts—indemnity and service Indemnity provides for surgical care, including obstetrics, while hospitalized The service contract provides (1) in-hospital surgical care, (2) in-hospital surgical and medical care, (3) general medical expense, including surgical and obstetrics, general medical care in the home, hospital, or physician's office

As of November 30, 1945, 90 per cent of all contracts issued were of the indemnity class

Genesee Valley Medical Care, Inc , Rochester Surgical contract, including obstetrics, on an indemnity basis

The plan proposed for the Capital District, Albany, is a service plan providing in-hospital surgical-medical care Jefferson County Medical Society has tentatively arranged to affiliate with Medical and Surgical Care, Inc , of Utica. The Chautauqua County Medical Society is considering the possibilities of affiliating with Western New York Medical Plan, Inc If, however, they should form their own plan, it is proposed that it be an in-hospital surgical-medical care plan

In reference to the amalgamation of all the present plans in New York State to offer a uniform contract, the foregoing résumé indicates that many changes would have to be made regarding present types of contracts and benefits offered by each plan. Due to the length of time and experience of each individual plan now in existence, consideration would also have to be given to their present financial setups There is a wide variation in surplus of individual plans, ranging from about $2 25 per member to zero In other words, the surplus of some plans is equivalent to the average cost of about seven months of medical care, while others vary to zero

It would be necessary to have complete agreement among all existing boards of directors of each individual plan, regarding the adjustment of surplus in relation to membership The consent and cooperation of all participating doctors would have to be obtained, because of their underwriting responsibility to each individual plan

In reference to method two, the following problems would have to be considered (*1*) necessary change in the present Insurance Law (Article IX-c) to permit organization of a plan on a state-wide basis, (*2*) establishment of a proper administrative setup to make a state-wide plan function This could be accomplished independently or in cooperation with presently existing medical plans. If administered independently, it would require substantial capital and a large personnel, and in practice would be functioning as an independent insurance company

In reference to method three—consideration of a uniform contract which could be offered by existing plans within the state, it is my opinion that the past experience of plans in the state and also in other states should be gathered and analyzed. After such an analysis has been made it would then be possible to offer a plan which would be financially sound and meet the average costs of catastrophic illness It suggested that the Bureau of Medical Care Insurance obtain this information from present plans within the State and from other sources where it is available After a study of this information is tabulated, a uniform contract with minimum benefits (including in-hospital surgical-medical care) can be recommended at the earliest possible date

It is further suggested to study the possibilities of liberalizing enrollment procedures which will give every person the opportunity of enrolling who does not qualify according to some of the present standards set up by the plans

It is also hoped that greater interest and cooperation will be shown by the doctors in supporting present prepaid voluntary medical-care plans operating in their respective areas, also, steps should be taken to get the cooperation of all county medical societies which are not supporting their respective plans In some areas doctors are supporting the operations of mutual benefit associations which tend to retard the progress of voluntary plans

It is my understanding that these associations do not come under the supervision of the State Department of Insurance Where a mutual benefit association does not provide at least a minimum of protection, as provided by the local medical-care plan in that area, I feel that whatever steps are necessary to discourage the participation in such a program by the doctors should be considered

The problem of a state-wide plan has been discussed with the presidents of the four operating plans in New York State, and it is their feeling that present plans should be left to operate in their respective areas, because the rates and benefits offered by each plan apply to the particular needs of the people in that area Indemnity schedules

[Continued on page 424]

. . . FOR THE "LET-DOWN" FEELING

THAT OFTEN COMES WITH YEARS



FREQUENTLY the lassitude and "let-down" feeling of the elderly patient is attributable in some measure to simple hypochromic anemia

In these cases, physicians find Ovoferrin a hematinic of value combating the anemia, helping to raise the hemoglobin level, without the undesirable side-effects to which elderly patients are sensitive. No digestive disturbances, no constipation. Ovoferrin is pleasant to take, palatable, odorless. Stimulates appetite Doesn't stain teeth or injure tooth enamel.

Non ionizing, Ovoferrin enters the gastro-intestinal tract as a fully hydrated oxide in colloid state. Provides needed iron protein in readily absorbable and assimilable colloidal form.

A valuable hematinic in nutritional anemias, in convalescence, in debility states, in pregnancy, in adolescence.

Available at drugstores in 11 oz. bottles. Dosage One tablespoonful in water at mealtime and at bedtime.

HOW OVOFERRIN ACTS IN THE BODY

In the mouth Pleasant and palatable, Ovoferrin is almost tasteless. Doesn't stain teeth or destroy tooth enamel.

In the stomach...Ovoferrin is stable, non irritating Non-ionizable, its colloidal structure remains practically unchanged by gastric juices. Passes on ready for further assimilation.

In the intestine Entering here in colloidal form Ovoferrin iron is readily absorbed utilized. A stable hydrous oxide that has neither dehydrating nor astringent action. No distressing side-effects, no constipation



Colloidal Iron vs Ionizable Iron

OVOFERRIN is non-ionizing, easily assimilable colloidal iron protein.

IRON SALTS may ionize in the stomach, dehydrate and constipate.



OVOFERRIN

COLLOIDAL ASSIMILABLE IRON

MADE BY A C BARNES CO NEW BRUNSWICK N J

"Ovoferrin" is a registered trademark, the property of A. C. Barnes Co.

[Continued from page 422]

are established to conform with the average charges for services rendered by doctors in areas served by individual plans Community interest would be lost in a state-wide plan

They feel, however, that a contract offering minimum uniform benefits might be practical and the rates and fee schedule could be adjusted according to area It is the consensus of opinion also that the plan can be administered more economically and effectively through present methods. It can be noted here that the Blue Cross Plans, for the past several years, have been attempting to establish a uniform contract throughout the state but have been unable to do so for the reasons outlined in this report relative to medical care

---

DECELERATION IN MEDICAL EDUCATION

Since September, 1941, the medical schools of the United States, by operating on a nine-month schedule, have done their best to meet the dire national need that became clear so suddenly after the attack at Pearl Harbor The same motivation brought about a similar acceleration in the educational programs of our hospitals, where the 9–9–9 plan of rotating internships locked into the medical school schedules, and of our colleges and even high schools, where premedical courses were given There are now two indications that the pressure on this educational system may be reduced the Army has altered its contract with the medical schools in such a way that, until further notice, it will supply only 28 instead of 55 per cent of the matriculants, and the schools themselves are widely adopting the return to an annual period for the matriculation of future classes

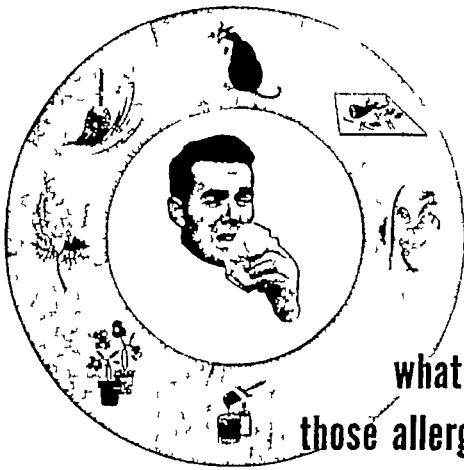
These moves on the part of the Army and of the medical schools call for rather prompt adjustments if future difficulties are to be avoided They are not exactly movements in the same direction the Army has reduced the number of its trainees but still calls for their continuous training and the medical schools have reduced the frequency of entering classes but are not yet in a position to return to a twelve-month basis Unless the return to annual admission and a full-year course are made simultaneously and at the time—June—when courses formerly terminated, two things are bound to occur first, for each year that the nine-month curriculum is retained, there will eventually be a delay of three months between medical school graduations, with a maximum of a year, and second, when the twelve-month curriculum is resumed, the teaching schedules for three years will be chaotic This brings up for immediate discussion, and for reasonably prompt decision, the question whether a return to the pre-war timing of the curriculum is desirable

This question has several phases For the students at the top of the academic ladder, acceleration could be continued with profit and ease These students can acquire in three years, as well as in four, the knowledge demanded, but there are not enough of them to supply the medical needs of the country—even in peacetime The students at the bottom of the class in scholastic performance are definitely unable to complete the work satisfactorily in three calendar years, although many of them can do so in three and a half or four years Many of these stable, hard-working students, who can do the work only if they are not hurried, have the attributes of character and personality that enhance their potential usefulness as physicians, and it is altogether proper that such persons be accorded some elasticity and consideration in the planning of the medical curriculum. The great majority of the students, however, stand in between these two ends of the academic ladder they are the common denominators, they set the pace that the others find too slow or too fast, and they determine and maintain the standard at which medical education should be conducted They have been hard pressed by the accelerated curriculum, but they have risen to the occasion and are responsible for whatever success has attended the project

The facts that formerly most medical students devoted some—and a few, all—of their summer vacations to medical pursuits, that the members of the faculties, because of diminishing numbers, have had to give even more time to teaching than that demanded by the nine-month year and that a nine-month internship does not meet the minimum requirements mean that the quality of medical education, other things being equal, must have deteriorated during the wartime acceleration of the curriculum It was an emergency device—"any port in a storm"—but it now appears that the storm has passed sufficiently for us to clear our decks again and to make our ship as stout and as seaworthy as possible We are now planning to train the doctors of 1949 and later

Are we to train them at the highest possible level and to meet the national and international responsibilities that we are now assuming? Before this question can be answered the time elements involved in the accelerated programs of our medical schools must be thoughtfully scanned by the medical, military, and educational authorities of the Nation The simplest method of deceleration would be to return to the annual type of curriculum and simultaneously to extend the 9–9–9 into a 12–12–12 plan for hospital internship In the natural course of events this would bring about a gradual, not a sudden, return toward normal. If these changes were to be made effective as of June, 1945, the future classes to graduate from our medical schools would have the following medical-school increments, including vacations class of 1945, thirty-six months, class of 1946, thirty-nine, class of 1947, forty-two, and class of 1948, forty-five Furthermore, each graduate would have at least a twelve-month internship

Continuation of the nine-month curriculum beyond June, 1945, can be justified only by two considerations first, that there are values in the accelerated program that should be projected into peacetime and, second, that the national emergency is still acute enough to sacrifice quality for quantity in medical-school output in 1948 and 1949 Furthermore, if the latter consideration does hold, it seems likely that both the Army and the country in general would be benefited if the required number of physicians were obtained by increasing the percentage of Army matriculants rather than by retaining the accelerated schedule —*New England J M*



what excites those allergic symptoms?

TRACK DOWN THE OFFENDERS BY THE SIMPLE — ACCURATE TUBEX* METHOD

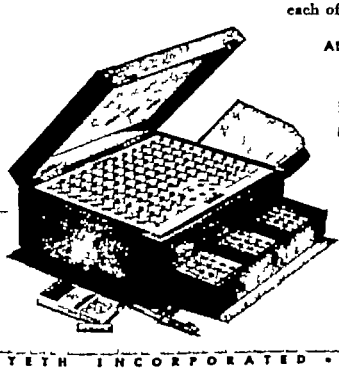
WYETH ALLERGENIC TESTING SET

CONTAINS: Over 200 individual allergens in Tubex (N N R) 1 Tubex syringe, 12 sterile needles, 20 diagnostic charts, 3 Tubex epinephrine hydrochloride, 3 Tubex buffered saline solution, 3 Tubex distilled water for cleansing the needles.

ALLERGENS ARE CLASSIFIED in four divisions "A"—84 of the most frequently encountered, "B" and "C"—36 each of the less common "D"—48 pollens and furs.

ALSO AVAILABLE: 40 Group Tests containing up to 6 allergens each (N.N R) 71 Special Allergens for Extended Testing (N.N R) Ragweed Combined Allergen for Treatment (N N R)

*REG. U. S. PAT. OFF.



Wyeth

REG. U. S. PAT. OFF.

WYETH INCORPORATED • PHILADELPHIA 3 • PA

Medical News

Child Study Association of America to Meet in New York City

THE Annual Conference of the Child Study Association of America will be held on March 4 at the Hotel Roosevelt, New York City

The subject of the conference is "Education—The Family's Stake in Its Future"

The first session will be a discussion of mental hygiene aspects, Austin MacCormick will preside

Among the speakers will be Brig Gen William C Menninger and Dr Loretta Bender

A symposium, entitled "What Kind of Schooling for the Future?" will take place at the afternoon session

Dr Ernest Melby, Raymond Walsh, and James Marshall will be the speakers

Two Doctors Win Lasker Awards

DR. ROBERT LATOU DICKINSON, of New York City, a leading gynecologist and obstetrician, and Dr Irl Cephas Riggin, Virginia State Health Commissioner, have won the $500 Albert and Mary Lasker Foundation awards for the most significant contribution to research in human fertility and for meritorious public health service, it was announced on January 17

American Urological Association Announces Essay Contest

THE American Urological Association offers an annual award "not to exceed $500" for an essay (or essays) on the result of some specific clinical or laboratory research in urology The amount of the prize is based on the merits of the work presented, and if the Committee on Scientific Research deem none of the offerings worthy, no award will be made

Competitors shall be limited to residents in urology in recognized hospitals and to urologists who have been in such specific practice for not more than five years All interested should write the Secretary, for full particulars

"The selected essay (or essays) will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Netherland Plaza, Cincinnati, Ohio, July 22 to 25, 1946

Essays must be in the hands of the Secretary, Dr Thomas D Moore, 899 Madison Avenue, Memphis, Tennessee, on or before July 1, 1946

County News

Albany County

Several Albany County physicians have received their honorable discharges from the armed services and have resumed their private practice of medicine They are Drs George B Randall, James A Moore, and John Judge Powers, who have returned to Albany, and Dr Nathaniel Flater, who returned to Latham *

Bronx County

The regular meeting of the county society was held at the Concourse Plaza Hotel at 8 30 P M on January 16 The program consisted of a discussion on group practice by Drs Dean A Clark, director of the Health Insurance Plan of Greater New York, and William B Rawls, chairman of the Coordinating Council of the Five County Medical Societies General discussion followed

• • •

Lt Col Joseph Sante Diasio has received his honorable discharge from the Army after serving since January 29, 1941 He was sent overseas in February, 1942, and served as chief of medical service in a station hospital in the Southwest Pacific theater Since his return to the United States in October, 1944, Colonel Diasio has served as cardiologist and chief of the Officers' Medical Processing Section of the Separation Center at Fort Devens, Massachusetts

Broome County

A joint meeting of the Broome County Bar Association and Broome County Medical Society was held in the Spanish Ballroom, Arlington Hotel, on Thursday, January 17, 1946

Mr John Kirkland Clark, one of the leaders of the New York Bar, president of the New York State Board of Bar Examiners and past-president of the Society of Medical Jurisprudence, discussed the qualifications of medical experts, the preparation of cases with medical expert testimony, and trial technics

Chautauqua County

At the regular meeting of the Chautauqua County Medical Society, held on December 19, 1945, the following were elected to office president, Robert E Storms, Westfield, vice-president, F P Goodwin, Jamestown, secretary, Edgar Bieber, Dunkirk, and treasurer, C E Hallenbeck, Dunkirk

Chemung County

Maj Norman C Gridley, of Horseheads, has returned from the service and soon will resume his practice He was the first practicing physician in the county to enter active service in the war *

Columbia County

Dr Raymond Byron, of Philmont, has arranged to reopen his office for the practice of medicine, which was interrupted while he served in the armed forces overseas as a major *

Dutchess County

The following is a list of elected officers of the Dutchess County Medical Society president, Dr George J Jennings, vice-president, Dr James J Toomey, secretary and treasurer, Dr Albert A Rosenberg, associate secretary-treasurer, Dr J J McGrath, and board of censors, Drs Aaron Sobel, L E Cotter, M Morrison, C B Dugan, delegate,

[Continued on page 428]

* Asterisk indicates that item is from a local paper



NUMOTIZINE, INC., 900 N FRANKLIN ST., CHICAGO, ILL., U.S A.

[Continued from page 426]

Dr Donald Malven, alternate, Dr Aaron Sobel, and counsel, Mr Leonard Supple

• • •

Dr Thomas S White, recently discharged from the United States Army Medical Corps, reopened his office in Millbrook on December 26

Dr White is an attending physician at Sharon Hospital and on the staff of Vassar Brothers Hospital *

Erie County

Officers elected by the county society for 1946 are president, Dr Porter A Steele, first vice-president, Dr Arthur F Glaeser, second vice-president, Dr E Dean Babbage, secretary, Dr Louise W Beamis, treasurer, Dr Roy L Scott, committee chairmen—board of censors, Dr Eugene M Sullivan, legislation, Dr Werner J Rose, economics, Dr John C Brady, public health, Dr John W Kohl, membership, Dr John Burke Delegates to the State Society are Drs A H Aaron, Harold F R Brown, Harry C Guess, and Nelson W Strohm, and the alternates are Drs John T Donovan, George H Marcy, Norman C Bender, and Walter Scott Walls

• • •

Commissioner William P Fisher, of the Erie County Department of Charities and Corrections, recently announced appointment of Dr William H Handel as county physician

Dr Arthur R. Gibson, who held the post, declined reappointment because he found the position demanded more time than he could give it under a reorganization plan adopted by the supervisor This coordinates all branches of the county medical and nursing services under one head *

• • •

Dr Emil J Markulis received his honorable discharge from service at Fort Lewis, Washington, November 10, 1945 and arrived home soon thereafter He has resumed his private practice in Orchard Park.*

Franklin County

Capt Robert Henderson has returned to Malone to resume his medical and surgical practice after three years and four months of service as a medical officer with the U S Army He reopened his practice about January 7 *

Fulton County

The following is the slate of officers for Fulton County for the year of 1946 Dr J F Sarno, Johnstown, president, Dr F S Hyland, Gloversville, vice-president, Dr L Tremante, Gloversville, secretary, Dr M McMartin, and J A Shannon, Johnstown, treasurers, Drs M Donnelly, Gloversville, W R. Grunewald, Mayfield, and F G Calter, Johnstown, board of censors, Dr S Clemans, Gloversville, delegate, and Dr F G Calder, alternate

• • •

County doctors who have received their honorable discharges from the armed forces and have resumed practice are Drs Merol E Brickner, Albert F Goodwin, Herbert C Hageman, Francis S Hyland, R. S Kunkel, Robert K Lenz, Malcolm McMartin, and William Raymond.

Genesee County

The following were elected to office in the county society on December 21, 1945 president, Dr Robert S Jenks, Batavia, vice-president, Dr Sidney McLouth, Corfu, and secretary, Dr Peter J Di Natale, Batavia

Herkimer County

Dr Jere J McEvilly, of Little Falls, has been elected to Fellowship in the American College of Surgeons at a recent meeting in Chicago of the college's board of regents

A member of the staff of the Little Falls Hospital, Dr McEvilly is a past-president of the Herkimer County Medical Society and a member of the Utica Academy of Medicine and the American Medical Association He is consulting surgeon for Pine Crest Sanitarium and surgeon for the New York Central Railroad He has been medical examiner of local schools since 1927 and served for a number of years as vice-president of the board of health.*

Jefferson County

Officers elected by the county society for 1946 are president, Dr Sumner E Douglas, vice-president, Dr Wendell George, treasurer, Dr Lawrence E Henderson, secretary, Dr Charles A Prudhon Drs Prudhon and E W Roberts will serve as delegate and alternate to the State Society, and Drs H G Farmer and J M Rice will serve as delegate and alternate to the Fifth District Branch Committee chairmen will be as follows public relations, Dr H L Gokey, program, Dr. J M Rice, legislature, Dr J T Fowkes, Jr., public health, Dr T S Montague, censors, Dr H G Farmer, medical insurance, Dr G S Nellis, and cancer, Dr M M Gardner

• • •

Dr Grosvenor S Farmer, of Watertown, dean of the medical profession in northern New York and the oldest living graduate of St Lawrence University has reached the age of 96 years

Still in remarkably good health as he approaches the century mark, Dr Farmer is feeling well, is out of doors practically every day and, as has been his habit for years, spends much of his time at the Black River Valley Club He is a charter member and the oldest member of the club *

Kings County

The stated meeting of the county society was held at 8 45 P M, January 15, in MacNaughton Auditorium The program consisted of two lectures "Medical Pessimists and Optimists of 1946," the inaugural address of Dr Thurman B Givan, president of the county society, and "Bacillary Dysentery, Colitis, and Enteritis," by Dr Joseph Felsen, of New York City

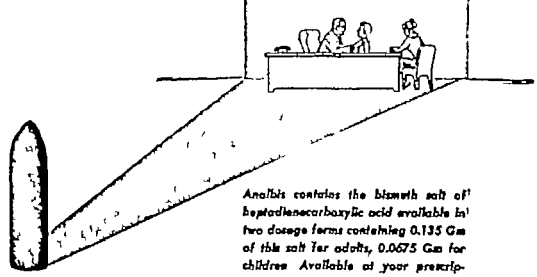
• • •

There will be a meeting of the Pediatric Section of the Kings County Medical Society on Monday evening, March 25, 1946 at 8 30 P M at the Kings County Medical Society Building Dr Charles A Janeway will speak on "The Application of Plasma Fractions to the Treatment and Prophylaxis of Diseases of Children."

[Continued on page 430]

Just One

A single Analbis Suppository at 24-hour intervals for two doses usually is sufficient to bring about "remarkable therapeutic results"[1] in acute tonsillitis and pharyngitis. Fever is reduced and pain relieved, often in a matter of hours. Analbis solves the problem of medication in acute sore throat.



Analbis contains the bismuth salt of heptadienecarboxylic acid available in two dosage forms containing 0.135 Gm of this salt for adults, 0.0675 Gm for children. Available at your prescription pharmacy in boxes of 2. Observe dosage recommendations for various age groups.

1. Arch. Otolaryng., 39 259 (1944)
ANALBIS — Reg U. S. Pat Off

ANALBIS
SUPPOSITORIES

Specific Pharmaceuticals Inc 331 Fourth Avenue, New York 10, N Y
On the West Coast — 1123-25 Venice Boulevard, Los Angeles 15, Cal.

[Continued from page 428]

• • •

The Medical Society of Bay Ridge held its bimonthly meeting at Christ Church on December 11

The subject for the evening was "Gastrectomy" Dr Seymour G Clark, associate surgeon, Methodist Hospital, read a paper on that subject He showed very clearly how the mortality by operation for ulcer of the stomach and intestine had been brought down, over a period of four years, from 32 to 1 4 per cent

Dr Charles Williamson, of the Brooklyn Hospital, discussed the paper *

Monroe County

The county society announces that the following physicians have returned from services with the military forces Drs John Fletcher McAmmond, J A Lane, Gustav Rosbasch, John F Kellogg, Jr, George R Bodon, Ralph Jacox, Alvah S Miller, Christopher Parnell, Jr, George P Heckel, Edward Hoffman, Frederick W Bush, Charles Boller, John B Laidlaw, Michael Crino, Leigh Greenfield, and Herbert W Mackowski *

• • •

Dr John Romano, psychiatrist of the University of Cincinnati College of Medicine and director of the department of psychiatry, Cincinnati General Hospital, has been appointed professor of psychiatry at the University of Rochester School of Medicine and Dentistry He will head the new psychiatric clinic to be built this year adjacent to the school's Strong Memorial Hospital

Dr Romano, whose appointment was announced by Dr George H Whipple, dean of the School of Medicine and Dentistry, will assume his new duties June 1, but in the interim will come to Rochester periodically to help with plans for the clinic and for the staff organization A committee of the School of Medicine faculty has been working for nearly a year to select the clinic's director

Cost of the building is estimated at $600,000 and the building cost and an endowment fund of $2,154,000 were donated to the School of Medicine and Dentistry by Mrs Helen W Rivas, of LeRoy

Dr Romano also is director of the Central Clinic, Cincinnati *

Nassau County

County doctors who have recently been given their honorable discharge by the armed forces and have resumed their practice of medicine are Drs Max Tauber, Lynbrook, Harry G Rainey, Great Neck, Jack Lustgarten, Merrick, Ralph Friedman, Freeport, Ralph A Camardella, Malverne, Henry T Graham, Huntington, and Hiram Symon.*

• • •

Dr Samuel J Hollander, Hempstead, instructor in oral surgery for the past twenty years at New York University, was recently elevated from that position to clinical professor of oral surgery

Before becoming an instructor at New York University, Professor Hollander was in practice for many years in Huntington Station *

New York County

The stated monthly meeting of the county society was held at 8 15 P M, January 28, at the New York Academy of Medicine The program consisted of addresses by the incoming and retiring presidents and a lecture, "Bronchogenic Carcinoma," by Dr Alton Ochsner, director of the Ochsner Clinic and professor of surgery at Tulane University School of Medicine Discussion was led by Drs H McLeod Riggins, Samuel A Thompson, and John D Kernan

• • •

Bailey B Burritt, one of the city's leaders in welfare work, was elected president of the New York Tuberculosis and Health Association at the annual meeting of the corporation held on January 22 at the association's headquarters Dr Edward P Eglee was re-elected first vice-president

Other officers elected were Dr Oswald R. Jones, second vice-president, Myron I Borg, Jr, secretary, Harry P Davison, treasurer Elected to the Executive Committee were Drs J Burns Amberson, Kendall Emerson, Jr, James Alexander Miller, Harry S Mustard, and Mrs Ruth Logan Roberts

Dr Carl Muschenheim was elected to the Board of Directors for a term of one year, Frank S Hackett for two years, and William H Biggs and Henry Booth for three years

The fourteenth annual conference of the New York Tuberculosis and Health Association will be held Thursday, March 21, 1946, at the Hotel Pennsylvania

Sessions on various phases of community health and welfare will be conducted throughout the one-day meeting

Election of officers of the Tuberculosis Sanatorium Conference of Metropolitan New York, which will meet simultaneously, also will be held

• • •

A medical art show featuring one hundred and twenty-five paintings and drawings by thirty-five medical artists opened on January 23 and continued through February 12 at the New York Academy of Medicine Sponsored by *Modern Medicine*, the show was free to the public

The exhibit included the work of artists associated with leading schools of medicine, clinics, and hospitals throughout the country Studies of operative procedures, which the medical artist makes as he works beside the surgeon in the operating room, microscopic studies of cancer cells, of eye grounds, and of the human embryo as it develops, are among the exhibits *

• • •

Dr Ernest L Stebbins, New York City Health Commissioner, was chosen on January 11 by the students of Abraham Lincoln High School, Brooklyn, as winner of the Lincoln Award presented annually for outstanding contribution as a citizen of New York.

In the discussion that preceded the election the students cited Dr Stebbins's successful efforts in combating communicable disease, infantile paralysis in particular *

• • •

Dr Eleanor A Campbell was guest of honor at a reception held January 15 at the Judson Health Center, New York City, to celebrate the center's twenty-five years of community service Dr Campbell founded the center a quarter of a century ago, with the late Dr A Ray Petty, pastor of the Judson Memorial Church

[Continued on page 432]

A spermicidal jelly with these pluses

Lorophyn jelly

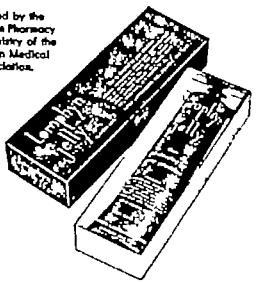
ests Lorophyn Jelly
killed sperm in less
n one minute after
tact, even at dilutions
20*

2 Lorophyn Jelly has excellent spreading and sperm contact properties

3 Lorophyn Jelly possesses effective properties as a physical barrier

4 Lorophyn Jelly is non-toxic non irritating**

ed by the
e Pharmacy
istry of the
on Medical
ociation.



EATON Laboratories Inc
NORWICH NEW YORK

Ingredients Phenylmercuric Acetate
Polyethylene glycol of mono iso octyl
yl ether 0.3% Methyl p-Hydroxy Ben
0.05% Sodium Borate 3.0%.

* In tests by modified Brown-Gamble method.

** Eastman N J., and Scott, A.
Human Fertility 2:33-44

[Continued from page 430]

As general director of the center, which now occupies the greater part of a building adjoining the church, Dr Campbell supervises the several clinics and the home visits each year to some 24,000 residents of the neighborhood The area covered, with a population of 93,000, extends from the Battery to Twenty-eighth Street, west of Broadway and Fourth Avenue, and was once known as the "health desert" Today workers at the Judson Health Center place emphasis on preventive rather than therapeutic work.*

Niagara County

Officers elected by the county society are president, Dr Charles M Brant, vice-president, Dr John Kinzly, secretary, Dr Charles M Dake, Jr, and treasurer, Dr Dudley B Fitz-Gerald Delegates to the State Society will be Drs William Peart and Guy S Philbrick, and alternates will be Drs H U Cramer and Peter J Sciarrino Committee chairmen will be as follows legislation, Dr E M G Rieger, public health and education, Dr Joseph P La Duca, economics and public relations, Dr Walter A Jarzab, and compensation, Dr Forrest W Barry

• • •

County physicians who have recently received their honorable discharges from the armed forces have resumed their practice of medicine are Lauren G Welch, of Niagara Falls, and William [illegible]rce, of Lockport

[illegible]a County

Two speakers were heard when the Utica Academy of Medicine held its dinner meeting on December 20 in the Utica Hotel

Dr Herman E Pearse, of Rochester, read a paper on "The Bile Duct, and the Head of the Pancreas"

Dr Charles S Dickson, of Utica, read a paper on "Surgical Treatment of Hypertension"*

• • •

Dr Nicola Labombarda, of Utica, has been appointed deputy city health officer

Dr Labombarda was born in Italy and received his medical education at the University of Naples He practiced in Italy from 1907 to 1919, and during World War I served as a captain in the Italian Army He was in charge of an isolation hospital for contagious diseases operated by the Second Division of the Third Italian Army

In 1919 he came to this country and opened an office in Herkimer, where he remained until 1927, when he established an office in Utica He is a member of the Oneida County Medical Society and the staffs of St Luke's Hospital and Utica State Hospital *

• • •

County doctors who are resuming practice after service in the armed forces include Drs Rocco J Martoccio, Arthur A Kaplan, Pasquale Montesano, Arthur S Corale, Howard P Webb, Quentin M Jones, and John F Kelly, of Utica, and Henry Nowell Reid and Laurence S MacMillan, of Rome

Onondaga County

A joint meeting of the county society and the Syracuse Academy of Medicine was held on January 8 in the University Club The program was devoted to a clinical pathologic conference, with a surgical case and clinical discussion by Dr Robert O Gregg, medical case and clinical discussion by Dr Harry C Kroon, and pathologic discussion with lantern slides by Dr George H Reifenstein.

Officers of the Academy, elected at the December 4 meeting, are president, Dr W W Street, vice-president, Dr J Ernest Delmonico, secretary, Dr M C Hatch, and treasurer, Dr W E Pelow

• • •

Syracuse doctors who are returning to private practice after serving in the armed forces are Drs Alfred W Doust, Francis O Harbach, Seymour H. Schwartzberg, and H J Sliski

Ontario County

Dr John A Crowther has taken over the practice of Dr Malcolm R Blakeslee in Shortsville, following service in the U S Army Dr Siegfried Dikler, who formerly practiced in Warsaw, is now located in Manchester *

Orange County

Dr Ralph Waldo Thompson, Health Officer of the Town of Cornwall, was elected president of the Orange County Medical Society at their meeting in December *

Oswego County

Drs Harry L Alpert and F E Fox have opened offices in Fulton for the practice of medicine Dr Fox is resuming practice there after service in the Navy, Dr Alpert formerly practiced in Harrisville *

Otsego County

Dr Edward M Wellbery has opened an office in Richfield Springs He formerly practiced in Brooklyn, Waterloo, and Norwich *

• • •

Dr Edward J Keegan has resumed his practice in Oneonta following his honorable discharge from the Army on November 28

Queens County

The Committee on Graduate Education of the county society sponsored, on January 11, a lecture by John Oppie McCall, D D S, consultant in dentistry at New York Hospital, entitled "The Role of Dental Disease in Medicine"

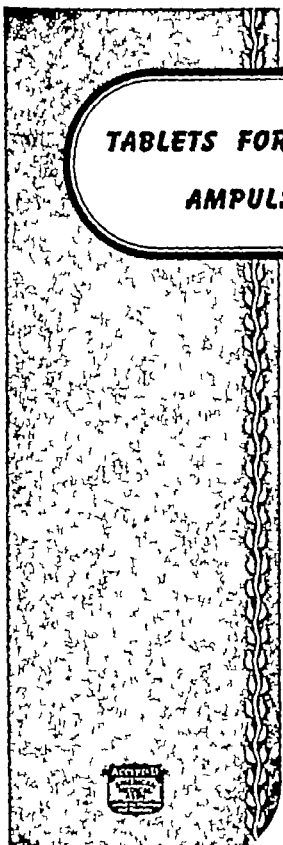
Richmond County

Two historic documents, recovered from a vault where they had lain undisturbed and almost forgotten, were exhibited recently at the annual meeting of the Richmond County Medical Society in the Richmond Health Center, St George

One was the first minute book of the society, created by act of the State Legislature April 4, 1806 The other was a contract dated 1802, which Island doctors signed, fixing a schedule of fees

The contract, which the late Dr James Guyon Clark had put in the vault for safekeeping long before World War I, was presented to the society by Dr Carl Kingsley, who had received it from the Rev Canon Pascal Harrower, rector emeritus of Ascension Church, West Brighton, longtime friend of Dr Clark.

[Continued on page 434]



TABLETS FOR *Oral* USE—
AMPULS FOR *Injection*

There has long been a real need for a potent, mercurial diuretic compound which would be effective by mouth. Such a preparation serves not only as an adjunct to parenteral therapy but is very useful when injections can not be given.

After the oral administration of Salyrgan-Theophylline tablets a satisfactory diuretic response is obtained in a high percentage of cases However, the results after intravenous or intramuscular injection of Salyrgan-Theophylline solution are more consistent

Salyrgan-Theophylline is supplied in two forms:

TABLETS (enteric coated) in bottles of 25, 100 and 500
Each tablet contains 0 08 Gm. Salyrgan and 0.04 Gm theophylline

SOLUTION in ampuls of 1 cc., boxes of 5 25 and 100; ampuls of 2 cc., boxes of 10, 25 and 100

Write for literature

SALYRGAN-THEOPHYLLINE

"Salyrgan," Trademark Reg U S. Pat. Off. & Canada
Brand of MERSALYL and THEOPHYLLINE

WINTHROP CHEMICAL COMPANY, INC.
Pharmaceuticals of merit for the physician
NEW YORK 13, N. Y. WINDSOR, ONT

[Continued from page 432]

With the two antique exhibits for his theme, Dr Milton S Lloyd, re-elected president of the society at the session, described the society's history from its inception to the present time in a talk after the business session

The two old documents are being placed on exhibit in the Staten Island Institute of Arts and Sciences, Stuyvesant place, St George *

Rockland County

Dr Frank J Schwartz, of Spring Valley, was elected president of the Medical Society of Rockland County at the annual meeting of the organization on December 5 at the Eureka Hotel, in Suffern Lt Col E Hall Kline, of Nyack, was named vice-president, Dr Marjorie Hopper, of West Nyack, treasurer, and Dr Robert L Yeager, Jr, superintendent of Summit Park Sanatorium, was re-elected secretary Dr. Edwyn W O'Dowd, of Tappan, outgoing president, was toastmaster and presented Assemblyman Robert Walmsley, John Stewart, local representative of the F B I, and Dr Schwartz as the speakers of the evening *

• • •

Dr Alfred S Moscarella, who gave up his practice in Spring Valley during the early summer of 1942 and enlisted in the U S Naval Reserve, has been released from service and has reopened his office there *

St Lawrence County

Dr C V Kimball, discharged December 7 from the U S Naval Reserve with the rank of lieutenant commander, has opened an office in Hammond *

Schenectady County

Maj Raymond J Byron, of Schenectady, has been awarded the Legion of Merit "for exceptionally meritorious conduct in the performance of outstanding services with the Fifth Army" He served with the 88th "Blue Devil" division in Italy

The award was presented by Col Franklin P Miller, of Carmel, California, commander of the 351st "Spearhead" regiment, in a ceremony at regimental headquarters where the unit now is in charge of the Ghedi prisoner-of-war subcommand

Major Byron previously was awarded a bronze star *

• • •

Schenectady physicians who have recently received their honorable discharges from the armed services and have resumed the practice of medicine there are Drs Stuart F MacMillan, G A Gilbert, Howard G Krieger, and Joseph A. De Blase

Seneca County

The following officers were elected by the county society for the year 1946, at the annual meeting of the Society, held at the Willard State Hospital, Willard, October 25, 1945 president, Dr Stanley [illegible] Interlaken, vice-president, Dr David [illegible] Falls, secretary and treasurer, [illegible], Seneca Falls, censors, [illegible] alls, E P McWayne, [illegible] Falls.

Recently discharged from the Army, Dr Charles M Smith, of Waterloo, has resumed his practice of medicine there *

Suffolk County

The following is a list of the officers elected at the annual meeting of the county society, October 31, 1945 president, Dr Roland Jones, Center Moriches, first vice-president, Dr Thomas W Faulkner, Huntington, second vice-president, Dr Wilbur S Stakes, Patchogue, secretary, Dr Edwin P Kolb, Holtsville, assistant secretary, Dr Willetts W Gardner, Patchogue, treasurer, Dr Grover A Silliman, Sayville, censors, Drs Paul Nugent, Easthampton, Leon Barber, Patchogue, Louis Garben, Islip, Arthur Soper, Kings Park, and Earl McCoy, Central Islip, delegates, Dr John Sengstack, Huntington, and David Corcoran, Central Islip, and delegate to Second District Branch, Dr Roland W Jones

Sullivan County

Officers elected by the county society were president, Dr Ralph S Breakey, vice-president, Dr Nathan Nemerson, secretary-treasurer, Dr Deming S Payne Dr Benjamin Abramowitz will be the delegate to the State Society, and Dr Harry Golembe is the alternate

Tioga County

The Medical Society of the County of Tioga, at its annual meeting held in Owego on December 11, 1945, elected officers for 1946 as follows president, Harry S Fish, Waverly, vice-president, A J Capron, Owego, secretary-treasurer, P Zoltowski, Waverly, delegate, C S Johnson, Spencer, alternate, J B Schamel, Waverly, and censors, F A Carpenter, F H Spencer, Waverly, and J Jakes, Candor

Harry A Tompkins, Tioga County welfare commissioner, addressed the members

Tompkins County

Officers elected December 18 by the county society are as follows president, Dr Robert H Broad, vice-president, Dr Leo Speno, and secretary-treasurer, Dr Willets Wilson Dr Norman S Moore is the delegate to the State Society, and Dr L P Larkin is the alternate Committee chairmen are public welfare, Dr John Warren, legislative, Dr H B Sutton, public health and relations and industrial health, Dr R D Fear, nurses' registry, Dr J W Judd, economics, Dr Leo Larkin, maternal welfare, Dr Edward Hall, and deafness and hard of hearing, Dr David Robb

• • •

Dr Willard R Short has resumed practice in Groton after three years in the armed forces Dr William Q Bole has also resumed practice in Groton after an absence of several months

Ulster County

Three Kingston doctors have been released from the armed services and have resumed practice there. They are Drs Bartholomew J Dutto, Kenneth H Le Fever, and John B Krom

Warren County

Capt David L Little, former practicing physician of Glens Falls, recently returned to the United

[Continued on page 436]

DOCTOR, YOU'LL LIKE THIS



new SUPPLEMENT for INFANT DIETS

VI-SYNERAL VITAMIN DROPS

TWO YEAR RESEARCH ACHIEVEMENT

A stable, comprehensive, non-alcoholic, multi-vitamin preparation

Each 0.6 cc. (as marked on dropper) provides . . .

Vitamin A	4000 U.S.P. Units
Vitamin B$_1$	1 Milligram
Vitamin B$_2$	0.4 Milligram
Niacinamide	4 Milligrams
Vitamin C	30 Milligrams
Vitamin D	570 U.S.P. Units

CONTAIN NO ALCOHOL



In 15 cc. and 45 cc bottles with marked dropper

A MODERN FORMULA

Built on Newer Concepts of Infant Nutrition

Milk, both human and cow's, fails to furnish optimum levels of all needed vitamins. Most infants, reports one prominent pediatrician (J.A.M.A. 120:12, p. 183), can benefit from supplementary supplies of Vitamins B$_1$, C, D, Niacin and possibly other B Complex factors as milk, at best, furnishes only the bare minimum of these nutritional essentials.

VI-SYNERAL VITAMIN DROPS help to assure an optimum vitamin intake for infants—at a surprisingly low cost of about 4c per day. The Drops are readily accepted and well tolerated even by very young infants, also suitable for children and adults. Mix perfectly with milk or formula, fruit juices, soups, cereals, puddings.

- **Liberal potencies**
- **Contain no alcohol**
- **Vitamins are stable**
- **Economical**
- **Do not affect taste of foods**

Sample and literature upon request.

U. S. VITAMIN CORPORATION

250 EAST 43rd STREET • NEW YORK 17 N. Y.

[Continued from page 434]

States after two and one half years with the Army Medical Corps He will remain in New York for a short while There he will take specialist courses at the Skin and Cancer Unit of Post-Graduate Hospital and New York University Graduate School in preparation for the examinations of the American Board of Dermatology and Syphilology

He will then resume practice in Glens Falls.*

Wayne County

The following are the newly elected officers of the society president, Dwight F Johnson, Newark, first vice-president, John C Carmer, Lyons, second vice-president, James H Arseneau, Lyons, secretary and treasurer, Irving M Derby, Newark State School, Newark, delegate, Ralph Sheldon, Lyons, alternate, Samuel W Houston, Wolcott, and censors, Dwight F Johnson, Newark, Arthur Besemer, Marion, and George S Allen, Clyde

Necrology

Harry S Bull, M D, of Auburn, died on January 5, at the age of 61, after an illness of several months Dr Bull was graduated from Syracuse University, College of Medicine, in 1908 He was past-president of the Cayuga County Medical Society and a member of the Radiological Society of North America, the Medical Society of the State of New York, and the American Medical Association He was roentgenologist at City and Memorial hospitals in Auburn.

Thomas J Burke, M D, of Newburgh, died on January 7, at the age of 74. Dr Burke, who retired in 1938 after serving twenty-five years as health officer of Newburgh, received his medical degree from the University of Buffalo School of Medicine in 1891 He was a member of the medical societies of New York State and Orange County, and the American Medical Association

Allen Melville Carpenter, M D, of Carmel, California, and formerly of New York City, died on November 17, 1942 at Roosevelt Hospital in New York City Dr Carpenter received his medical degree from Cooper Medical College, San Francisco, in 1895 He was 76 years old

Josiah Coborn, M D, of Hopewell Junction, died on January 7, in Vassar Brothers Hospital, Poughkeepsie, where he was a member of the medical staff Dr Coburn was 70 years old, and was graduated from McGill University Medical College in 1907 He was an intern at Bellevue Hospital, and a practicing physician in Hopewell Junction for thirty-six years He was a member of the Dutchess County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Harrison Taylor Cronk, M D, of New York City, died on August 17, 1945, in his seventy-sixth year Dr Cronk received his medical degree from Bellevue Medical College in 1894

Maxwell Dorr, M D, of Brooklyn, died on August 24, 1945 He was assistant gynecologist at Beth Moses Hospital and a graduate of the Long Island College of Medicine, class of 1932 He was a member of the medical societies of Kings County and New York State and the American Medical Association. Dr Dorr's age was 37

James H Flynn, M D, of Troy, Commissioner of Health of that city from 1929 to 1944, died on January 10 at the age of 72 Dr Flynn received his medical degree in 1899 from Albany Medical College He was former president of the New York State Health Officers' Association, consulting physician at Leonard Hospital in Troy, and a member of the medical societies of Rensselaer County and New York State, and the American Medical Association

John Livermore Hazen, M D, of Brockport, died on January 11 at the age of 70 A graduate of the University of Buffalo, School of Medicine, in 1898, Dr Hazen had served as health officer in Brockport for twenty-five years He was also a New York Central Railroad surgeon, being former president of the New York and New England Association of Railway Surgeons and of the Association of Surgeons for the New York Central System He was at one time physician at Brockport State Teachers' College and associate physician at the Park Avenue Hospital in Rochester Dr Hazen was a Fellow of the Rochester Academy of Medicine and a member of the Medical Societies of Monroe County and New York State and the American Medical Association

William Paul Hess, M D, of the Bronx, died on July 22 at the age of 77 Dr Hess was graduated in 1895 from New York University College of Medicine.

Philip T Hodgskin, M D, of Rockville Centre, died on July 18, 1945 Dr Hodgskin received his medical degree from the College of Physicians and Surgeons, Columbia University, in 1927 He was at one time clinical assistant pediatrician at Lawrence Hospital in Bronxville.

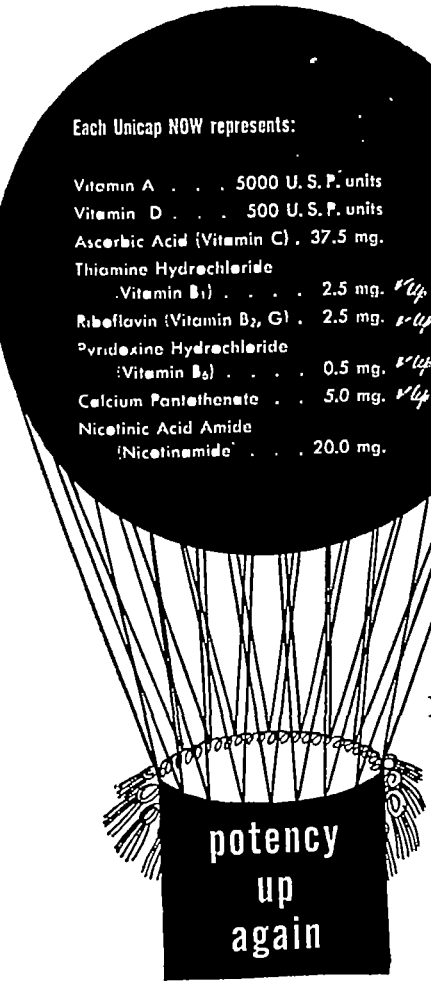
Philip Horowitz, M D, formerly of Peekskill, died on January 17 at the Cedars of Lebanon Hospital in Los Angeles His age was 64 He was graduated in 1904 from the College of Physicians and Surgeons, Columbia University, and specialized in metabolic diseases, and was attending physician at Beth Israel Hospital for many years He was a Fellow of the Academy of Medicine and a member of the Medical Society of the State of New York and the American Medical Association

Henry Elbert Humphrey, M D, of Altamont, died on January 9, 1945 at the age of 89 Dr Humphrey was graduated from the New York University College of Medicine in 1882

Abraham Aaron Levy, M D, of New York City, died on January 16 at the age of 69 Dr Levy, a specialist in internal medicine and attending physician on the staff of the New York Post-Graduate Hospital, was graduated from Cornell University Medical College in 1903 Before joining the staff of Post-Graduate Hospital in 1930, Dr Levy was chief of medicine at St. Mark's Hospital. He was a diplomate of the American Board of Internal Medicine and a member of the medical societies of New York County and State and of the American Medical Association.

Lorne M MacDougall, M D, of Brooklyn, died on October 3, 1945 Dr MacDougall was graduated in 1913 from Queen's Medical College, Canada and was a diplomate of the American Board of Otolaryn-

[Continued on page 438]



STILL KEEPING A PROMISE

" that Unicaps will always be a good value—an excellent formula at a low price."

POTENCY UP AGAIN

for the fifth time! An increase in potency—the fifth of its kind—continues to keep Unicaps abreast of the latest developments in multivitamin supplementation. Without any increase in price, the new formula of Unicap* Vitamins carries forward the concept of "effective supplementation at unexcelled economy." Because of the potency of the formula and other advantages, Unicaps remain the preference of prescribers, just as their economy makes them the preference of the users. Unicap Vitamins are available in bottles of 24, 100, 250 capsules.

*Trademark, Reg. U. S. Pat. Off.

UNICAP VITAMINS

Upjohn
KALAMAZOO, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

[Continued from page 436]

gology and associate surgeon at the Brooklyn Eye and Ear Hospital Dr MacDougall was also a member of the medical societies of Kings County and New York State and of the American Medical Association

James Henry McCaffrey, M D , of Buffalo, died on August 30, 1945 Dr McCaffrey received his medical degree from Maryland Medical College in 1898

Mary Couch Mora, M D , of East Islip, died on October 19, 1945 She was graduated in 1912 from Tufts Medical College, Boston Her age was 56 years

Joseph David Picciotti, Lt Comdr, (MC), USNR, of Rochester, died on August 29, 1945 of injuries received on active duty in the service of his country at Cavite, Philippine Islands He was graduated in 1928 from Harvard Medical College, and before entering service was junior surgeon at St Mary's Hospital in Rochester He was 43 years old

Clement Roig, M D , of New York City, died on February 23, 1945 Dr Roig received his medical degree from the Long Island College of Medicine in 1891

Mason William Ross, M D , of Brooklyn, died on January 7 at the age of 50 Dr Ross was graduated from the Long Island College of Medicine in 1921, and at one time was associate surgeon at Bay Ridge Hospital in Brooklyn. He was a member of the Kings County Medical Society, the Medical Society of the State of New York, and the American Medical Association

John F Russell, M D , of New York City, died on January 8 at the age of 90 Dr Russell was one of the oldest living graduates of the College of Physicians and Surgeons, Columbia University, graduating with the class of 1880 He retired from practice in 1910 to conduct private research on the problem of food as it is related to tuberculosis

Samuel Schaeffer, M D , of New York City, died on August 16, 1945 He received his medical degree in 1908 from the College of Physicians and Surgeons, Columbia University Dr Schaeffer was a member of the medical societies of New York County and State, and of the American Medical Association

J Clarence Sharp, M D , of New York City, died on January 11 at the Manhattan Eye, Ear, and Throat Hospital, where he had been an attending surgeon for many years His age was 83 Dr Sharp was graduated from Bellevue Medical College in 1886, and was honorary surgeon of the Police Department for the last thirty years He was a Fellow of the New York Academy of Medicine, a diplomate of the American Board of Otolaryngology, and a member of the New York Otological Society, the medical societies of New York County and State, and of the American Medical Association

George J Wardenburg, M D , of Brooklyn, died on January 7 at the age of 72 He was graduated in 1896 from the College of Physicians and Surgeons, Columbia University, and had practiced in Brooklyn until his retirement twelve years ago

Charles Henry Wilson, M D , of New York City, died on October 6, 1944 Dr Wilson was graduated from Tufts Medical College in 1913, and served his internship at the Lying-In Hospital, in Manhattan. He was 57 years old

Samuel Wolf, M D , of Brooklyn, died on September 13, 1945 Dr Wolf received his medical degree from Fordham University Medical College in 1919 He was a member of the medical societies of Kings County and New York State, and of the American Medical Association He was 62 years old.

Hospital News

Directory of Approved Surgical Training Plans Published by American College of Surgeons

CHIEFLY as an aid to medical officers returning from war duty, the American College of Surgeons has published a 424-page directory in which are listed and described the approved programs of graduate training in surgery in two hundred and forty civilian hospitals in the United States and Canada, and in thirty-two Naval, seven Veterans Administration, and ten U S Public Health Service hospitals

The total number of approved training plans in the two hundred and eighty-nine hospitals is two hundred and twenty-eight in general surgery and five hundred and twenty-two in the surgical specialties—fractures, plastic surgery, proctology, thoracic surgery, neurologic surgery, orthopedic surgery, urology, obstetrics and gynecology (combined and separately), and ophthalmology and otolaryngology (combined and separately) In these seven hundred and fifty training plans in two hundred and eighty-nine hospitals, approximately two thousand surgeons may be trained, whereas, as the College points out, training facilities for at least five thousand are urgently needed for returning medical veterans whose training in surgery was interrupted by their military service Publication of the directory is expected to stimulate the formation of additional programs of training in suitable hospitals, according to Dr Irvin Abell, chairman of the Board of Regents

Improvements

There was no delay in plans for postwar improvements at St Luke's Hospital, Newburgh, and December saw the opening of two new laboratory classrooms for nursing students

Two large rooms in the old building, previously used as storerooms, have been transformed into a demonstration room for teaching of nursing arts and an experimental laboratory

Each room boasts the advantages of indirect lighting

In the new laboratory, complete with the latest in equipment, the students do practical work pertaining to biochemistry, anatomy, chemistry, and other biologic sciences *

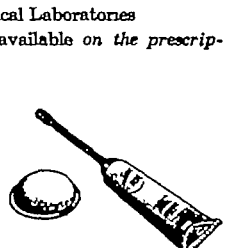
[Continued on page 440]



AS THE FINAL processing step, Lanteen Jelly is filtered through six fine stainless steel screens, each of 200 mesh—an example of the painstaking control of purity and uniformity maintained throughout production. Control of the efficacy of its products, by latest scientific means, is the constant aim of Lanteen Medical Laboratories

Lanteen Flat Spring Mensinga Type Diaphragm is available *on the prescription of a physician*

Since patients are not mechanically minded, simplicity and ease of handling are prime requisites for continued use. Lanteen Lilac flat spring diaphragm is extremely simple to place—it is collapsible in one plane only No inserter required.



L A N T E E N

COPYRIGHT 1944, LANTEEN MEDICAL LABORATORIES, INC., CHICAGO 10

[Continued from page 438]

At the Helm

Dr Robert R. Cadmus, recently separated from the Army Medical Corps, has been appointed director of the Vanderbilt Clinic at the Columbia-Presbyterian Medical Center, New York City, it was announced on January 22 by John S Parke, executive vice-president of Presbyterian Hospital *

• • •

The appointment of five new department heads at Mount Vernon Hospital became effective January 1, 1946

Dr Nelson W Cornell succeeds Dr Erich H Restin as chief of general surgery, Dr Paul Reznikoff succeeds Dr Percy Desnoes as chief of internal medicine, Dr J George Sharnoff succeeds Dr Andrew A Eggston as chief of pathology and clinical laboratory, Dr Peter D Latella succeeds Dr Edmund B Sullivan as chief of the ear, nose, and throat department, and Dr Peter A Mazza succeeds Dr Wilmer S Wilson as chief of anesthesia *

• • •

Mrs Frank P Geary, R N , has been appointed administrator of Saratoga Hospital, effective January 1, to succeed Miss Rose Q. Strait, who is retiring after more than thirty years of hospital service Miss Strait has served as administrator of Saratoga Hospital since January 1, 1943, and previous to that time had been administrator of the Glens Falls Hospital for twenty-seven years *

• • •

The appointment of Lt Col Milton J Eisen, who planned and organized new Army hospital laboratories in the Southwest Pacific during the war, as director of pathology at Yonkers General Hospital was announced on December 21 by J Dewey Lutes, superintendent of the hospital

• • •

Dr Rudolph E Vandeveer was chosen president of the Rome Hospital staff on December 18, when these other officers were chosen

Vice-president, Dr Laurence S MacMillan, secretary-treasurer, Dr Henry Nowell Reid, executive committee, Dr Edwin P Russell, Dr Paul P Gregory, and Dr B F Golly

Plans for future expansion of the hospital were discussed *

• • •

Dr William B Aten, newly elected president of the medical staff of Binghamton City Hospital, and other medical staff officers were approved on December 19 at a postponed meeting of the Board of Managers of the hospital

He succeeds Dr Victor W Bergstrom as president for 1946 Other officers include Dr C H Berlinghof as vice-president, and Dr L J Flanagan as secretary

Chairman and secretaries of the staff divisions are as follows medical, Dr Ronald L Hamilton and Dr George C Hamilton, surgery, Dr Paul B Jenkins and Dr J Worden Kane, obstetrics, Dr Stuart B Blakely and Dr Milton A Carvalho, eye, ear, nose, and throat, Dr Harold W McNitt and Dr R T Allen, pediatrics, Dr Florence Warner and Dr John B Burns, orthopedic, Dr Charles M Allaben, contagion, Dr Martin Weiss, pathology, Dr Victor W Bergstrom, radiology, Dr Alfred L Standfast, dentistry, Dr John H Farrell and Dr Philip J Gorman *

• • •

Alex E Norton, superintendent of New Rochelle Hospital, was elected president of the Westchester County Hospital Association on December 20 at the annual meeting of the association in the Hotel Lexington, New York City,

Other officers include first vice-president, Miss Madge Cook, Tarrytown Hospital, second vice-president, Miss Gladys Bayne, Grasslands Hospital, secretary-treasurer, Mrs Ceil W Summergrad, Blythedale Home, Valhalla, assistant secretary, Miss Mary A Creed, Loeb Memorial Convalescent Home, Eastview

The executive committee includes Mr Norton, Miss Cook, Miss Bayne, Mrs Summergrad, and Albert O'Brien, of Lawrence Hospital, Bronxville, retiring president of the association, and William G Illinger, of the White Plains Hospital *

• • •

Ellis D Slater was appointed chairman of the nominating committee of the Board of Trustees of the Tarrytown Hospital, which is to prepare the slate of officers and successors to directors whose terms expire at the annual meeting on January 21

Serving with him are Duncan Sutphen, Jr , and Robert Akin, Jr *

• • •

Raymond F Sheffield, of Ithaca, has been elected a trustee of Tompkins County Memorial Hospital He will fill out the two years of the five-year unexpired term of B M Clarey, resigned *

• • •

Arthur Louis Lee, of Jamaica, is to be cochairman with Thomas D Austin in the $2,000,000 building and expansion program of the Jamaica Hospital Lee, a former president of the Hospital, is active in many civic organizations and has been Grand Commander of the Grand Commandery, K T of New York State and Potentate of Mecca Temple, A.A O N M S

In accepting the cochairmanship of the $2,000,000 campaign, Lee stressed the need of additional hospital facilities and urged the people of Queens to awaken to the problem they may be forced to face *

Newsy Notes

Dr Ambrose P Merrill, Jr , superintendent of the Home for Incurables, is the winner of the 1945 *Modern Hospital* Gold Medal Award His prize winning article, "Suspect Nurseries—A Case History of Experience at St Luke's Hospital, Chicago,"

[Continued on page 442]

* Asterisk indicates that item is from a local newspaper

The Preference is Overwhelming

A comprehensive report published in *Human Fertility*[1] shows an overwhelming preference by experienced clinicians for the "Diaphragm and Jelly" method of conception control.

The report covering 36,955 new cases shows that the diaphragm and jelly method was prescribed *for 34,314, or 93%*

On the evidence supplied by competent clinicians we continue to suggest that for the optimum in protection the physician should prescribe the combined use of a vaginal diaphragm and spermatocidal jelly

When you specify "RAMSES"* a product of highest quality is assured.

Gynecological Division
JULIUS SCHMID, INC.
Established 1883
423 West 55th Street New York 19 N Y

1 Human Fertility 10:25 March, 1945.



*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.

[Continued from page 440]

appeared in *Modern Hospital* for January, 1945, shortly after he moved to New York from St Luke's Hospital, Chicago, where he served as medical director for three years Honorable mention certificates were awarded to Dr Edmund E Walker, superintendent, Springfield Hospital, Springfield, Massachusetts, and Jennie F I Dixon, director of social service at Springfield Hospital, for their article "Chronic Disease Ward," published in the June, 1945 issue of *Modern Hospital*

• •

St Albans Naval Hospital has made two hundred beds available to the Veterans Administration to meet the rising demand for medical care of veterans

It is one of a list of hospitals which will supply nine thousand, three hundred and seventy-five beds to the Veterans Administration Space will be borrowed in three thousand, four hundred civilian hospitals for 30,000 patients to break the "bottleneck" in veterans' hospitalization temporarily

The additional beds at St Albans Naval Hospital will only slightly relieve the shortage in the New York area, regional officials at the Veterans Administration said on December 26 *

• • •

Creation of a $25,000,000 medical center in Grover Cleveland Park, Buffalo, disclosed as a possibility in November, appeared a step nearer reality on December 31 with the announcement by President Truman that he had approved the park site for location of a one thousand-bed veterans' hospital

The $10,000,000 institution is to be the nucleus of the contemplated center desired by medical and educational leaders in Buffalo *

• •

Dr Amos O Squire, of Ossining, former chief physician at Sing Sing prison and now chief medical examiner of Westchester County, spoke on "Rotary and Youth" at a meeting of the Rotary Club on January 3 at the Hotel Van Curler, Schenectady *

• • •

The New York Hospital, New York City, has established a transfusion clinic which will allow children with certain types of chronic blood conditions to lead normal schoolday lives while reporting periodically for blood transfusions, Dr Samuel Z Levine, head of the hospital's department of pediatrics, announced on January 1

The clinic was organized experimentally in February, 1944, Dr Levine said, and has demonstrated successfully that young patients may receive the benefits of blood transfusions without hospitalization and consequent disruption of home and school life The six children under 10 years who have been treated by the clinic require 2 pints of blood each month. Since their release from the hospital as ambulatory patients they have received a total of one hundred and seventy-four transfusions, have required no further hospitalization, and have been in regular school attendance *

• • •

As a relief for the acute nursing shortage on Staten Island, a three-story, one-hundred-room training school for nurses will be erected in 1946 by St Vincent's Hospital, West Brighton

According to present plans, the new school will accommodate one hundred nurses, thirty-five students to be admitted each year These young women will have opportunity to enroll in an accredited nursing course and those who complete their training successfully will receive an R N (registered nurse) certificate

• • •

An addition to the U S Veterans Hospital at Bath and conversion of the hospital at Batavia from general to tuberculosis were virtually assured on December 15 through Senate approval of funds for their inclusion in the deficiency appropriation bill

Along with this announcement, Gen Omar N Bradley, Veterans Administrator, disclosed expansion of his bureau's program in New York State, according to a Gannett News Service dispatch

Ten contact offices will be established in smaller Upstate cities, including Auburn, Lockport, and Ithaca, to serve veterans The offices will be under direction of the Veterans Administration center in Batavia General Bradley plans to extend the service to villages, the dispatch said *

• • •

An acute shortage of hospital facilities in the Borough of Queens has prompted the trustees of Jamaica Hospital to plan a $2,300,000 addition to provide three hundred beds, it was announced on November 14 by Clarence A Ludlum, president

With its present facilities the hospital has found it necessary to use sun porches and part of the old dining room for some of its one hundred and eighty-five beds and is still able to provide beds for only eight out of each nine patients

Plans for the new building include the installing of the most modern equipment, the announcement said The building itself will be five stories high with a central bell tower from which the four wings of the building will extend in the form of an X *

• • •

The board of trustees of the House of the Good Samaritan, Watertown, has decided to launch a financial campaign during 1946 to raise $750,000 for the construction of an entirely new and modern hospital building, it was announced on November 30

To remedy crowding at the House of the Good Samaritan, the trustees propose the erection of a five-story building of completely fireproof construction Tentative plans for the new building have already been drawn *

• • •

The National Hospital for Speech Disorders, New York City, is under contract to the Veterans Administration to rehabilitate exservicemen with speech and voice disorders, it has been announced by Dr James S Greene, Medical Director The Hospital is also on the list of approved institutions which veterans may attend under the educational provisions of the "G I bill" More than sixty veterans are already receiving treatment at the Hospital While the majority of the veteran-patients are stutterers, several suffer from aphasia caused by head wounds or from aphonia due to loss of the larynx.

THE MAPLES INC., ROCKVILLE CENTER, L. I.

A sanitarium especially for invalids, convalescents, chronic patients, post-operative, special diets and body building Six acres of landscaped lawns. Five buildings (two devoted exclusively to private rooms) Resident Physician Rates $21 to $50 Weekly

MRS M K. MANNING, Supt. — Tel: ROCKVILLE CENTER 3660

RIVERLAWN SANITARIUM

FOUNDED  1895

A conveniently situated Sanitarium offering complete facilities for the treatment and care of MENTAL AND NERVOUS CASES and ALCOHOL AND DRUG ADDICTIONS. We extend full cooperation to the Physicians.

CHARLES B. RUSSELL M. D. *Med Dir*
45 Totowa Ave. PATERSON N J Armory 4-2342

BRUNSWICK HOME

A PRIVATE SANITARIUM. Convalescents postoperative aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M. D., Supt.
Bway & Louden Ave., Amityville, N Y Tel:1700 1 2

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y

FOR MENTAL AND NERVOUS PATIENTS. An institutional atmosphere. Treatment modern, scientific, individual. Moderate rates. Licensed by dept. of Mental Hygiene. (See also our advertisement in the Medical Directory of N Y N J and Conn.) Address inquiries to MARGARET TAYLOR ROSS, M D., *Physician-in-Charge*

DR. BARNES SANITARIUM

STAMFORD, CONN.

45 minutes from N Y C via Merritt Parkway

For treatment of Nervous and Mental Disorders, Alcoholism and Convalescents. Carefully supervised Occupational Therapy facilities for Shock Therapy Accessible location in tranquil beautiful hill country Separate buildings.
F H. BARNES M.D., Med Supt. *Tel. 4-1143

FALKIRK
IN THE
RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg.
CENTRAL VALLEY, Orange County N Y

'INTERPINES'

Goshen, N Y

Phone 117

Ethical — Reliable — Scientific
Disorders of the Nervous System
BEAUTIFUL — QUIET — HOMELIKE

Write for Booklet

FREDERICK W SEWARD, M. D., *Director*
FREDERICK T SEWARD M. D., *Resident Physician*
CLARENCE A. POTTER, M. D., *Resident Physician*

WEST HILL

West 252nd St. and Fieldston Road
Riverdale-on-the-Hudson, New York City

For nervous, mental, drug and alcoholic patients. The sanitarium is beautifully located in a private park of ten acres. Attractive cottages, scientifically air-conditioned. Modern facilities for shock treatment. Occupational therapy and recreational activities. Doctors may direct the treatment. Rates and illustrated booklet gladly sent on request.

HENRY W. LLOYD, M.D., *Physician in Charge*
Telephone Kingsbridge 9-8440

LOUDEN-KNICKERBOCKER HALL, INC.

81 LOUDEN AVENUE - Tel Amityville 53 - AMITYVILLE, N Y

A private sanitarium established 1886 specializing in NERVOUS and MENTAL diseases.

Full information furnished upon request

JOHN F LOUDEN *President* JAMES F VAVASOUR, M.D., *Physician in Charge*
NEW YORK CITY OFFICE, 67 West 44th St., Tel. VAnderbilt 6-3722

Woman's Auxiliary

To the Medical Society of the State of New York

Message from the President

Dear Auxiliary Members

All of us feel deep regret that hotel conditions in New York City made it impossible to hold our midwinter Board Meeting We all look forward now to the meeting of the Auxiliary at the annual sessions of the Medical Society of the State of New York, which will be held in the Hotel Pennsylvania April 29 to May 3 Every indication points to a difficult hotel situation at that time, too, and I urge every one of you who plans to come to New York to make your room reservation immediately so that you will not be disappointed We hope for a large attendance and I personally look forward to seeing each and every one of you.

Sincerely yours,
ETHEL GRIFFIN

County News

Albany County A meeting of the Auxiliary was held at the City Club in Albany on January 30 The afternoon was devoted to a discussion of medical legislation with special emphasis on the medical indemnity insurance plan

The speakers were Dr John E Heslin, chairman of the special committee appointed to represent the Albany County Medical Society in the investigation of such a plan, and Dr Robert R. Hannon, executive officer of the State Medical Society Dr Hannon discussed the bills pertaining to medicine and public health now before the State Legislature

Kings County At the January 8 meeting of the Auxiliary held at the Academy of Medicine, Dr Thurman Givan, president of the Kings County Medical Society, addressed the members and representatives of other women's clubs on the advantages of the physicians' voluntary medical plan.

Mrs. John L Bauer, chairman, introduced the State President, Mrs Edwin A. Griffin, who also urged all present to publicize the plan

Mr George P Farrell, director of the Medical Care Insurance Bureau of the State Medical Society, explained in detail the comprehensive scope of medical, surgical, and obstetric care under this plan

Dr Frederick Elliott spoke on the topic, "Up-to-the-Minute Compulsory Health Plans"

Mrs Michael M Schultz, of Queens, State Program Chairman, attended the meeting and asked for full cooperation and enthusiasm in presenting the medical-care plan to the public Mrs Alfred L Madden, of Albany, State Chairman on Legislature, urged support of the plan by county members

Nassau County Mrs Louis Van Kleeck presided at a board meeting of the auxiliary to the Nassau County Medical Society in the medical sessions room at Nassau Hospital Monday morning

Members present were the Mesdames George E Christmann, Byron D St John, Arthur D Jaques, Albert M Bell, Nathaniel H. Robin, E Freeman Miller, H S McCartney, Mansoor Moghtader, Louis B Chmielewski, Spencer B Caldwell, and Wilbur G Holz

The auxiliary celebrated its tenth anniversary on January 29 with a party at the Nassau Hospital auditorium Mrs Edwin A Griffin, president of the Woman's Auxiliary to the Medical Society of the State of New York, was the guest speaker Mrs Moghtader, historian, presented a history of the Auxiliary, after which a social hour was enjoyed

The doctors' dinner dance will be held February 23 at the Garden City Hotel, at which time the Medical Society of Nassau County will celebrate its twenty-fifth anniversary

Niagara County On January 14 the Woman's Auxiliary and wives of members of the dental profession were entertained by Dr Arthur N Aitken, medical director of the Niagara Sanatorium, and members of his staff

The guests were served luncheon in the attractive dining room of the Nurses' Home, where special arrangements and decorations were provided under the chairmanship of Mrs Leonard C Evander, corresponding secretary

Mrs Joseph Healy, president, presided at the meeting of members, hospital physicians, and staff assistants.

Dr Aitken welcomed the guests, and Dr Leonard C Evander, senior physician, spoke on the subject, "Rehabilitation and Its Relation to the Community" His talk outlined the program of the hospital in its care of patients, the protection it gives the community, and the tremendous influence the plan in Niagara County is having on similar work being started in hospitals all over the country

A tour of the hospital under the guidance of members of the staff ended an enthusiastic meeting of the Auxiliary

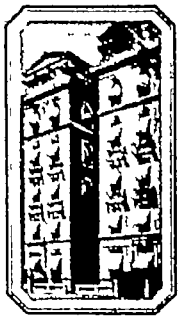
Queens County The Women's Auxiliary to the Medical Society of Queens held a meeting at the home of Miss Lucy Lanza, Long Island City, to complete arrangements for the luncheon and bridge to be held at the Forest Hills Inn in Forest Hills Committee members are as follows arrangements, Miss Lucy Lanza, Mrs Herman Enselberg, Mrs. Samuel Klein, Mrs Daniel Swan, Mrs John Finnegan, and Mrs Charles E Tilley, tickets, Mrs William J Flanagan, Mrs Edward C Veprovsky, Mrs Henry C Eichacker, Mrs John Scannell, Mrs John Keating, Mrs Evan McLave, and Mrs A. J Aptaker, reception, Mrs. Joseph Hallinan, president, Mrs Abraham Braunstein, Mrs Thomas D'Angelo, Mrs Michael M Schultz, Mrs Elmer A. Kleefield, Mrs William Lavelle, Mrs Raymond Murphy, Mrs William Godfrey, Mrs James Dobbins, Mrs Meyeron Coe, and Mrs H P Mencken, special prizes, Mrs J Gibson Hill, Mrs James De Rose, Mrs Henry C Eichacker, and Mrs John Scannell, door prizes, Mrs Walter Steffen and Mrs Walter J Lynch, table prizes, Mrs Harold Foster, Mrs Robert R. Yanover, and Mrs William Brons, card committee, Mrs. George Schmidt and Mrs Miller Sanders

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment of endorsed by many physicians. Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY

COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24, N Y Tel SChuyler 4-0770

HALCYON REST

754 BOSTON POST ROAD RYE, NEW YORK

Henry W Lloyd, M.D., Physician-in-Charge

Licensed and fully equipped for the treatment of nervous, mental, drug and alcohol patients, including Occupational therapy. Beautifully located a short distance from Rye Beach. TELEPHONE: RYE 550 *Write for illustrated booklet.*

POST WAR COLLECTIONS

Our Post War Plan is a friendly aid to patients in paying past due medical bills as they change from war pay to peace pay. Protect your fees by acting now. Write. Our local auditor will call and tell you all about it.

CRANE DISCOUNT CORPORATION

230 W 41 St. New York 18 N Y

RELIEVES MANY NASAL CONDITIONS

BOROLEUM

Contains Menthol, Camphor Eucalyptol Methyl Salicylate Boric Acid and Petrolatum.

SINCLAIR PHARMACAL CO., Inc.

72 CORTLANDT STREET

New York 7 N. Y

AND MINOR SKIN IRRITATIONS

Watch
Classified Department
for
Business Opportunities
Page 447



ULCER PATIENTS

quickly relieved with

CA-MA-SIL

It's Your Answer to Peptic Ulcer Therapy

- Contains no SODA, or Aluminum Hydroxide
- Use does not induce ANOREXIA

Contents

Magnesium Silicate (not trisilicate)
Dimmonium Hydrogen Phosphate
Calcium Carbonate Peppermint Oil
Aromatics and Saccharin



Send for Sample

PRESCRIBE it for your PEPTIC ULCER PATIENTS

CA MA SIL CO 700 CATHEDRAL ST
BALTIMORE 1 MD



FOR MEN AND WOMEN!

A WORTHWHILE CAREER IN

LABORATORY TECHNIQUE

THE GRADWOHL SCHOOL OF LABORATORY TECHNIQUE is an ethical school, manned by competent ethical physicians and technologists and enjoys a high rating among the medical profession. . . . Gradwohl graduates, recognized as expert technicians, are in great demand for desirable positions.

Course includes—*Clinical Pathology, Hematology, Serology, Applied Bacteriology, Basal Metabolism, Blood Chemistry, Electrocardiography Parasitology, Tissue Cutting and Staining and X-Ray Technique*

ENROLL NOW for priority 12 months course; 6 months internship New classes start every 3 months.

33rd Successful Year

Write for Free Catalog

GRADWOHL SCHOOL OF LABORATORY TECHNIQUE

Under the Personal Supervision of

R. B. H. Gradwohl, M. D., Sc. D, Director

3514 Lucas Av. St. Louis, Mo.

BRIOSCHI

A PLEASANT ALKALINE DRINK



Actively alkaline Contains no narcotics, no injurious drugs Consists of alkali salts, fruit acids, and sugar, and makes a pleasant effervescent drink.

Send for a sample

G. CERIBELLI & CO.

121 VARICK STREET NEW YORK

in whooping cough

Elixir Bromaurate

GIVES EXCELLENT RESULTS

Cuts short the period of the illness and relieves the distressing spasmodic cough Also valuable in Bronchitis and Bronchial Asthma In four-ounce original bottles. A teaspoonful every 3 to 4 hrs

(Contains one half grain Gold Tribromide in one fluidounce Alcohol 2½% by volume.)

GOLD PHARMACAL CO, NEW YORK CITY



In *Cheilitis* from LIPSTICK

Intractable exfoliative lip dermatoses may often be traced to eosin lipstick dyes. Remove the offending irritants, and the symptoms often disappear In lipstick hypersensitivity, prescribe AR-EX NON-PERMANENT LIPSTICK—so cosmetically desirable, yet free from all known irritants *Send for Free Formulary*

PRESCRIBE

℞

AR-EX

NON PERMANENT

LIPSTICK

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST. CHICAGO 7, ILL.

CLASSIFIED

REAL ESTATE

Sound Real Estate Investments in Income Producing Properties Samuel Krams 7 West 44th Street New York City Murray Hill 2-9451 Member Real Estate Board of New York. Member National Association of Real Estate Boards

Resident—N Y State registration. Medicine and Surgery 60 bed private hospital. $200 month. DI 6-4000 Bradford Hospital, 501 New Lots Ave., Brooklyn N Y

FOR SALE

L. I East Islip; 7½ acres suitable convalescent home —porches 9 bedrooms 5 baths 2 living rooms; also 6-room apartment over 3-car garage 1 hour R. R. N Y ½ mile to station village Box 4016 N Y St. Jr Med

WANTED

Obstetrician, veteran, 35 desires affiliation with established group or specialist. L. I graduate Previously general practice in Westchester Box 4015 N Y St Jr Med

Locum tenens or assistantship to general practitioner; veteran 2½ years military service; age 30 married partnership or purchase of practice considered. Box 4005 N Y St. Jr Med.

Pathologist, Board Diplomate, experienced, desires association with hospital, group or private laboratory Address 4012 N Y St. Jr Med

OPHTHALMOLOGIST

Veteran, American Board, desires location partnership industrial position, or will buy practice. Box 3916 N Y St. Jr Med

Classified Rates

Rates per line per Insertion.

One time	$1.10
3 Consecutive times	1.00
6 Consecutive times	.80
12 Consecutive times	.75
24 Consecutive times	.70

MINIMUM 3 LINES

Count 7 average words to each line

Copy must reach us by the 20th of the month for issue of First and by the 5th for issue of Fifteenth.

Classified Ads are payable in advance. To avoid delay in publishing remit with order

SUPERIOR PERSONNEL Assistants and executives in all fields of medicine—young physicians, department heads, nurses, staff personnel, secretaries, anaesthetists, dieticians and technicians.

Patricia Edgerly

NEW YORK MEDICAL EXCHANGE
420 FIFTH AVE., N Y C. (AGENCY) MURRAY HILL 2-0676

PATENT ATTORNEY

E. H. POLACHEK, Patent Attorney Engineer
Specialist in patents and trademarks. Confidential advice
1234 Broadway N Y C. (at 31st) LOngacre 5-3088

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service. Paine Hall graduates have character, intelligence personality and thorough technical training. Let us help you find exactly the right assistant.

Est. 1919 **Paine Hall**

101 W 31st St., New York
BRyant 9-2831
Licensed by State of N Y



CLINICAL LABORATORY and X-RAY TECHNIC

Thorough Clinical Laboratory course 9 months. X-Ray 3 months. Electrocardiography additional. Graduates in demand. Established 22 years.

Catalog sent postpaid on request.

Northwest Institute of Medical Technology
3422 E. Lake St., Minneapolis, Minn.

COOPER CREME

No Finer Name in Contraceptives

Active Ingredients: Sodium Oleate 0.67% Trienymethylene 0.04%

ACCEPTED MEDICAL ASSN.

WHITTAKER LABORATORIES INC PEEKSKILL, N Y



FOR MEN AND WOMEN!

A WORTHWHILE CAREER IN

LABORATORY TECHNIQUE

THE GRADWOHL SCHOOL OF LABORATORY TECHNIQUE is an ethical school, manned by competent ethical physicians and technologists and enjoys a high rating among the medical profession . Gradwohl graduates, recognized as expert technicians, are in great demand for desirable positions

Course includes—Clinical Pathology, Hematology, Serology, Applied Bacteriology, Basal Metabolism, Blood Chemistry, Electrocardiography, Parasitology, Tissue Cutting and Staining and X-Ray Technique

ENROLL NOW for priority 12 months course; 6 months internship New classes start every 3 months.

33rd Successful Year



GRADWOHL SCHOOL OF LABORATORY TECHNIQUE

Under the Personal Supervision of

R. B. H. Gradwohl, M. D., Sc. D, Director

3514 Lucas Av. St. Louis, Mo.

BRIOSCHI

A PLEASANT ALKALINE DRINK



Actively alkaline Contains no narcotics, no injurious drugs Consists of alkali salts, fruit acids, and sugar, and makes a pleasant effervescent drink

Send for a sample

G. CERIBELLI & CO.

121 VARICK STREET NEW YORK

in whooping cough

Elixir Bromaurate

GIVES EXCELLENT RESULTS

Cuts short the period of the illness and relieves the distressing spasmodic cough Also valuable in Bronchitis and Bronchial Asthma. In four-ounce original bottles A teaspoonful every 3 to 4 hrs

(Contains one half grain Gold Tribromide in one fluidounce Alcohol 2½% by volume.)

GOLD PHARMACAL CO, NEW YORK CITY



In *Cheilitis* from LIPSTICK

Intractable exfoliative lip dermatoses may often be traced to eosin lipstick dyes. Remove the offending irritants, and the symptoms often disappear In lipstick hypersensitivity, prescribe AR-EX NON-PERMANENT LIPSTICK—so cosmetically desirable, yet free from all known irritants Send for Free Formulary

PRESCRIBE

℞

AR-EX NON PERMANENT LIPSTICK

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST. CHICAGO 7, ILL.



Kapseals CARBRITAL

AN EFFECTIVE HYPNO-SEDATIVE WITH MINIMUM SIDE EFFECTS

For oral administration in conditions in which it is desirable to obtain the hypnotic action of pentobarbital sodium and the sedative effect of carbromal. Acts rapidly, inducing quiet, restful sleep from which the patient awakens feeling refreshed and alert

Each CARBRITAL KAPSEAL contains Pentobarbital Sodium 1½ grains, Carbromal 4 grains

PARKE, DAVIS & COMPANY
DETROIT 32 MICHIGAN



This, too, is Preventive Medicine

For a large segment of our population this postwar adjustment period may present economic difficulties In many such instances the first step toward "cutting down" will be to reduce food expenditures

The advice to maintain nutrition, especially protein nutrition, may well be classed as sound preventive medicine.

Without sufficient protein intake—sufficient in quality as well as quantity—many phases of metabolic and functional life are bound to deteriorate

An adequate amount of meat in the daily diet will go far in maintaining protein nutrition.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association



AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES



There is a Doctor in the House

—and it took a minimum of $15,000 and 7 years' hard work and study to get him there!

● Proudly he "hangs out his shingle," symbol of his right to engage in the practice of medicine and surgery. But to a doctor it is more than a right. It is a privilege — the privilege of serving mankind, of helping his fellow man to a longer, healthier, and happier life.



According to a recent nationwide survey,

More Doctors Smoke Camels

than any other cigarette

This, too, is Preventive Medicine

For a large segment of our population this postwar adjustment period may present economic difficulties In many such instances the first step toward "cutting down" will be to reduce food expenditures

The advice to maintain nutrition, especially protein nutrition, may well be classed as sound preventive medicine.

Without sufficient protein intake—sufficient in quality as well as quantity—many phases of metabolic and functional life are bound to deteriorate

An adequate amount of meat in the daily diet will go far in maintaining protein nutrition.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association



AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

EFFECTIVE

chemoprophylaxis

of urinary tract infections

SULAMYD (sulfacetimide-Schering) now appears to be the drug of choice for *prophylaxis* of urinary tract infections occurring after surgery of the pelvic organs.

Clinical studies[1] involving four thousand postoperative patients were conducted recently with various sulfonamides and SULAMYD was found most effective reducing the incidence of urinary tract infection to less than one per cent SULAMYD also was found to be less likely to cause renal toxicity than sulfanilamide, and the blockage of catheters with crystals observed with sulfathiazole and sulfadiazine never occurred with SULAMYD

Dosage for prophylaxis of urinary tract infections 0.5 Gm. SULAMYD four times daily

SULAMYD

SULAMYD Tablets (sulfacetimide Schering) 0.5 Gm. in bottles of 100 and 1000

Trade Mark SULAMYD—Reg. U. S. Pat. Off.

1 Youngc, P. A.: Urol. & Cutan. Rev. 49:122 1945.

Schering CORPORATION BLOOMFIELD N. J.
In Canada, Schering Corporation Ltd., Montreal

CONTENTS—Continued from page 452

Treatment of Migraine and Related Headaches, *Max A Goldzieher, M D* 516
Neostigmine In Disorders of the Colon, *Milton H Morris, M D*, and *Abner Robbins, M D* 519
Acute Syphilitic Nephrosis Treated with Penicillin, *Delavan V Holman, Lt Col*, (MC), *AUS*, and *Irwin H Makovsky, Maj*, (MC), *AUS* 520
Visceral Leishmaniasis, *Frank Kaminsky, Maj*, (MC), *AUS*, and *George K Wever, Maj*, (MC), *AUS* 522
Acute Fulminating Ulcerative Colitis, *Benjamin Kirschner, M D* 525
Conferences on Therapy (*Cornell University Medical College*)
Oral Penicillin 527

SPECIAL ARTICLE

The Group Plan of Malpractice Insurance and Defense 535

EDITORIAL

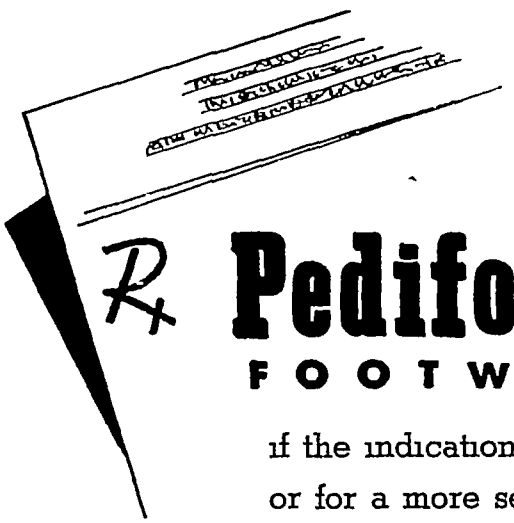
DiCostanzo-Crews Bill, II 487
American Journal of Obstetrics and Gynecology 489
A County Society Centenary 490
The "Inertness" of Endocrine Substances 491
Annual Meeting 492

GENERAL FEATURES

Workmen's Compensation 540
Medical News 541
Necrology 548
Hospital News 552

MISCELLANEOUS

State Society Officers 456, 458, 460



FOR EVERY MEMBER OF THE FAMILY... and FOR EVERY OCCASION—

℞ Pediforme
FOOTWEAR



if the indication is "walk more"
or for a more sensible shoe
. . . or for essential aid

Send your patient to a convenient Pediforme Store

MANHATTAN, 34 West 36th St. **NEW ROCHELLE,** 545 North Ave
BROOKLYN, 288 Livingston St **EAST ORANGE,** 29 Washington Pl.
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, L. I., 241 Fulton Ave **HACKENSACK,** 290 Main St



DIGIFOLIN

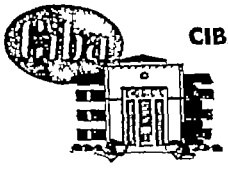
Standardized by the U S P XII Cat Assay Method



More effective

Owing to completeness of gastric absorption, oral Digifolin in tablets or solution, produces 20 to 30 per cent greater therapeutic effect than does a whole leaf preparation of similar unitage. Write for professional samples *Ampuls*—2 cc., cartons of 50 *Tablets*—1½ grains, bottles of 50 *Liquid*—bottles of 1 fluid ounce

DIGIFOLIN—Trade Mark Reg. U S Pat. Off. and Canada



CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY

STEROID HORMONES AND FINE PHARMACEUTICALS

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	EDWARD R. CUNNIFFE, M D , Bronx
Past-President	HERBERT H BAUCKUS, M D , Buffalo
President-Elect	WILLIAM HALE, M D , Utica
Second Vice-President	STEPHEN R MONTEITH, M D , Nyack
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR , M D , Forest Hills
Treasurer	KIRBY DWIGHT, M D , New York
Assistant Treasurer	JAMES R. REULING, JR., M.D , Bayside
Speaker	LOUIS H. BAUER, M D , Hempstead
Vice-Speaker	F LESLIE SULLIVAN, M D , Scotia

TRUSTEES

GEORGE W KOSMAK, M D , *Chairman* New York 28

JAMES F ROONEY, M D	Albany	WILLIAM H ROSS, M D ,	Brentwood
ALBERT A GARTNER, M D	Buffalo	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

EDWARD R. CUNNIFFE, M D	Bronx	WALTER P ANDERTON, M D	New York
WILLIAM HALE, M D	Utica	KIRBY DWIGHT, M.D	New York
HERBERT H. BAUCKUS, M D	Buffalo	LOUIS H BAUER, M D	Hempstead

GEORGE W KOSMAK, M D — New York

Term Expires 1946	*Term Expires 1947*	*Term Expires 1948*
CARLTON E WERTZ, M D Buffalo	FLOYD S WINSLOW, M D Rochester	OLIVER W H MITCHELL, M D Syracuse
RALPH T TODD, M D Tarrytown	J STANLEY KENNEY, M D New York	MAURICE J DATTELBAUM, M D Brooklyn
CHARLES M ALLABEN, M D Binghamton	HARRY ARANOW, M D Bronx	DAN MELLEN, M D Rome

[*See pages 458 and 460 for additional Society Officers*]

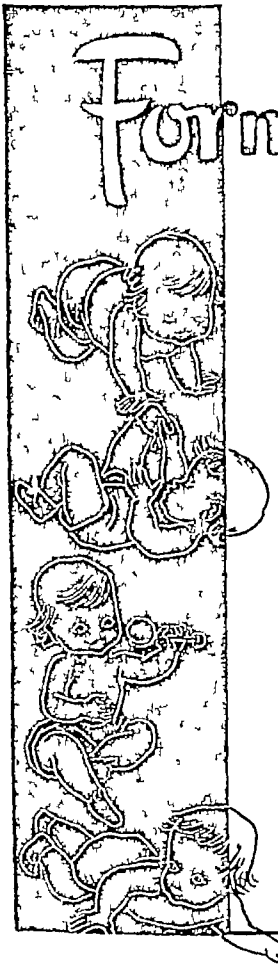
Rapid Sustained
4-WAY RELIEF
INTESTINAL INDIGESTION
GALLBLADDER STASIS
BIDUPAN
(formerly Intestinal Concentrated)

Two Bidupan tablets t.i.d provide Extr Ox Bile 12 grs., Conc. Pancreatin 12 grs., Duodenal Subst. 3 grs., Charcoal 6 grs

Pure Bile Salts, concentrated Pancreatin, Duodenal Substance, Charcoal in Bidupan . . . improve biliary drainage, digestion of albumin, carbohydrates, fats; stimulate pancreatic secretion; remove fermentive factors . . . to speed relief in biliousness, intestinal indigestion, and recurrent flatulence Bottles of 50 and 100 tablets.

Send for Literature, address Dept. N.

CAVENDISH PHARMACEUTICAL CORP., 25 West Broadway • New York 7



Formulac

A NUTRITIONALLY ADEQUATE INFANT FOOD

FORMULAC is the trade-name for a new product—a reduced milk in liquid form—supplemented with sufficient vitamins and minerals to render it an adequate food for infants

FORMULAC was developed by E V McCollum to fill a long felt pediatric need for a milk containing sufficient vitamins and minerals to meet the nutritional requirements of a growing infant *without supplementary administration* The McCollum method of incorporating vitamins into the milk itself eliminates the risk of maternal error or oversight.

FORMULAC, newly introduced on the market, is promoted ethically

FORMULAC, supplemented by carbohydrates at your discretion, presents a flexible basis for formula preparation, readily adjustable to each individual child s needs.

FORMULAC has been tested clinically, and proved satisfactory in promoting infant growth and development. Priced within range of even low income groups, this inexpensive infant food is on sale at most drug and grocery stores.



Distributed by
KRAFT FOODS COMPANY

* For professional samples and further information about FORMULAC, mail a card to National Dairy Products Company Inc., 230 Park Avenue New York 17 N Y

NATIONAL DAIRY PRODUCTS COMPANY, INC., New York, N.Y.

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
Scott Lord Smith, M.D , Poughkeepsie
Second District
Everett C Jessup, M D , Roslyn
Third District
John L. Edwards, M D , Hudson
Fourth District
Frank F Finney, M D , Malone
Fifth District
Dan Mellen, M.D , Rome
Sixth District
Clifford F Leet, M.D , Horseheads
Seventh District
Homer J Knickerbocker, M D , Geneva
Eighth District
Peter J Di Natale, M D , Batavia

NEW YORK STATE JOURNAL OF MEDICINE
Publication Committee

George W Kosmak, M.D
Kirby Dwight, M D
Dwight Anderson
Laurance D Redway, M.D
Walter P Anderton, M D

[*Address all communications to above address*]

LEGAL DEPARTMENT

Counsel — William F Martin, Esq, 30 Broad Street, New York 4. Telephone HAnover 2-0670 — Attorney — Thomas H Clearwater, Esq

AUTHORIZED INDEMNITY REPRESENTATIVE

Harry F Wanvig, 70 Pine St , New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER

Robert R. Hannon, M D , 100 State St , Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION

David J Kaliski, M D , 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

DIRECTOR, PUBLIC RELATIONS BUREAU

Dwight Anderson, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

George P Farrell, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

COT-TAR
PIX-LITHANTHRACIS 5%

- Suitable in exudative and chronic eczema—particularly in children's eczema
- A flexible non-peeling coat of tar
- Avoids staining of linen
- Removable with Tersus, a soapless detergent and water
- No untoward irritation

Please write for sample and literature NY 3-46

DOAK CO., INC.
CLEVELAND, OHIO

MALPRACTICE INSURANCE PROTECTION*

for

INFORMATION, ADVICE OR ASSISTANCE

refer to

HARRY F WANVIG

Authorized Indemnity Representative of

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

70 Pine Street New York City 5

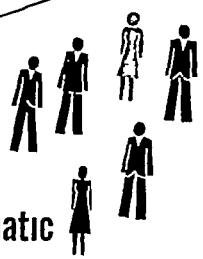
Telephone Digby 4 7117

**For Members of the State Society only*

in amebiasis:







symptomatic . . . asymptomatic

Barr[1] states " it is just as important to treat properly the symptomless 'carrier' of this parasite as to treat the patient suffering from amebic dysentery "

Stitt, Clough and Clough[2] report, "The disease may be symptomless These mild or symptomless cases have been shown to outnumber greatly the cases with clinical dysentery They constitute the carriers or cyst passers' "

DIODOQUIN (5 7-diiodo-8-hydroxyquinoline) is safe to use even in suspected cases of amebiasis. Nonirritating, nontoxic—Diodoquin has been found promptly destructive to protozoa in amebiasis and Trichomonas hominis (intestinalis)

1. *Barr D. P.: Modern Medical Therapy in General Practice, 2:1830, Baltimore, Williams & Wilkins Company 1940.*

2. *Stitt, E. R.: Clough, P. W., and Clough, M. C.: Practical Bacteriology Hematology and Animal Parasitology ed. 9 Philadelphia, P. Blakiston's Son & Co., 1938, pp. 410-412.*

DIODOQUIN

ACCEPTED AMERICAN MEDICAL ASSOCIATION

is the registered trademark of G.D.Searle & Co. Chicago 80 Ill.

SEARLE *Research in the Service of Medicine*

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D , Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L EDWARDS, M D , Hudson
Fourth District
FRANK F FINNEY, M D , Malone
Fifth District
DAN MELLEN, M D , Rome
Sixth District
CLIFFORD F LEET, M.D , Horseheads
Seventh District
HOMER J KNICKERBOCKER, M D , Geneva
Eighth District
PETER J DI NATALE, M.D , Batavia

NEW YORK STATE JOURNAL OF MEDICINE

Publication Committee

GEORGE W KOSMAK, M.D
KIRBY DWIGHT, M.D.
DWIGHT ANDERSON
LAURANCE D REDWAY, M.D.
WALTER P ANDERTON, M D

[Address all communications to above address]

LEGAL DEPARTMENT

Counsel WILLIAM F MARTIN, ESQ 30 Broad Street, New York 4. Attorney Telephone HAnover 2-0670 THOMAS H CLEARWATER, ESQ

AUTHORIZED INDEMNITY REPRESENTATIVE

HARRY F WANVIG, 70 Pine St , New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER

ROBERT R. HANNON, M.D , 100 State St , Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION

DAVID J KALISKI, M D , 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

DIRECTOR, PUBLIC RELATIONS BUREAU

DWIGHT ANDERSON, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

GEORGE P FARRELL, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

COT-TAR
PIX-LITHANTHRACIS 5%

- Suitable in exudative and chronic eczema—particularly in children's eczema
- A flexible non-peeling coat of tar
- Avoids staining of linen
- Removable with Tersus, a soapless detergent and water
- No untoward irritation

Please write for sample and literature NY 3-46

DOAK CO., INC.
CLEVELAND, OHIO

MALPRACTICE INSURANCE PROTECTION*

for

INFORMATION, ADVICE OR ASSISTANCE

refer to

HARRY F. WANVIG

Authorized Indemnity Representative of

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

70 PINE STREET NEW YORK CITY 5

Telephone Digby 4-7117

**For Members of the State Society only*

ESKADIAZINE

makes oral sulfadiazine therapy easier



ESKADIAZINE—the ideal oral sulfadiazine—has these three advantages —

1 **Fluid Form.** This new fluid sulfadiazine is the ideal oral dosage form, especially for infants and children, and also for the many adults who object to tablet medication Each 5 cc. (1 teaspoonful) contains 0 5 Gm. (7 7 gr) of sulfadiazine.

2 **Exceptional Palatability** Eskadiazine is so surprisingly palatable and pleasant in consistency that it is accepted willingly by all types of patients Children actually like to take it

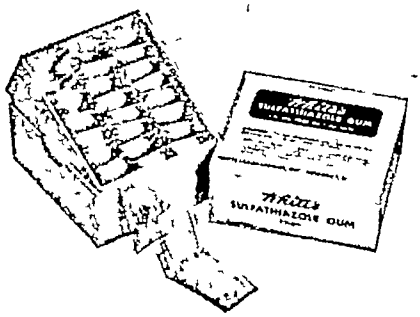
3 **More Rapid Absorption.** The findings of a recent clinical study by Flippin and associates (Am. J M. Sc., Aug 1945) indicate that with Eskadiazine desired serum levels may be far more rapidly attained than with sulfadiazine administered in tablet form.

Smith, Kline & French Laboratories, Philadelphia, Pa.

S.K F.'s new, outstandingly palatable fluid sulfadiazine for oral use

"topical

IN A STRICT SENSE OF THE TERM . . ."



White's Sulfathiazole Gum*

IMPORTANT. Please note that your patient requires yo
prescription to obtain this product from the pharmac

" sulfathiazole gum provides a method of chemotherapy for oropharyngeal use and is topical in a strict sense of the term, as shown by the extremely low blood levels of sulfathiazole resulting from intensive dosage with the preparation "

—FOX NOAH, ET AL., EFFECT OF SULFATHIAZOLE IN CHEWING GUM IN CERTAIN OROPHARYNGEAL INFECTIONS, ARCH. OF OTOLARYNGOLOGY 41 278-283 (APRIL) 1945

When a single tablet of pleasantly flavored Sulfathiazole Gum is chewed for one half to one hour it provides a high salivary concentration of locally active sulfathiazole averaging 70 mg. per cent. Moreover, resultant blood levels of the drug, even with maximal dosage, are so low (rarely reaching 0 5 to 1 mg. per cent) that systemic toxic reactions are virtually obviated.

INDICATIONS: Local treatment of sulfonamide-susceptible infections of oropharyngeal areas, acute tonsillitis and pharyngitis—septic sore throat—infectious gingivitis and stomatitis—Vincent's infection Also indicated in the prevention of local infection secondary to oral and pharyngeal surgery

DOSAGE: One tablet chewed for one-half to one hour at intervals of one to four hours, depending upon the severity of the condition

If preferred, several tablets—rather than a single tablet—may be chewed *successively* during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed.

Available in packages of 24 tablets sanitaped in slip-sleeve prescription boxes

A PRODUCT OF **WHITE LABORATORIES, INC.**

PHARMACEUTICAL MANUFACTURERS NEWARK 7, N. J.

EATON LABORATORIES Inc.
NORWICH, NEW YORK

ANNOUNCES

A NEW TYPE

OF

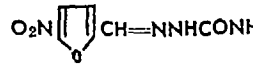
CHEMOTHERAPEUTIC AGENT

Discoveries made in Eaton Laboratories[1] have resulted in the introduction of a new class of antibacterial agents—*the nitrofurans* Over 200 of these have been studied *and give great promise of taking a place in chemotherapy with the sulfonamides and penicillin*

Bacteriostatic and Bactericidal Effects of Furacin

Organisms	Gram Stain	Min. concentration limiting growth to 50% of control in 24 hours.	Min. conc. showing no growth in 4 days.
S aureus	+	1—100,000	1— 80,000
S. pyogenes hemolyticus	+	1—100,000	1— 10,000
S salivarius viridans	+	1— 5,000	
S fecalis	+	1— 40 000	1— 5,000
S anhemolyticus	+	1— 40,000	1— 10,000
D pneumoniae I	+	1— 40,000	
N gonorrhoeae	—	1—100,000	1—100,000
N intracellularis	—	1—100,000	1— 40,000
E. coli	—	1—100,000	1— 80,000
S. schottmuelleri	—	1—100,000	1—100,000
S. paratyphi	—	1—100,000	1—100,000
E. typhosa	—	1—200,000	1—100,000
S dysenteriae	—	1—200,000	1—100,000
P vulgaris	—	1— 20,000	1— 10,000
Cl welchii	+	1— 20,000	1— 5,000
Cl. tetani	+	1— 20,000	1— 5,000
Cl novyi	+	1—200 000	1— 40,000
M. tuberculosis (var hominis—607)		1—200,000 (48 hours)	1— 5,000
M, tuberculosis (Gary)		1—500,000 (30 days)	1— 40,000 (30 days)

One, especially, of these nitrofurans has proved to be outstandingly effective It has a wide antibacterial spectrum, including many *gram-negative* as well as *gram-positive* organisms It is low in toxicity This compound has been named FURACIN.



5-nitro 2 furaldehyde semicarbazone

During the past four years, Furacin has been widely used in experimental work It has proved effective in many cases where sulfonamides and antibiotics have been unsuccessful. Clinical evaluation is continuing in many important medical centers

This new antibacterial is first presented in the form of FURACIN SOLUBLE DRESSING.

first available in

FURACIN SOLUBLE DRESSING

for treatment of wound and surface infections

INDICATIONS

Based on clinical findings to date, Furacin Soluble Dressing is suggested for topical treatment of

Infected surface wounds, or for the prevention of infection • infections of third and fourth degree burns carbuncles and abscesses after surgical intervention infected varicose ulcers • superficial ulcers of diabetics secondary infections of eczemas impetigo of infants and adults treatment of skin-graft sites • osteomyelitis associated with compound fractures secondary infections of dermatophytoses.



The new chemotherapeutic agent, *Furacin*, is now available in the form of *Furacin Soluble Dressing*, for topical application. This dressing contains 0.2 per cent Furacin in a bland, water-soluble, water washable base.

Furacin Soluble Dressing is bactericidal, both *in vitro* and *in vivo*[2] to many organisms characteristic of surface infections Its antibacterial spectrum compares most favorably with sulfonamides and penicillin. It is free of some of their disadvantages, being stable and relatively unaffected by body fluids.

Furacin Soluble Dressing liquefies at body temperature this aids penetration to all parts of wounds It is non irritating, does not dry or cake and will not retard healing. It is readily removed with sterile water or saline without causing bleeding or injury to granulation tissue.

The index of sensitization is low Nó evidence of systemic toxicity has ever appeared in the hundreds of patients treated.

Your druggist now has Furacin Soluble Dressing in 1 lb. jars for filling your prescriptions.

● For literature on Furacin Soluble Dressing, write: The Medical Director, Eaton Laboratories, Inc., Norwich, N Y

1 Dodd, M C. and Stillman, W B The In Vitro Bacteriostatic Action of Some Simple Furan Derivatives, J Pharmacol. & Exper Therap *82* 11, 1944

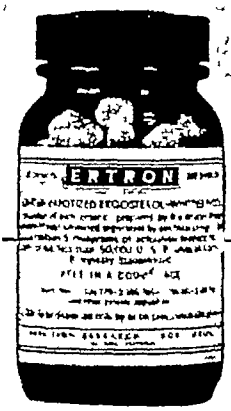
2 Snyder M L., Klehn, C. L., Christopherson, J W Effectiveness of a Nitrofuran In the Treatment of Infected Wounds, Military Surgeon *97* 380 1945

ERTRON

unlik

any other

antiarthrit



SUPPLIED IN BOTTLES OF 50, 100 AND 500 CAPSULES

PARENTERAL FOR SUPPLEMENTARY INTRAMUSCULAR INJECTION

It is now known that Ertron is unique—differing clinically and chemically from all other drugs used as antiarthritic medication.

An extensive bibliography, based on 10 years of clinical research, affords ample evidence regarding the effectiveness of Ertron in arthritis.

It can now be stated, on the basis of recent laboratory research, that Ertron is chemically different.

Simply stated, Ertron is electrically activated vaporized ergosterol prepared by the Whittier Process.

Ertron contains a number of hitherto unrecognized factors which are members of the steroid group The isolation and identification of these substances in pure chemical form further establishes the chemical as well as the therapeutic uniqueness of Ertron

Each capsule of Ertron contains 5 mg. of activation products having a potency of not less than 50,000 U S.P Units of Vitamin D

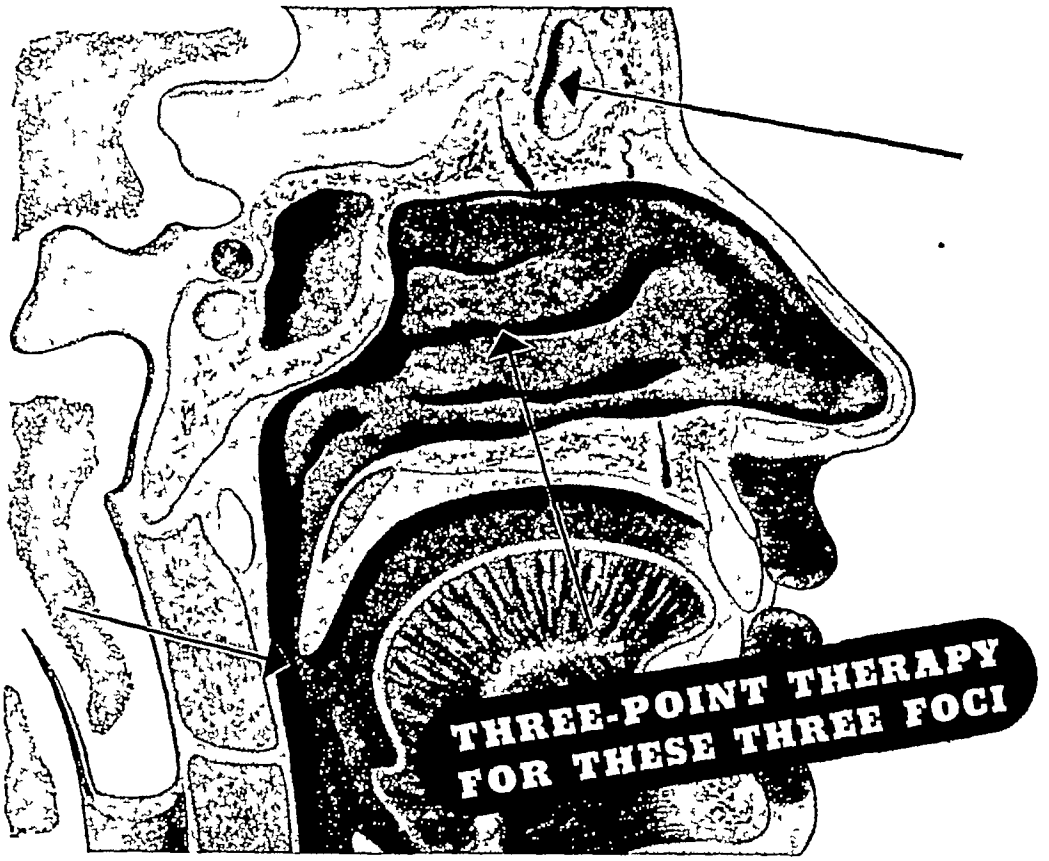
To Ertronize the arthritic patient, employ Ertron in adequate daily dosage over a sufficiently long period to produce beneficial results

The usual procedure is to start with 2 or 3 capsules daily, increasing the dosage by 1 capsule a day every three days until 6 capsules a day are given Maintain medication until maximum improvement occurs A glass of milk, three times daily following medication, is advised

Ethically promoted

Ertron is the registered trade-mark of Nutrition Research Laboratories

NUTRITION RESEARCH LABORATORIES • CHICAGO



IN the treatment of paranasal infection, ARGYROL offers more than effective antisepsis, decongestion without vasoconstriction, and cleansing effect It also provides for stimulation, *synergetically*, of the membrane's inherent, natural defense mechanism

Treatment with ARGYROL is wisely directed to these three foci of paranasal infection

1 the nasal meatus by 20 per cent ARGYROL instillations through the naso-lacrimal duct

2. the nasal cavities with 10 per cent ARGYROL solution in drops or by nasal tamponage

3. the fauces and pharynx by swabbing with 20 per cent ARGYROL solution

How Argyrol Acts on the Membrane

DECONGESTIVE—ARGYROL'S decongestive effect on the membrane is the result of its demulcent, osmotic action The withdrawal of ARGYROL tampons from the post nasal cavities frequently brings forth a long ropy mucous discharge measuring as much as two feet or more

BACTERIOSTATIC—Although proved to be definitely bacteriostatic, ARGYROL is non toxic to tissue In nearly half a century of wide medical use of ARGYROL, no case of toxicity, irritation, injury to cilia or pulmonary complication in human beings has ever been reported

STIMULATING—Soothing to nerve ends in the membrane and stimulating to glands, ARGYROL S action is more than surface action For it acts *synergetically* with the membrane's own tissue defense mechanism

When you order or prescribe ARGYROL, make sure you specify Original Package ARGYROL.



ARGYROL

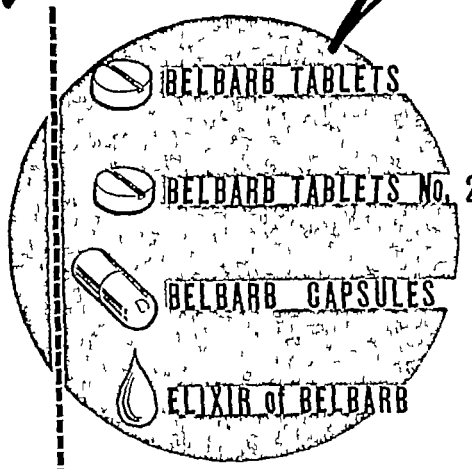
THE PHYSIOLOGIC ANTISEPTIC WITH SYNERGETIC ACTION

Made only by the A C BARNES COMPANY, NEW BRUNSWICK, N J

ARGYROL is a registered trademark, the property of A C. Barnes Company

Adaptability





BELBARB

AN *Excellent*

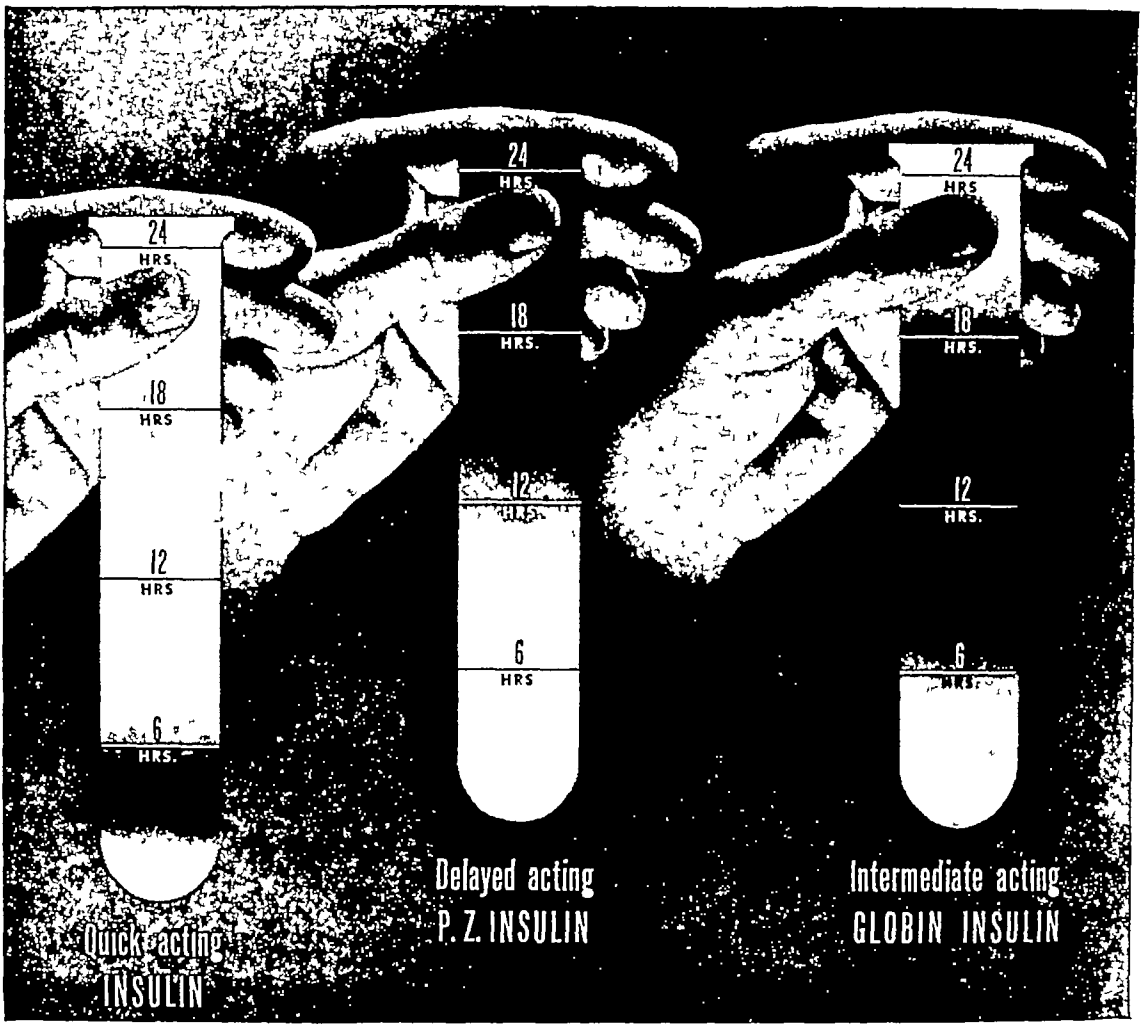
SEDATIVE AND HYPNOTIC

More than a decade of clinical experience has established the safety, effectiveness, and smoothness of the sedative action of BELBARB

BELBARB is now available in FOUR DIFFERENT DOSAGE FORMS, enabling adaptation to the needs of the individual patient far better than with a single form. May we send samples and literature?

CHARLES C. HASKELL & CO., INC., RICHMOND, VIRGINIA

Evolution of the 3rd insulin . . .



A NEW type of insulin is available for the diabetic—Globin Insulin First there was a quick-acting but short-lived form Next came a slow-acting but prolonged type Now there is the intermediate-acting 'Wellcome' Globin Insulin with Zinc Activity begins with moderate promptness yet it continues for sixteen or more hours, sufficient to cover the periods of maximum carbohydrate intake Activity diminishes by night so that nocturnal reactions are minimal

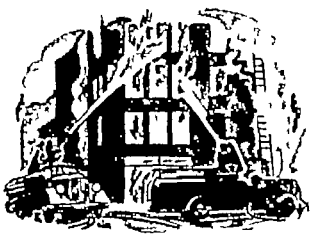
A single injection daily of 'Wellcome' Globin Insulin with Zinc controls the hyperglycemia of many patients Physicians are rapidly learning to take advantage of this new third form of insulin when prescribing for their patients

'Wellcome' Globin Insulin with Zinc is a clear solution, comparable to regular insulin in its freedom from allergenic properties

Accepted by the Council on Pharmacy and Chemistry, American Medical Association. Developed in the Wellcome Research Laboratories, Tuckahoe, New York U S Patent No 2,161,198 Available in vials of 10 cc , 80 units in 1 cc. and vials of 10 cc , 40 units in 1 cc Literature on request 'Wellcome' trademark registered

'WELLCOME' Globin Insulin WITH ZINC

BURROUGHS WELLCOME & CO. (U S A) INC., 9 & 11 EAST 41ST STREET, NEW YORK 17, N. Y



Third Degree

In severe thermal burns when protein needs far exceed the limits of dietary toleration, Parenamine provides extra-dietary amino acids to restore and maintain positive nitrogen balance and correct hypoproteinemia*

Parenamine

AMINO ACIDS STEARNS PARENTERAL

For protein deficiency

PARENAMINE is a sterile 15 per cent solution of amino acids containing all known to be essential for humans, derived by acid hydrolysis from casein, fortified with pure *dl*-tryptophane

INDICATED in conditions of restricted intake, faulty absorption, increased need or excessive loss of proteins such as in preoperative and postoperative management, extensive burns, delayed healing, gastro-intestinal disorders, fevers, et cetera.



ADMINISTRATION may be intravenous, intraarterial or subcutaneous

SUPPLIED as 15 per cent sterile solution in 100 cc. rubber-capped bottles.

Reprints and complete clinical data will gladly be sent on request

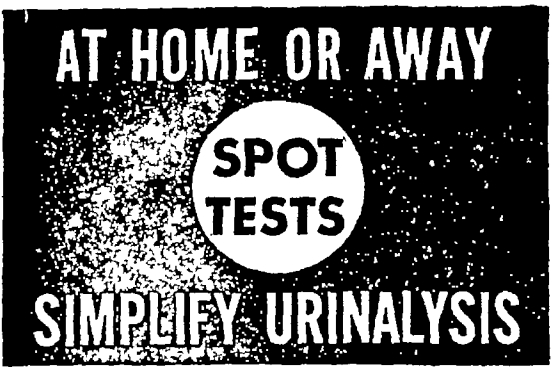
Frederick Stearns & Company

Division

DETROIT 31 MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY AUSTRALIA AUCKLAND NEW ZEALAND

Trade-Mark Registered U.S. Pat. Off.



NO TEST TUBES · NO MEASURING
NO BOILING

Diabetics welcome "Spot Tests" (ready to use dry reagents), because of the ease and simplicity in using No test tubes, no boiling, no measuring; just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

Galatest

FOR DETECTION OF SUGAR IN THE URINE

Acetone Test (DENCO)

FOR DETECTION OF ACETONE IN THE URINE

SAME SIMPLE TECHNIQUE FOR BOTH

1 A LITTLE POWDER  2. A LITTLE URINE

COLOR REACTION IMMEDIATELY

A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. This handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses

Accepted for advertising in the Journal of the A M.A.

WRITE FOR DESCRIPTIVE LITERATURE

Acetone Test (DENCO) Galatest
The Denver Chemical Manufacturing Co., Inc.
163 Varick Street, New York 13, N. Y.

INDEX TO ADVERTISERS

American Meat Institute	450
Ames Company, Inc.	484
A C Barnes Company	470
Dr Barnes Sanitarium	553
Beech-Nut Packing Co	479
Bilhuber-Knoll Corp	460
Borden Company	560
Brewer & Company, Inc	452
Brigham Hall Hospital	553
Brunswick Home	555
Burroughs Wellcome & Co	472
Cavendish Pharmaceutical Corp	456
Ciba Pharmaceutical Products Inc	455
Columbia University Extension Div	559
Crookes Laboratories	547
Davies, Rose & Company, Ltd	483
Denver Chemical Mfg Co, Inc	474
Doak Co, Inc	458
Eaton Laboratories Inc	466–467
Falkirk in the Ramapos	553
Otis E Glidden & Co, Inc	462
Gold Pharmacal Co	555
Halcyon Rest	553
Dr T H Halsted	559
Charles C Haskell & Co., Inc	471
Hoffman-La Roche, Inc.	549
Interpines	555
Lakeside Laboratories	477
Lanteen Medical Laboratories, Inc,	481
Thomas Leeming & Co Inc.	3rd cover
Libby, McNeill & Libby	485
Eli Lilly & Company	Between 480–481
Louden-Knickerbocker Hall, Inc	555
The Maltine Company	543
Manhattan General Hospital	559
The Maples Inc.	555
Mead Johnson & Company	4th cover
The Wm. S Merrell Company	2nd cover
Philip Morris & Co, Ltd, Inc	480
National Dairy Products Company, Inc	457
National Discount & Audit Co	555
Nepera Chemical Co Inc.	545
New York Polyclinic Med School and Hospital	555
Nutrition Research Laboratories	468–469
Paine Hall	559
Parke, Davis & Company	449
Pediforme Shoe Co	454
Pinewood	553
Z H Polachek	559
Rare Chemicals, Inc	557
R. J Reynolds Tobacco Company	451
Schenley Laboratories, Inc	482
Schering Corporation	453
G D Searle & Co	459
Sharp & Dohme	551
Smith, Kline & French Laboratories	463
Frederick Stearns & Company	473
Charles B Towns Hospital	553
Twin Elms	553
University of Buffalo	478
Harry F Wanvig	458
William R. Warner & Co, Inc	461, 475
West Hill	553
White Laboratories, Inc.	464–465
Winthrop Chemical Company, Inc	476
Wyeth Incorporated	486
Yonkers Professional Hospital	553
The Zemmer Company	559



. . . like this

The sulfonamides and 'Alka Zane'* Alkaline Effervescent Compound are like this!

There is a happy therapeutic relationship between the sulfonamides and 'Alka Zane' Alkaline Effervescent Compound.

'Alka Zane' Alkaline Effervescent Compound helps attain urinary alkalinity and increased fluid intake to prevent sulfonamide crystalluria and renal obstruction or damage at normal urinary pH levels.

The clean, fresh taste of 'Alka Zane' Alkaline Effervescent Compound in cold water is eagerly welcomed by the febrile patient.

William R. WARNER and Co. Inc. 113 WEST 18TH STREET, NEW YORK 11 N Y

'alka-zane'

alkaline effervescent compound

supplies the important bases of the alkaline reserve—sodium, calcium and magnesium as readily assimilable carbonates, citrates and phosphates. Available in bottles of 1¼, 4 and 8 ounces (granules).

*Trademark Reg U S. Pat. Off.

★ ★

ANNOUNCING POSTGRADUATE COURSES

FOR RETURNED OFFICERS OF THE ARMED FORCES AND PRACTITIONERS

THE UNIVERSITY OF BUFFALO SCHOOL OF MEDICINE

1. THERAPEUTICS: *One Week*

The presentations will be designed to cover the many recent additions in the field of therapy, as well as to review the well established older therapeutic methods and agents

2. MALIGNANT DISEASES: *Four Days*

This course of instruction affords the physician an opportunity to become familiar with the latest developments in the diagnosis and treatment of the various types of malignant disease There will be ample opportunity for the examination of a large amount of clinical material.

3. PEDIATRICS: *One Week*

This course will offer opportunities for not only didactic presentation but actual contact with a large variety of clinical material demonstrating the frequent acute and chronic diseases of childhood

ALL COURSES WILL BE HELD THE WEEK OF MARCH 18th, 1946.

The fee for each course will be $40 00 For catalogue and detailed information address all communications to

DEPARTMENT OF POSTGRADUATE AND CONTINUATION WORK
UNIVERSITY OF BUFFALO, SCHOOL OF MEDICINE
24 HIGH STREET, BUFFALO, NEW YORK

★ ★

INDEX TO ADVERTISED PRODUCTS

Alka-Zane (William R Warner & Co , Inc) 475
Argyrol (A. C Barnes Company) 470
Belbarb (Charles C Haskell & Co , Inc) 471
Bidupan (Cavendish Pharmaceutical Corp) 456
Calmitol (Thomas Leeming & Co ,Inc) 3rd cover
Carbrital (Parke, Davis & Company) 449
Ceepryn (Wm S Merrell Company) 2nd cover
Clinitest (Ames Company, Inc) 484
Cot-Tar (Doak Co , Inc) 458
Delvinal (Sharp & Dohme) 551
Demerol (Winthrop Chemical Company, Inc) 476
[illegible]ha Pharmaceutical Products, Inc) 455
convenie D Searle & Co) 459
diabetic [illegible]te (Gold Pharmacal Co) 555
a medicines Laboratories) 547
chart. This Research Laboratories) 468–469
Test (Dene[illegible]h, Kline & French Labs) 463
at all prescri[illegible]s (Bilhuber-Knoll Corp) 460
supply house Dairy Products Co , Inc) 457
[illegible]ratories Inc) 466–467
Accepted for advertis[illegible]mical Mfg Co) 474
[illegible]ughs Wellcome & Co) 472
WRITE FOR [illegible]ann-La Roche, Inc) 549
[illegible] Medical Laboratories, 481
[illegible]oany, Inc) 452
centrates (The Mal- 543
[illegible]mical Co Inc) 545
ories) 477
) 560
Oleum Percomorphum (Mead Johnson & Co) 4th cover
Omni-Beta (William R. Warner & Co , Inc) 461
Parenamine (Frederick Stearns & Company) 473
Penicillin (Schenley Laboratories, Inc) 482
Pertussis Endotoxoid-Vaccine (Wyeth Incorporated) 486
Pil Digitalis (Davies, Rose & Company, Ltd) 485
Sulamyd (Schering Corp) 453
Sulfathiazole Gum (White Laboratories, Inc.) 464–465
Testosterone Propionate (Rare Chemicals, Inc) 557
Zymenol (Otis E Glidden & Co , Inc) 462

Dietary Foods

Baby Foods (Libby, McNeill & Libby) 485
Meat (American Meat Institute) 450
Strained & Junior Foods (Beech-Nut Packing Co) 479

Medical and Surgical Equipment

Orthopedic Shoes (Pediforme Shoe Co) 454

Miscellaneous

Cigarettes (Camel) (R J Reynolds Tobacco Company) 451
Cigarettes (Philip Morris & Co , Ltd , Inc) 480

Indoor Tan
The Denver Chemical
[illegible] Manufacturing Co
[illegible] Vanderbilt Ave.

8 REASONS WHY
our strained peas are so good !

1 Choice Perfection and Surprise varieties are harvested under Beech Nut supervision when the Tenderometer indicates fullest sweetness

2 Shelled and top iced at the viner station, the peas are brought to the plant within 6 hours of picking

3 To prevent sugars from reverting to starch, immediately after washing, the peas are immersed in scalding water

4 All now go into a separator filled with salt solution On the flotation principle, any hard, overripe peas sink and are discarded

5 After another washing, the peas are vacuum pressure cooked in the absence of air

6 Then they are mechanically strained to smooth even texture and put into jars.

7 The filled, vacuum sealed jars are now finally processed in tight retorts

8 Testing both during and after processing, is an important part of Beech Nut s packing technique Tests include total solids, flavor, consistency, and color checks, as well as vacuum retention and pH tests after incubation

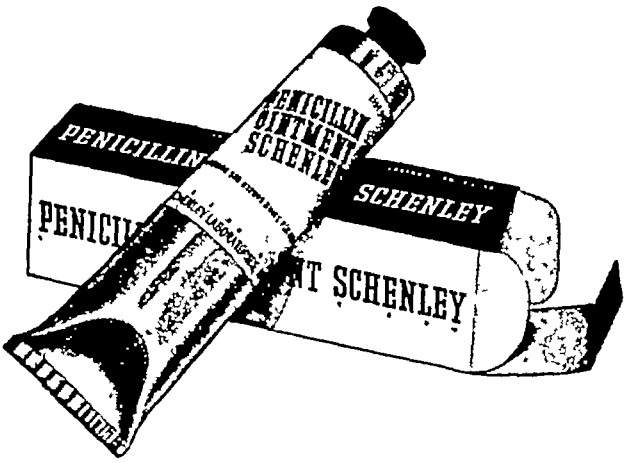
The scientifically controlled processing of Strained Peas is typical of the care with which Beech Nut prepares all its Strained and Junior Foods.

Beech-Nut
STRAINED & JUNIOR FOODS

We invite your personal inspection or written inquiry
BEECH-NUT PACKING CO., CANAJOHARIE, NEW YORK



In Penicillin Ointment, Too...



CONTROL IS VITAL

When you specify Penicillin Ointment Schenley, you are assured of the highest standard of purity and excellence, because Schenley Laboratories maintains the same rigid program of control for this ointment as it has always maintained for Penicillin Schenley.

Penicillin Ointment Schenley is indicated in the treatment of superficial infections of the skin caused by penicillin-sensitive organisms In deep-seated pyogenic infections with penicillin-sensitive organisms, the ointment may be used as an adjunct to systemic penicillin therapy and other measures

SCHENLEY LABORATORIES, INC.

Executive Offices· 350 Fifth Avenue, New York City

Your Local Distributor for PENICILLIN Ointment SCHENLEY *is*

NEW YORK
J Beeber Company
Friedenberg Surgical Supply Co
Guarantee Truss Company
The Hospital Supply & Watters Laboratories
Industrial Drug Supplies, Inc.
Jamison Semple Co
Mr Raymond Kramer
Kramer Surgical Stores
Low Surgical Co , Inc.
N S Low & Co , Inc.
Pharmaceutical Surgical & Lab Sup
Ringler Rados Surgical Corp
J H. Slavin Surgical Company
Stanley Supply Company

ROCHESTER
R. J Strasenburgh Co , Inc.

STAPLETON, S I
White Surgical Company

SYRACUSE
Hill Surgical Supply Company

TROY
John B Garrett

ALBANY
A. B Huested & Co , Inc.

BINGHAMTON
L. F Hamlin Inc.

BROOKLYN
Bedford Surgical Supply Co
Brooklyn Physicians Supplies Co
Gardner Surgical Supply Co
Jacoff Surgical Supply Company
Jamison Laboratories
Lennon-Peck Surgical Co
Mayflower Surgical Supply Co
National Surgical Stores, Inc.
Park Surgical Company Inc.
Powell & Powell Surgical Company

BRONX
Guarantee Truss Company
N S Low & Company
Mr H F Nusbaum
Joseph Weintraub Surgical Supplies

BUFFALO
Jeffrey-Fell Company

ELMIRA
Elmira Drug & Chemical Company

ENDICOTT
L. F Hamlin Inc.

FLUSHING
Low Surgical Co , Inc.

HEMPSTEAD
Hempstead Surgical Company

JACKSON HEIGHTS
Professional Surgical Supply Co

JAMAICA
Fulton Surgical Co Inc.

JOHNSON CITY
L. F Hamlin Inc.

Uniformity

Dependability in digitalization and maintenance

Sensible economy



Pil. Digitalis (*Davies, Rose*)

0.1 Gram (1½ grains)

Physiologically Standardized

Each pill contains 0.1 Gm (1½ grs.) Powdered Digitalis, produced from carefully selected leaf of Digitalis purpurea, therefore of an activity equivalent to 1 U.S.P. XII Digitalis Unit.

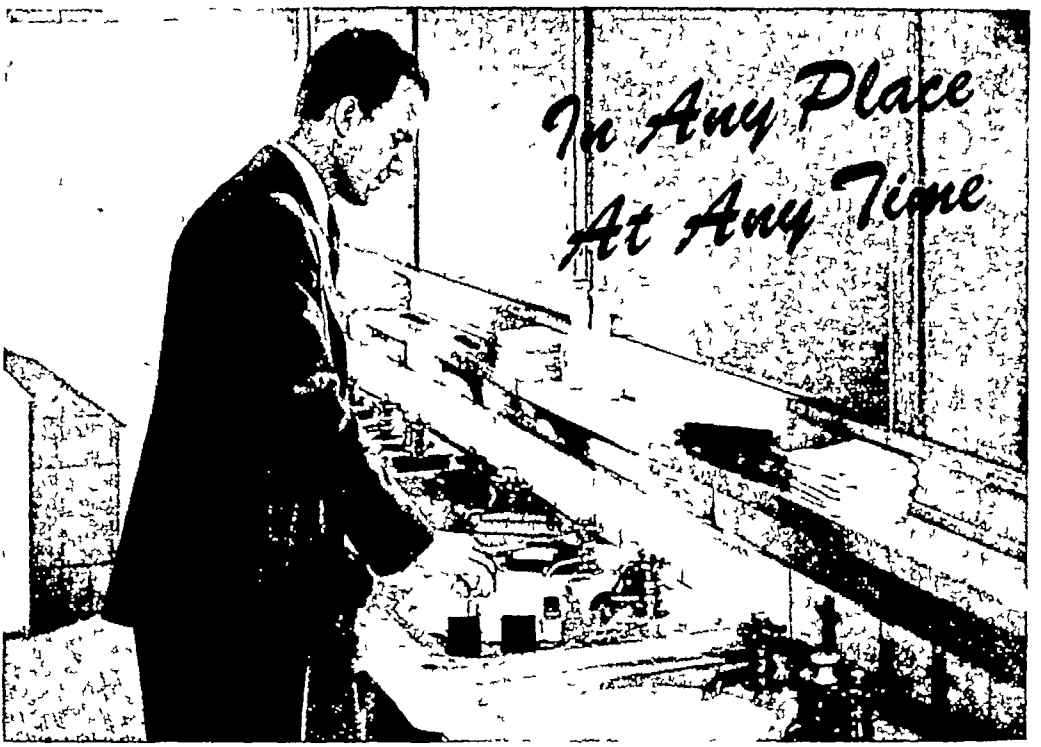
When Pil. Digitalis (*Davies, Rose*) are dispensed on a prescription, the physician is assured that the patient receives digitalis in its completeness and obtains the full benefit of the therapy.

Trial package and literature sent to physicians on request.

Davies, Rose & Company, Limited

Manufacturing Chemists, Boston 18, Massachusetts

D21



Routine testing of the urine for sugar becomes a vital procedure in the daily life of many diabetic patients

Clinitest is so simple, so convenient, so speedy, that it can be used indoors or outdoors, in the washroom of a train, service station or elsewhere, with no more inconvenience than in the privacy of a home.



CLINITEST

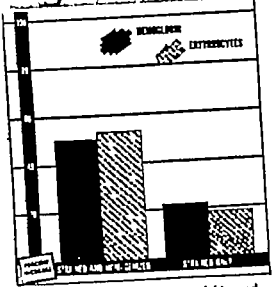
Tablet—No Heating—Urine-Sugar Test

Plastic Pocket-Size Set (No. 2106)
Includes all essentials for testing

Complete information upon request Distributed through regular drug and medical supply channels

AMES COMPANY, Inc., Elkhart, Indiana

THIS IRON STUDY INDICATES THE *Greater Nutritional Yield*



Comparative effects on hemoglobin and erythrocytes of anemic rats. At left, spinach strained and homogenized; at right, spinach merely strained.

THAT the availability and utilization of iron contained in a strained vegetable should become practically 100% greater as a result of homogenization is a noteworthy revelation

This marked difference was demonstrated in laboratory studies of the effects of feeding "merely strained" spinach and "strained and homogenized" spinach to groups of anemic rats. The graph illustrates the response in erythrocyte count and hemoglobin level—twice as great a response in the group fed "strained and homogenized" spinach a Libby product.

By releasing the cell-contained iron and dispersing it homogeneously throughout the food substance, Libby's dual processing of baby foods—first straining and then homogenizing—provides a greater yield of this essential nutrient The fine-textured "bulk" resulting from Libby's exclusive mode of processing presents a greater surface area to the action of the digestive juices. Hence digestion is facilitated, utilization is enhanced.

These advantages are particularly valuable in the aim to forestall nutritional anemia in the infant. They make possible supplementation of the milk diet as early as in the fifth week of life—before prenatal stores of iron become exhausted

Libby, McNeill & Libby
Packers of Quality Foods Since 1868
Chicago 9 Illinois



1 Libby s process of homogenizing·

A. Opens cell capsules, releases contained nutriment, and disperses it homogeneously throughout.

B. Comminutes indigestible cell membranes and coarse cellulose fibers.

C. Exposes the nutriment to the digestive juices in a considerably increased surface area, thus facilitating digestion.

D Increases availability of the contained nutrients, thus facilitating utilization.

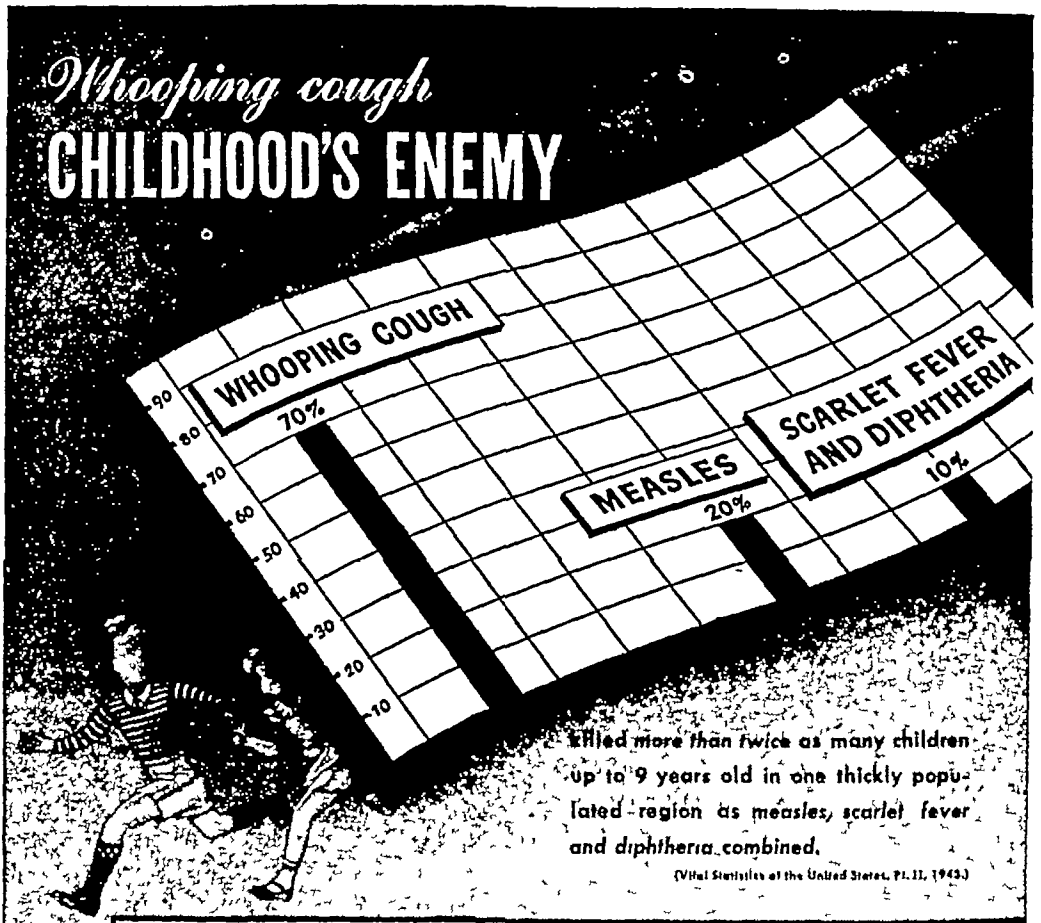
E. Renders cellulose mechanically bland, without impairing physiologic effect of bulk on intestinal motility

2 Libby's Homogenized Baby Foods may be fed as early as in the second month providing essential nutrients like iron before prenatal stores are exhausted.

3 The smoother texture of these foods enables them, when added to the milk formula, to flow freely through normal nipple openings.

BEETS
CARROTS
PEAS
SPINACH
GARDEN VEGETABLES
MIXED VEGETABLES
APPLE SAUCE
APPLES AND APRICOTS
APPLES AND PRUNES
PEACHES
PEACHES PEARS, APRICOTS
PEARS
PRUNES
LIVER SOUP
VEGETABLE SOUP

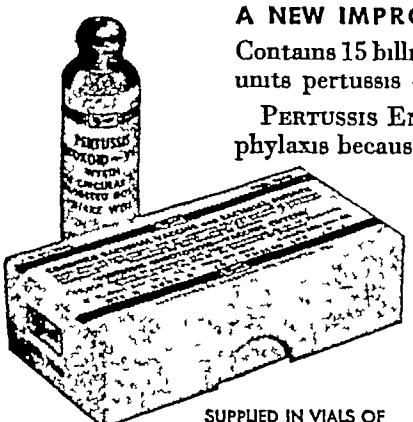




PERTUSSIS ENDOTOXOID-VACCINE

Wyeth

REG U S PAT OFF



SUPPLIED IN VIALS OF 6 AND 24 CC.

A NEW IMPROVED PRODUCT FOR ACTIVE IMMUNIZATION

Contains 15 billion Haemophilus pertussis (phase I) and 150 provisional units pertussis endotoxin per cubic centimeter before detoxification

PERTUSSIS ENDOTOXOID-VACCINE Wyeth is *doubly effective* for prophylaxis because

- Its endotoxoid component stimulates the production of antiendotoxin to neutralize the poison released by H pertussis *
- Its vaccine content provides antibacterial immunity to the invading organisms themselves *

Trials by competent clinical investigators encourage the belief that a high percentage of successful immunizations may be expected *STREAN L.P ET AL CANAD M A.J 45:326 1941

WYETH INCORPORATED • PHILADELPHIA 3 • PA.

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1946 by the Medical Society of the State of New York

GEORGE W KOSMAK, M.D., *Managing Editor*
LAURANCE D REDWAY, M.D., *Assistant Managing and Literary Editor*
NORMAN S MOORE, M.D. Ithaca, *Assistant Literary Editor*
DWIGHT ANDERSON, *Business Manager*
ANNE MERRILL, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M.D., *Chairman*
KIRBY DWIGHT M.D.
DWIGHT ANDERSON
LAURANCE D REDWAY, M.D.
WALTER P ANDERTON, M.D.

VOLUME 46 MARCH 1, 1946 NUMBER 5

Editorial

The DiCostanzo-Crews Bill
II

In the preceding issue of the JOURNAL we asked for the defeat of the vicious DiCostanzo "antivivisection" bill now pending in the Legislature of the State of New York.

The bill is a stupid attack upon legitimate medical research and development which has produced scientific advancement beneficial to human beings and animals alike Says *PM*,[1] of the New York *Journal-American* campaign for the bill

> The Hearst attack on medical research has been conducted with consummate skill For weeks, the *Journal-American* has given lavish space to hysterical editorials, reader's letters, cartoons, lengthy poems, full-page picture stories, and front-page features depicting dogs in various stages of "torture" in the experimental laboratories of medical scientists portrayed as inhuman monsters
>
> Every device has been used to exploit the average reader's natural sympathy for dogs and other domestic pets All stops have been pulled in turgid appeals to sentimentality Not only antivivisection societies, but Boy Scout groups, fraternal organizations, women's clubs, and schools have been enlisted in the campaign to get up a monster petition for presentation to the Legislature Individuals and groups have been stampeded into writing pressure-letters to their State legislative representatives demanding a favorable vote on the antivivisection bill Hearst, in this strangely anachronistic crusade, has thrown everything at his readers but the facts

However, Mr Hearst and the antivivisectionists have no monopoly of public information, even if they have admittedly a well-developed technic of hysterical distortion and misrepresentation. Respectable newspaper editors in every section of New York State are aroused to action by the misrepresentations and distortions as to research work on dogs which are appearing in the Hearst press They know that if the DiCostanzo Bill passes, future progress of medical science will be badly crippled

Together with the Medical Society of the State of New York, the Friends of Medical Research, a new society formed to inform the public about animal research and its contribution to public health, is aiding in every way to disseminate factual material for the benefit of all, legislators, editors, women's clubs, dog fanciers, in fact any person interested in the truth about animal experimentation.

[1] Vol. VI, No. 179 Jan. 13, 1946.

The Friends of Medical Research was launched under the auspices of the New York Academy of Medicine, Dr Baehr said Among its initial sponsors, he said, are Dr Nicholas Murray Butler, president emeritus, Columbia University, Fiorello H La Guardia, former Mayor of New York, Gerard Swope, former president, General Electric Company, John W Davis, former Ambassador to Great Britain, Vice Admiral Ross T McIntire, Surgeon General, United States Navy, Homer Folks, secretary, State Charities Aid Association, Dr Anton J Carlson, chairman, executive committee, American Association for the Advancement of Science, and Clifton Fadiman, author and critic [2]

As this is written, we learn that Assemblyman Irwin D Davidson has withdrawn from "the calculated hysteria of the current drive for an 'antivivisection' bill in Albany "[3]

Mr Davidson is to be heartily congratulated

Animal experimentation is already governed by law in this state It is conducted as humanely as possible under the auspices of responsible institutions Wanton cruelty is punishable, and if it could be proved that the statutory provisions in this respect were inadequate, or could be strengthened without impairing the ability of science to combat disease, no one could legitimately object to revisions of the code But the present pressure does not depend upon facts, or logic Until it does, the legislators in Albany are justified in resisting every attempt to sacrifice the welfare of men, women, and children to an artificially stimulated sentimentality [3]

Many newspapers, womens' clubs, and scientific and lay societies are coming to the realization of the seriousness of the current attack In reporting the meeting of the Society of Medical Jurisprudence at the New York Academy of Medicine (January 14, 1946) the New York *Times*[2] said, referring to the Friends of Medical Research

Dr George Baehr, president of the New York Academy of Medicine, said the first efforts of the new organization would be directed toward the defeat of the DiCostanzo-Davidson bill in the State Legislature to make research work with dogs unlawful It is intended that this State-wide committee shall be coordinated with similar ones in every county of the State, Dr Baehr said Dr Simon Flexner is honorary president of the new organization

Dr Gilbert Dalldorf, director, New York State Department of Health Laboratories and Research, Albany, said

"It is a serious threat we face in New York and it will require a great effort to defeat it Yet the alternative will seriously impede the growth of biologic science, place a needless handicap on experimentation, and deny to investigators one of the most valuable tools "

Announcement was made that invitations are to be extended to other leaders of public affairs to join the committee of sponsors of the new organization

The Women's City Club of New York added its weight yesterday to the campaign to prevent passage of the DiCostanzo-Davidson bill, which would limit experimentation on dogs in research laboratories in New York "The DiCostanzo-Davidson antivivisection bill is simply an entering wedge," Dr Ethel E Wortis, chairman of the club's committee on public health, said "Once these interested groups have succeeded in keeping scientists from using dogs, they will put all their efforts behind legislation to prevent the use of any animal for purposes of medical research "[4]

In an editorial entitled "Dangerous Nonsense" the *Utica Daily Press*[5] said

The current bulletin of the Utica Academy of Medicine and the Oneida County Medical Society contains an article by Dr F M Miller, Jr , which should be read by every resident of the county It describes the current pressure upon the State Legislature to enact an antivivisection law

This piece of dangerous nonsense has bobbed up at intervals for the past thirty years, and heretofore, the people of New York have had the good sense to reject a proposal that is obviously harmful to them Despite all the lurid tales about vivisection which used to be featured in the sensational press, there is no logical basis for condemning this type of research It has provided medical science with basic information for treatment of *diabetes*, pernicious anemia, diphtheria, blood transfusion, shock and plasma research, to name only a few. The benefits from the latter items alone in treating our wounded during the past war are sufficient to justify all the experimentation

Also, the New York *Sun*,[6] reporting the growing opposition to the proposed "antivivisection" legislation, said in part

[2] The New York Times, Tuesday, Jan 15, 1946
[3] Editorial Dogs or Humans? N Y Herald Tribune, Jan 20, 1945
[4] N Y Herald Tribune, Jan 16, 1946
[5] Monday, Jan 7, 1946
[6] Jan 15, 1946

The Friends of Medical Research was inaugurated by the New York Academy of Medicine, Dr Baehr said, and is backed by the Medical Society of the State of New York and by public health and social welfare organizations Dr Simon Flexner, former director of the Rockefeller Institute of Medical Sciences, is honorary president of the new group

And the *Daily Worker*[1] said also of the Friends of Medical Research in part

The Friends of Medical Research is conducting an educational campaign with various medical and scientific groups to acquaint the public with the facts It was launched by the New York Academy of Medicine and the Medical Society of the State of New York and is backed by outstanding public figures

Last year a similar antivivisection bill almost passed the legislature

Hearst's current drive, which includes a signature campaign to Governor Dewey and the Legislature, has made significant headway, and unless the public is enlightened as to the facts, medical science will be obstructed His campaign, which is being conducted in several states, will be especially harmful in New York, where several of the world's greatest scientific centers are situated

Hearst's own *Journal-American*, on January 18, 1946, said of Assemblyman Davidson's withdrawal from the "antivivisection" ranks

Under the whip of the powerful medical lobby, Davidson ran out on his colleague, Senator Richard A DiCostanzo, whose measure outlawing vivisection of dogs is now before the Senate

Davidson's run-out and his explanation could not stem the impetus of the fight to prohibit the practice of cutting up dogs In a way Davidson could be said to have aided the campaign for he pointed out, if anyone had any reason to doubt it, the extent to which the medical lobby will go

"Was the medical lobby responsible for your change of mind?" Davidson was asked

"No comment," said Davidson

In his statement Davidson placed himself in the position of being against cruelty to animals, in an academic way, and yet being unwilling to do anything about it, despite the trust placed in him by the multitude of men and women who have signed the antivivisection petitions

Mr Davidson quite sensibly stated

I am still committed to the proposition that there shall be no cruel, torturous, or inhumane treatment of any animal, particularly the dog The safeguarding of these pets from pain and suffering is a humanitarian purpose

The manner of accomplishing this purpose without hampering legitimate scientific experimentation, to my mind, warrants further study and consideration.

I have, however, introduced no bill on the subject and intend to sponsor no measure which will in any way hinder or retard the progress of science

It seems to us to be time that such ill-directed campaigns as that of the "anti-vivisectionists" against legitimate medical research ceased To needless cruelty, to animals or humans, nobody, least of all the doctors, would subscribe To waste the time of legislators and many others in efforts of this kind is to render a disservice both to animals and to human beings

It is hoped that the, now, DiCostanzo-Crews bill will be so decisively defeated as to leave no doubt in anyone's mind that the people of the State of New York will not tolerate for publicity stunts, for reasons of mawkish sentimentality, as means of increasing newspaper circulation, any interference with the legitimate, safeguarded use of animals for scientific medical research in which the whole people benefit.

[1] Jan. 16 1946.

American Journal of Obstetrics and Gynecology

The December, 1945 issue[1] of the *American Journal of Obstetrics and Gynecology* marks the twenty-fifth anniversary of this useful and well-edited journal Succeeding in October, 1920 the *American Journal of Obstetrics and Diseases of Women and Children*, which had a notable career between 1868 and 1919, the new publication under the

editorship of Dr George W Kosmak and his associates has grown in usefulness ever since

Commenting editorially in the anniversary number on the progress in the medical fields served by the *Journal*, Dr Kosmak writes

> The work of these two journals together has covered an uninterrupted period of seventy-seven years, during which the specialty of obstetrics and gynecology has been represented by a monthly periodical devoted exclusively to its interests Seventy-seven years is a long time In this period the specialty has become transformed The diseases of children as covered in the former *Blue Journal* no longer come within the domain of the doctor who confined their mothers Moreover, the distinction between the gynecologist and the obstetrician is gradually disappearing and a great single branch of medicine has developed, formed from this fusion .
>
> During this past quarter of a century, medicine has participated in the revolutionary changes which have affected the entire world We have seen, above all, the effort to make medical advances more available to all of the people, with a resulting expansion of governmental direction and control The extension of direct medical service to a certain group of the people, as exemplified by the Emergency Maternity and Infant Care program, may be but the first of a succession of projects by which maternity care finally is to be provided through governmental funds for any woman who requests it It is understandable that the fields of obstetric and pediatric practice should be the first to receive such attention, for there is a sentimental factor involved in caring for the Nation's mothers and children These special fields may, however, serve simply as an area in which such measures are the first to be tried, and serve as a forerunner, perhaps of the extension of government activity in other branches of medicine Whether such expansion from previous accepted methods will prove either desirable or beneficial is for the future to decide There remains a lingering doubt in the minds of many physicians whether such measures, centrally controlled in the final analysis by a bureaucratic administration in the national capitol and supported by universal taxation, will bring about that practical idea in maternal and infant welfare which we all desire
>
> In these last two and one-half decades of great social, political, economic, and scientific developments, medicine has occupied a leading role Within the domain of the specialty embraced by the *Journal*, signal advances may be recorded Knowledge of the physiology of reproduction has advanced greatly, with the attainment in particular of a knowledge of the role of the endocrines, the morphologic development of the embryo, and the control of uterine contractility Gynecologic and obstetric pathology has become an essential part of the personal knowledge of each practitioner of the specialty The widespread use of blood and plasma has completely altered the outlook in major surgical operations and in obstetric hemorrhage The sulfonamides and penicillin have revolutionized the treatment of infections Radiation has been further developed in the treatment of cancer Finally, the enlistment of the efforts of the practitioner of obstetrics in a great cooperative study has produced a phenomenal improvement in obstetric mortality and morbidity
>
> Of interest is the fact that the mechanical phases of gynecologic treatment show little change while the development of medical and physical methods of therapy and diagnosis has assumed such great prominence While operative technics have been developed and expanded, the scalpel today is less in evidence than the test tube, the experimental and the research laboratory

[1] Vol. 50, No 6

The NEW YORK STATE JOURNAL OF MEDICINE extends its heartiest and warmest congratulations to the *American Journal of Obstetrics and Gynecology* on a long record of notable service in its fields

A County Society Centenary

One hundred years ago the Richmond County Medical Society was created by the Legislature of this State Thus it is one of our oldest and served like others of that early period as a licensing body until this function was taken over by the State itself The society concerned itself with maintaining ethical standards of practice and also

attempted to regulate and standardize fees for services rendered We note in the interesting address recently made by the President, Dr Milton S Lloyd, in which the history of the Society is reviewed most entertainingly, that "services in the capacity of a midwife should be three dollars when paid immediately and four dollars when a charge is made upon the book of the practitioner" But the fee for vaccination was one dollar and fifty cents To the earliest fee schedule, dated 1802, physicians attached their signatures, and English currency denominations still were used, twenty years after the American Revolution.

The current of medical practice is delineated very well in this history of a county society whose members maintained high standards of honor, ethics, and dignity which, to them, seemed of greater importance than the application of the art and science of medicine, for the simple reason that, in those earlier days, there was little of the science of medicine Yet much is revealed in the attitude of those physicians toward the epidemics of yellow fever which repeatedly swept the Island The accepted notion that the disease was due to pollution of the air and the shore by incoming vessels was opposed by the Society's special investigation committee, which, without benefit of the later discoveries of the causative factor, determined that the germs were carried in the clothing of those who arrived in ships "freighted with yellow fever and by employees of the quarantine stations and hospitals who circulated without hindrance among the people"

The esteem in which physicians were held is shown in the life and work of Dr Samuel R. Smith, a public-spirited citizen and a great physician who began his practice in 1828 The Smith Infirmary was named after him, it is now the Staten Island Hospital Dr Lloyd's address is well worthy of preservation among the archives of the Medical Society of the State of New York, and the JOURNAL extends to him as well as to the members of the Richmond County Medical Society felicitations and good wishes upon the completion of their first century of progress

"The Inertness" of Endocrine Substances

The term "endocrines" has acquired a magic sound in the minds of the public, although it is being crowded pretty hard by the vitamins Not only the corner pharmacist but likewise the department store and the beauty parlor have listened to the voice of the commercial siren The advertising copy writers have furthered the campaign through the medium of the press and the radio The public purchases and doses itself with these remedies (sic) without benefit of medical advice or prescription Limiting ourselves for the moment to the endocrines, it must be acknowledged that they have a special appeal. People have been told about the deficiencies associated with disorders of the organs of internal secretion. It seems such a simple matter to overcome the deficiency by swallowing pills made up of the substances which are lacking And so an enormous trade has been built up and little heed given to the warning that many of these preparations are inert or become so after being swallowed, that they are ineffective at best, and that their sale constitutes a fraud on the purchaser Now this is not said to discredit the administration of "endocrines" Some of these have a distinct therapeutic value, but their use must be limited to those of proved efficacy, otherwise the ordinary "sugar pill" of blessed memory is equally efficacious

A word of explanation may be in order E C Hamblin, a recognized authority, states in the introduction to his most recent book, "The Endocrinology of Woman," that the "science" of endocrinology is a "lineal descendant of the most nebulous and fanciful doctrines of the old humoralists." However, during the last century the experimental work of Berthold, Claude Bernard, Addison, and Brown-Sequard transferred some of these fancies into apparent facts, although some of the latter have since been disproved Complex physiologic and chemical investigations have dis-

closed the influence of some secretions of certain glands and organs on the behavior of other groups of cells in the body These are the hormones, the word being derived from the Greek and meaning to excite or arouse In order to accomplish their designated functions they must be in a form not susceptible of disintegration by the digestive juices The latter is what happens to most of these so-called endocrine substances or "extracts" given by mouth, the principal exceptions are the thyroid, pituitary, and suprarenal cortex derivatives The various mammary, orchic, and ovarian "substances," to mention those most freely used, are definitely inert

How to change the attitude of the public and even the doctor's thinking on the subject remains a problem While self-medication persists, as stimulated by advertising through the medium of the press and radio, there is little hope of convincing a gullible public, but the doctor should not be misled and should govern his conduct by the proved fact of the inertness of many of these so-called "endocrine substances" This information is available to him if he will but consult, for example, the "Manual of New and Nonofficial Remedies" published by the American Medical Association If prescriptions and recommendations cease, manufacture will, to some degree at least, likewise cease

Proposals have been made to place these remedies (?) under the ban of the Sanitary Code in local departments of health As a matter of fact, under the federal law endocrine products may be obtained only on prescription The Food and Drug Administration requires that the containers of these products bear a "disclaimer" label, stating that they include no demonstrable therapeutic or active constituents Accordingly, the manufacturers do state on the labels of many of these glandular extracts that "there is no scientific evidence that this product when administered orally possesses any therapeutic activity" or "there is no scientific evidence that the ingredients used in this formula exhibit any physiologic or therapeutic effect" Rarely does the patient or the physician see this "disclaimer" label, usually affixed to the stock bottle It merely prevents the manufacturer from being accused of fraud and both patient and physician are misled Moreover, many of these products are obsolete and although not harmful in themselves, they afford no benefit to a patient who actually may be in need of relief A therapeutic house cleaning may be necessary and an embargo inaugurated by the proper authorities against their sale Such action should not be regarded as a restriction to a physician's independence of action, but rather as a helpful measure to avoid what essentially is a dubious procedure

Current Editorial Comment

Blindness Reportable. The attention of the physicians of the State is called to an announcement on another page of the obligatory reporting of all cases of blindness to the Department of Social Welfare This direction is mandatory and apparently does not permit of any discretionary exemptions and the accumulated data are desired in the efforts being made to correct blindness Compliance with the law is thus essential

Annual Meeting

Hotel Pennsylvania, April 29–May 3, 1946

THE attention of members attending the meeting is called to the fact that all scientific and commercial exhibitions will be available for inspection on Monday and Tuesday of that week, although the meetings of the sections do not begin until Wednesday The motion pictures will also be shown on these days

STUDIES ON THE PROBLEM OF REPEATED MISCARRIAGE

I Genital Hypoplasia

RAPHAEL KURZROK, PH D, M D, New York City

(From the Department of Obstetrics and Gynecology, Morrisania City Hospital)

THE causes of repeated miscarriage are numerous, and we are not always able to state what the cause is in any particular case In the past ten years we have studied several specific causes of repeated miscarriage, namely

1 Abnormalities in sperm morphology
2 Inadequate progesterone metabolism
3 Genital hypoplasia (mainly of the fundus uteri)

The first two will be reported in separate communications Only patients who have miscarried two or more times are included in these studies Patients with fibroids, pelvic inflammatory disease, and acute or chronic illness during pregnancy are excluded in all series

Our results, based on 280 selected cases of repeated miscarriage, led to the following generalizations

(*a*) Semen specimens that showed more than 30 per cent abnormal sperm (total number, motility, semen-mucous penetration, etc being normal) were a very significant cause of repeated miscarriage The probabilities of miscarriage were almost directly proportional to the percentage of abnormal sperm, and that semen specimens showing more than 70 per cent abnormal sperm (based on two or more examinations) resulted in sterility, or in pregnancies that rarely went to term

(*b*) All patients had a premenstrual endometrial biopsy, and during the past three years, four pregnandiol determinations were done during the second half of the same cycle If the biopsy showed inadequate progestational change, or if the pregnandiol values averaged less than 1 mg excreted in twenty four hours, or both, such patients were designated as having an inadequate progesterone metabolism

(*c*) Patients with genital hypoplasia constituted the last group, but occasionally the hypoplasia was complicated by evidence of inadequate progesterone metabolism (9 cases)

The following considerations led us to assume that genital hypoplasia is a cause of repeated miscarriage Several patients were observed who miscarried during their second trimester of pregnancy They were awakened from sleep by spontaneous rupture of the membranes Such contributing factors to premature rupture of the membranes as very recent coitus, hot bath, violent exercise, or a prolonged automobile or train ride were not present. Previous pregnancies had terminated in a similar manner After a longer or shorter interval uterine contractions set in and the pregnancy terminated in spite of sedatives, progesterone, bed rest, etc Neither the placenta nor the fetus presented anything abnormal, and a curettage revealed normal decidua On the contrary, an examination made three months *after* the delivery revealed a hypoplastic genital tract.

We accept the following to be the principal stigmata of genital hypoplasia *

1 The vagina is short and shallow, occasionally long and narrow The fornices are poorly indicated, usually of equal depth and shallow Occasionally the anterior fornix is absent so that the anterior cervical wall and the anterior vaginal wall are continuous

2 The cervix is short, occasionally it is long and conical A scalloped margin is often encountered One side may be shorter than the other

3 The uterus is small This diminished size is due in the main to the lessened amount of myometrium, for the over-all length of the uterus need not be decreased When a diminution in length does occur it does not exceed $^1/_2$ to 1 cm Excessive flexions are not uncommon and occasionally the uterus lies to either one side or the other, as if due to a shortening of either broad ligament.

Hypoplasia of the uterus may be seen in multiparas The hypoplasia may be due to excessive involution of the uterus Lactation seems to play a minor role A history of delayed return of menstrual periods after pregnancy (six or more months), of irregular, infrequent, and inadequate periods should lead one to suspect a uterine hypoplasia.

In order to gain an insight as to how uterine hypoplasia leads to repeated miscarriage, we must consider the so-called "life cycle" of a patient with a hypoplastic uterus Such a uterus is characterized by a lack of competence, that is, a lack of ability to react adequately to normal

* Bernhard Aschner in his *Konstitution der Frau* (Munich, 1924, p. 50) makes the interesting observation that pigment dyscrasias, that is, the combination of blue eyes and dark hair or brown (dark) eyes and light hair is accompanied by a genital hypoplasia. I have carefully checked this observation for many years and believe that it is true in more than 75 per cent of the hypoplasias. The only racial exceptions as a group are the Irish The modus operandi of this strange pigment and genital association is unknown

amounts of estrogens This lack of competence is represented by inadequate myometrial and endometrial morphology and function There are wide variations in the onset of menstruation, ranging from normal to delayed onset The menses may be normal for some years and then various deficiencies occur in amount, time, and duration of flow The patients cease menstruating in the late teens, twenties, or early thirties The greater the hypoplasia the earlier in life do the menses stop This cessation of menstruation is not due to lack of ovarian function, for the vaginal spread remains normal, the amount of estrogen excreted in the urine is within normal limits (Kurzrok and Ratner)[1], and menopause symptoms do not appear until the forties The hypoplasia is, therefore, due to a lack of uterine response to normal (declining) ovarian function As long as the patient is young (15 to 25 years) and ovarian function is at its maximal, this compromised uterus will maintain fairly adequate function With increasing age and diminishing ovarian function (Kurzrok and Smith)[2], a hypoplastic uterus will cease functioning It is our belief that ovarian function is at its maximum in the late teens and early twenties From that point on function decreases (process of aging) until its final cessation The ovaries cannot supply enough estrogen to maintain a compromised organ in adequate function The addition of exogenous estrogens to the endogenous supply of the patient's own ovaries is the basis of our therapy Such restoration may be temporary or fairly "permanent"

This lack of competence is not only expressed in a failure to menstruate adequately but also in difficulties involving fertility, pregnancy, and labor Uterine hypoplasia is a distinct and very important factor in sterility, in fact, it is probably the most frequent inherent cause of sterility in women (based on functional causes) It is of decided importance in the problem of repeated miscarriage Hypoplastic uteri are inadequate during labor in that the labor is prolonged, the pains poor, and postpartum hemorrhage not uncommon

Genital hypoplasia may be associated not only with normally functioning ovaries, but with hypogonadal and hypopituitary states Here the hypoplasia is secondary to inadequate ovarian stimulation Such cases do not present problems involving pregnancy and labor, for if ovarian and pituitary function are inadequate, ovulation will not occur

At the present time we do not understand just why a uterus is hypoplastic in the presence of normal ovarian function The estrogen supply is sufficient to stimulate growth but the response of the myometrial and endometrial cells is inadequate Their response must imply utilization of the hormone by a complex enzyme (and vitamin) system within the cell Disturbances within such a system would lead to abnormalities in the final metabolism of the estrogens Furthermore, the estrogen molecule is normally secreted by the ovary as alpha-estradiol and is, by virtue of its complex ring structure, capable of existing in several isomeric forms It is conceivable that some isomer may be produced by the ovary instead of the normal hormone, or the normal hormone may, in the process of metabolism, be converted into an isomeric form whose function differs qualitatively and quantitatively from the normal Such isomers may not "fit" into the complex enzyme system as well as the normal estrogen For instance, beta-estradiol varies from alpha-estradiol by the position in space of a hydrogen atom at C^{17} Because of this single variation alpha-estradiol is eighty times as active as beta-estradiol

The problem in estrogen utilization by the uterus is complicated still further by other factors Age is of great importance A patient in her twenties has a far better response to estrogenic therapy than one in her thirties, the size of the uterus being approximately the same in both Even in young patients of the same age the dose required to produce a therapeutic effect may vary tremendously, that is, in the presence of a well-balanced endocrine system Vitamins (nutrition) must play an important role

The following explanation is suggested for the mechanism by which genital hypoplasia results in repeated miscarriage During *normal* pregnancy the following relationships must hold

1 Growth of the fetus (and placenta) and of the uterus must be in direct proportion That is, the uterus adequately "fits" the fetus at all times We do not find a six months' fetus in a four months' size uterus, or vice versa (Tumor masses in the uterus do not enter into consideration here but could be made to apply if the volume of the uterine cavity alone were taken into consideration)

2 Discrepancies between the size of the uterus and the size of the fetus are not compatible with the normal progress of the pregnancy

We feel that the increased production of estrogens during pregnancy has as its function the stimulation of the uterus to progressive growth, commensurate with the growing needs of the fetus and placenta If the rate of growth of the uterus is inadequate for the increasing size of the fetus, either the pregnancy will terminate by abortion, or the fetus will die The hypoplastic uterus does not grow progressively with the fetus The *normal* estrogen supply is inadequate to maintain progressive growth At some critical

time during pregnancy, usually between the tenth and twenty-fifth weeks, the crucial point is reached at which the size of the fetus exceeds the growing capacity of the uterus, then the membranes (the weakest point in the uterine cavity) rupture, or bleeding begins and the pregnancy terminates. If the uterus ceases to grow but the fetus continues to do so, death of the fetus will occur This, in my opinion, may be the explanation for our inability to find significant changes in such fetuses at autopsy

The choice of estrogens for therapeutic purposes was limited to the natural estrogens These are alpha-estradiol, estrone, and estriol Their metabolism in the human species may be summarized by saying that alpha-estradiol and estrone are interconvertible and both can be excreted as estriol (Gallagher) [2]

alpha-estradiol ⇅ estrone → estriol

Neither alpha-estradiol nor estrone has, as yet, been isolated from human ovaries, but that is due to lack of material Westerfeld, Thayer, MacCorquodale, and Doisy[4] have isolated estrone, and MacCorquodale, Thayer, and Doisy[5] isolated alpha-estradiol from cow ovaries. On the contrary, estrone (Westerfeld *et al.*, 1938), alpha-estradiol (Huffman *et al.*),[6] and estriol (Browne)[7] have been isolated from the human placenta. Hence in our early cases all three estrogens were administered, either separately or in combination. It was our impression that the combination of alpha-estradiol and estriol gave the best results. All patients reported on here were given alpha-estradiol* and estriol In view of our good results with this combination, the addition of estrone was not repeated, but we now feel that further clinical trials with estrone should be carried out. Our method of therapy is to give daily by mouth 0 1 mg of alpha-estradiol and 0.24 mg of estriol *throughout pregnancy* Therapy began as soon as the patient skipped her period, and terminated when the patient went into labor It is of interest to note that when therapy was discontinued at the onset of the ninth month in 3 patients, two went into labor within a few days, while the third went to term

The dosages of the recommended estrogens were arrived at in the following manner

1 In a previous paper on genital hypoplasia (Kurzrok and Ratner, 1932)[1] we pointed out that the estrogen excretion in the urine of patients with genital hypoplasia was the same as of patients with normal uteri

2 The best therapeutic effects in genital hypoplasia in the nonpregnant state were obtained with small doses of estrogens The above dosage, given by mouth over a period of months during the nonpregnant state, was sufficient to induce uterine growth in all but the marked hypoplasias Large doses, when persistently given, tend to depress the pituitary gland and inhibit ovulation

3 The dosages given during pregnancy must not be large enough to induce staining We have produced bleeding with large parenteral doses It is of interest to note that Van Wagenen and Morse[8] gave large dosages of estrogens (up to 250 mg) to monkeys without interrupting pregnancy

Nine patients out of the 42 reported in this study had, in addition to the genital hypoplasia, an inadequate progesterone metabolism. Eight patients went to term In addition to the estrogen therapy these patients were treated with the following three injections are given per week throughout the first seven months of pregnancy

First injection—500 to 1,000 international units of chorionic gonadotropin

Second injection—2 to 5 mg progesterone

Third injection—100 international units of prolactin

This forms the basis of therapy for all patients with inadequate progesterone metabolism We feel that both chorionic gonadotropin and prolactin stimulate progesterone metabolism.

All patients are given one or more basal metabolism tests Thyroid is prescribed when the basal rate is minus 10 or less. Five patients were given thyroid and all went to term Some patients were given vitamin E We could not convince ourselves of its efficacy Bed rest is not required, but all patients are advised to rest as much as possible for three days during each of the first four expected menstrual periods

Thirty-nine (92 per cent) out of the 42 patients with genital hypoplasia delivered normal children. Thirty-seven went to within about ten days of calculated term Two patients delivered at about the thirty-sixth to thirty-seventh week of pregnancy There were no cases of evident postmaturity The children were normal

Case Reports

The following two patients were delivered by cesarean section (low flap) They gave an opportunity of observing a hypoplastic uterus at term.

Case 1 —J E., aged 28, miscarried at two months in 1942 and again at six months in January, 1944. Both husband and wife were Rh positive. Progesterone metabolism was normal (pregnandiols and endometrial biopsy) Sperm count and morphology

* I am indebted to Dr Erwin Schwenk, of the Schering Corporation, for his generous supply of alpha-estradiol (progynon D H.) and oral progesterone (pranbon)

were normal. The significant physical findings were a congenital retroversion, a short hypoplastic cervix, and a uterus within lower limits of normality

The basal metabolic rate was plus 19 per cent The patient was put on 10 minims of Lugol's solution per day The basal metabolic rate was minus 1 per cent during the third month of pregnancy, and the iodine was reduced to 5 minims It was discontinued during the fifth month, at which time the basal metabolic rate was minus 2 per cent In addition, the patient was given daily 200 mg of mixed tocopherols, 0 1 mg of progynon D H , and 0 24 mg of theelol The patient was also given 20 mg of oral progesterone (pranone) daily The latter medication was tried as a growth supplement to the estrogens The patient went to term Labor was ineffectual and at the end of forty-eight hours, because of rapidly developing fetal distress, a low-flap cesarean section was done A healthy living child was obtained The uterus, after delivery of the child and placenta, was characterized by its small size It was definitely a quarter smaller than a normal uterus under similar conditions

Case 2 —B S , aged 39, had had two previous miscarriages at four and a half and five and a half months They followed spontaneous rupture of the membranes The patient was in bed throughout the second pregnancy Genital hypoplasia was diagnosed after the second miscarriage The patient had no difficulty in conceiving In addition, we found an inadequate progesterone metabolism She was treated by alpha-estradiol and estriol throughout pregnancy, and by progesterone, prolactin, and chorionic gonadotropin during the first seven months Pregnancy (1942–1943) was complicated by a moderately extensive phlebitis during the fourth and fifth months, necessitating the patient's stay in bed for five weeks In view of the patient's age, an android pelvis, absence of living children, and a slow ineffective labor of thirty-six hours, a low-flap cesarean section was done A normal child of 6 pounds was delivered, and she had a normal postoperative course

An examination three months after delivery showed the uterus to be normal in size, shape, and position How much was contributed to the size of the uterus by the operative scar was impossible to state

The patient conceived again in 1944. The same therapy was repeated during the pregnancy, except that during the latter part of the fifth month all therapy was gradually withdrawn Three days after all therapy had stopped the patient began to bleed The same therapy was reinstituted and bleeding stopped in two days Therapy was continued throughout pregnancy and an elective cesarean section (low flap) was done within one week of term A male child, 5 pounds 11 ounces, was extracted It was then noted that the uterus, after delivery of the child and the placenta, was definitely smaller than a normal uterus under similar conditions The walls seemed to be of normal thickness, but the over-all size of the uterus was definitely smaller than normal.

Comment

Both patients were treated with estrogens and progesterone during their pregnancy in the manner described above and both presented during a cesarean section at term uteri definitely smaller than those seen in normal women at the time of section This would imply that complete growth to normality had not taken place, but sufficient growth had been attained to allow the pregnancy to go to term Thirty out of the remaining 37 patients that went to term were reexamined three months after delivery In 21 patients the uterus was found to be normal in size and shape In four patients the uterus was distinctly hypoplastic (not one had nursed) The uterus in the remaining 5 patients was described as being in the lower limits of normality as to size but larger than when first seen These results would indicate that the estrogenic therapy (and in some patients also the additional progesterone, chorionic gonadotropin, and prolactin) led to an increase in the size of the uterus in 26 out of 30 patients who went to term Whether this increase is permanent or whether a return to a more or less hypoplastic state will occur is at the moment impossible to state

In the following three patients estrogenic therapy was unsuccessful

Case 3 —J S , aged 29, had miscarried spontaneously at seven to eight weeks on two previous occasions Genital hypoplasia was diagnosed The patient usually experiences some difficulty in conceiving, taking about one year for each pregnancy She began to bleed during her eighth week and miscarried A curettage revealed nothing significant Re-examination three months after the curettage revealed a similar state of uterine hypoplasia The cause of the third miscarriage could be an unyielding uterine hypoplasia. Perhaps larger doses might be more effective The administration of all three natural estrogens alpha-estradiol, estrone, and estriol may subsequently prove more effective, for it is our belief that each of these substances has some peculiar function different from the others

Case 4 —R. R. had had six previous miscarriages The first three pregnancies terminated during the fifth month, the fourth during the seventh month, and the fifth and sixth during the fourth month She had several curettages and was informed that the curettings showed intensive inflammatory reaction She was examined after her sixth miscarriage and a fundal hypoplasia was demonstrated There was no evidence of inflammation in the pelvis She conceived for the seventh time and estrogen therapy was immediately begun In addition she was given 200 mg of vitamin E per day The patient miscarried again during the twelfth week The termination of this pregnancy, as of all others, began with a low-grade fever which lasted for two weeks During the temperature the Aschem-Zondek test remained positive When the test be-

came negative a curettage was done. The curettage showed an inflammatory zone surrounding and infiltrating the decidua and chorionic villi. The reaction bore a superficial resemblance to that described by Evans, Burr and Althausen[9] for the lethal effect of avitaminosis E on the developing rat embryo. Re-examination of this patient several months after the seventh miscarriage revealed a persistent fundal hypoplasia. If this miscarriage could be ascribed to an E avitaminosis it would imply an inability to utilize the administered vitamin E.

Case 5.—This patient miscarried during the fifth month in her first pregnancy and during the fourth month of her second pregnancy. During her third pregnancy she was kept in bed and given progesterone. Pre-eclamptic toxemia developed during the eighth month and the patient was delivered by means of a cesarean section of a premature viable infant. The patient was first seen about one year after her third pregnancy and an inadequate progesterone metabolism plus a genital hypoplasia were diagnosed. They were treated by estrogens, progesterone, prolactin, and chorionic gonadotropin. The patient was delivered, from below, of a normal child at term. The uterus was found to be normal in size following this pregnancy. Two years later the patient conceived again and at the expressed desire of the patient the same therapy was reinstituted. The patient developed a severe pre-eclamptic toxemia during her sixth month (blood pressure 190/140, albumin 3 plus). She miscarried at the beginning of her seventh month. We feel that the cause of the miscarriage was the severe pre-eclamptic toxemia.

Conclusions

1 Genital hypoplasia, especially uterine, may occur in the presence of normal ovarian function. It represents an inherent defect in the ability of the uterus to metabolize the endogenous estrogens.

2 Uterine hypoplasia may result in repeated miscarriage. Such hypoplasia remains evident in the nonpregnant state even after repeated miscarriages. It appears that short pregnancies alone are insufficient to correct the hypoplasia.

3 The uterine hypoplasia may be corrected by the daily oral administration of estrogens throughout pregnancy, namely, 0.1 mg. of alpha-estradiol and 0.24 mg. of estriol.

4 Forty-two patients who had miscarried at least twice previously were treated with estrogens in this manner, and 39 (92 per cent) were delivered at term of normal living children.

5 Three patients (8 per cent) miscarried during pregnancy. In one case the failure was attributed to a pre-eclamptic toxemia of pregnancy. The second failure could be due to an E avitaminosis, while for the third we have no explanation.

6 Nine out of the 42 patients also had an inadequate progesterone metabolism. In addition to the estrogen therapy they received during the first seven months of pregnancy intramuscular injections of chorionic gonadotropin, progesterone, and prolactin.

7 The sperm morphology was normal in all patients. A high abnormal morphology leads to repeated miscarriage.

8 The mechanism of genital hypoplasia and the manner in which it produces repeated miscarriages are discussed.

I am indebted to my former associates, Dr. Leo Wilson and Dr. Paul Lass (now with the armed forces) for the assistance in the early part of this work and to Dr. Milton J. Goodfriend, the chief of the service, for putting at our disposal the clinical material of the hospital and for his many kindnesses.

1016 Fifth Avenue

References

1. Kurzrok, R., and Ratner, S.: Am. J. Obst. & Gynec. 23: 639 (1932).
2. Kurzrok, R., and Smith, P. E.: Proc. Assoc. Research Nerv. & Ment. Dis. 17: 340 (1936).
3. Gallagher, T. F.: The Excretion of Steroid Hormones in the Urine. The Chemistry and Physiology of Hormones, Washington, Am. Ass. Adv. Sc. 1944, p. 188.
4. Westerfeld, W. W., Thayer, S. A., MacCorquodale, D. W., and Doisy, E. A.: J. Biol. Chem. 126: 181 (1938).
5. MacCorquodale, D. W., Thayer, S. A., and Doisy, E. A.: J. Biol. Chem. 115: 135 (1936).
6. Huffman, M. N., Thayer, S. A., and Doisy, E. A.: J. Biol. Chem. 133: 567 (1940).
7. Browne, J. S. L.: Cited from Collip, J. B.: Proc. California Acad. Med. 1: 38 (1931).
8. Van Wagenen, G., and Morse, G. H.: Yale J. Biol. & Med. 17: 301 (1944).
9. Evans, H. M., Burr, G. O., and Althausen, T. L.: Mem. Univ. California 8: 1 (1927).

MALARIA PREVENTIVE HAILED BY AUSTRALIAN SCIENTISTS

A group of Australian scientists who allowed themselves to be bitten repeatedly by malarial mosquitoes announced on December 28 that a new drug, paludrine, renders malaria no more harmful than the common cold.

Members of the group, including physicians, pathologists, and entomologists, remained fit despite repeated infection by taking doses of a tablet of 1½ grains of the drug, they said. Some of the members were bitten two hundred times by mosquitoes carrying the parasite of tertiary malaria.

The scientists said results of their study indicated that the taking of one or two paludrine tablets each weekend would give complete freedom from malarial attacks.

Paludrine in therapeutic doses also controls malarial fever and cures malignant malaria, they added.—*N. Y. Herald Tribune, Dec. 29, 1945.*

THE X-RAY AND PUBLIC HEALTH

With Special Reference to Tuberculosis

H R Edwards, M D , F A C P , New York City

(Director, Bureau of Tuberculosis, New York City Department of Health)

WE ARE honoring this evening Wilhelm Conrad Roentgen, a man who has made one of the most momentous contributions of all time to the welfare of mankind It is unnecessary for me to recount to you, as roentgenologists, the wide variety of applications of the x-ray in medical science It does, however, seem appropriate to comment on this discovery, as it has been applied to the field of preventive medicine, for the promotion of the public health While there are other fields than tuberculosis that involve the public health, and in which the x-ray has been of value, it is, nevertheless, as a method of tuberculosis eradication that it has played one of its greatest roles The control and eradication of tuberculosis is dependent primarily upon a diagnosis, and the x-ray stands pre-eminent today in this elementary step

The history of tuberculosis and its eradication here in New York City makes it obvious that this disease was truly the great white plague, and a champion of the men of death in the past century The remarkable decline that has occurred since 1882 is cause for rejoicing and certainly some feeling of satisfaction, but we are still too far from the attainable irreducible minimum to relax our efforts for a single moment There are still close to 4,000 New York City residents who die unnecessarily of this disease each year, and throughout the nation this figure exceeds 50,000

The factors that have been at work to bring about this more favorable situation today are many and varied, and it is impossible to properly evaluate and fully assess them individually In this period, we have seen the industrial era blossom into full flower, and with it came the very conditions that produced overcrowding, and at first substandard wages that were potent causes in the spread of the disease As the years have passed, there have been vast improvements in working and living conditions, with a general raising of the economic level to a height that is beyond that of all other nations

There has been an expansion in hospital beds from a few thousand at the turn of the century to over 100,000 today Clinics, public-health nursing services, and a host of other facilities have been developed, which have contributed considerably to the diagnosis and supervision of cases For the past forty years there has been a nation-wide campaign directed to health education, and while it is impossible to evaluate its influence accurately, it has, without doubt, motivated millions to take voluntary action in disease prevention

Despite the accomplishments of the past and the present, we are forced to the conclusion that there are still fundamental problems relating to individual resistance and susceptibility about which we know very little The solution of these two factors may very well result in the ultimate eradication of the disease

There is no acceptable immunizing agent against the disease, nor is there a specific cure Therefore, our only hope for further eradication must depend upon early diagnosis of the case, and the setting up of adequate safeguards to prevent the further spread of infection

The roentgenogram stands in the very forefront of all diagnostic methods, and in 80 to 90 per cent of the earlier cases, it is our only clue to the existence of the disease, because these persons, for the most part, are without symptoms The chest roentgenogram indicates location, extent, and, if made periodically, the dynamic status of a lesion It unfortunately does not tell us the significance of the lesion in a majority of instances, unless it is supplemented by a careful history and physical examination, and even then the determination may be very difficult In other words, there is no indication that we can supplant the qualified internist and depend upon a push-button mechanism

The chest x-ray has been dramatized these past five years by one of the greatest mass surveys in the history of man When the armed forces decided to require a chest x-ray of every individual before acceptance into the services, they assured the citizens of this nation of a health protection that had never before been possible As a result, thousands of men and women with infectious, active, or potentially active tuberculosis were prevented from entering the services and spreading their disease to their comrades, to say nothing of the waste that would have resulted in an attempt to train them for military service The end results that would have been reflected in veterans' pensions and benefits have been reduced in this war to one tenth of what they were in the last Spillman, at the outset of this

Read at a dinner of the New York Roentgen Ray Society, Hotel Commodore, November 8, 1945, commemorating the fiftieth anniversary of the discovery of the x-ray

war, reported on the veterans' tuberculosis problem that resulted from World War I, and he indicated that the pension and compensation bill that the government had paid was at that time reaching $1,000,000,000, and that the end was not yet in sight.

The x-ray was in use in the first World War, but we did not have the present facilities for mass action. It was costly, and was used only as confirmatory evidence In fact, at that time there were those who were unwilling to use it as a case-finding procedure

Here in New York City, the chest x-ray of masses of the apparently healthy population began in 1933, and up to 1940, when recruitment for the armed services started, approximately half a million examinations had been made. It was due to this experience, and the availability of equipment, that the Department of Health was able to offer its services to the induction centers, until they could provide their own equipment and personnel to handle routine chest x-rays

In offering this service to the Army, we set up a program that conformed to our previous procedures in mass survey x rays It was arranged that all persons rejected because of intrapulmonary shadows at the induction center would be immediately referred to us for further study and evaluation. The referral, made by an Army officer, resulted in a high per cent of attendance. The draft boards further cooperated by ordering any delinquent to report for examination, as Selective Service had designated us as special consultants in these matters Thus, throughout the entire period, over 90 per cent of all men rejected because of shadows in their x-ray that might presumably be on a tuberculous basis were eventually re-examined by us

These examinations resulted in a considerable salvage of manpower among those who had questionable changes, or where changes did exist that were later adjudged to be of no significance. These examinations also brought to light thousands of lesions that had never been known before. Approximately 50 per cent of them were in the minimal stages, and less than 20 per cent had ever been reported as a case before.

In the further supervision of these cases, the Department followed its procedure in its own mass survey program This was for the purpose of evaluating the case, then to see that the patient was placed under proper medical care. If the individual had a family physician, he was urged to place himself under his supervision On the other hand, if the physician requested a report from us, it would be provided, with a loan of the x-ray If there was no family physician, the individual was referred to a district clinic, where both he and his contacts would receive such supervision as was indicated In any event, the case was registered in the district office, and the public-health nurse would take steps to see that the case was under the care of either a private physician or some other suitable medical care In those cases under private medical care we offered our consultation chest service, not only for the case, but for the examination of contacts as well Through this means, thousands of contacts to cases found in the armed services, as well as our regular surveys, have been brought in for chest x-ray examination

We have made spot checks of our work, and they indicate that in our clinic practice we are examining an average of 80 per cent of the contacts to known cases registered, and in these examinations of contacts on a city-wide basis we have found approximately $1^1/_2$ per cent that have significant lesions in need of further supervision This figure may seem rather low, when we recognize that tuberculosis is spread from person to person. It must be remembered, however, that in the city the size of New York, the source of infection is oftentimes difficult to locate It certainly does not exist in the intimate family of the majority of the cases that we discover Furthermore, the type of disease found in mass surveys is, for the most part, minimal in extent, and without clinical symptoms. If, however, we considered contacts in relation to the more advanced and open forms of the disease, we may expect to find from 10 to as high as 40 per cent of their contacts with manifest lesions

Experience has shown that of all disease found in mass surveys of apparently healthy adults, approximately one third will be significant in character, that is to say, it will either be an open infectious case, which is probably not more than one or two per thousand examined, to those who have only an x-ray shadow, characteristic of an unstable process In the remaining two thirds of cases found in surveys, the shadows representing previous disease are at the time probably of little significance, and for the most part the individual has at no time recognized the clinical disease, nor will he have knowledge of having been exposed to a person who had tuberculosis It must be remembered that any mass chest x-ray survey program conducted at a given time will reveal only those changes that have occurred in the months or years that have passed. It does not protect the individual against future disease. However, if a routine chest x-ray is done on a periodic basis, any new changes noted will truly indicate a new, and in all probability, an early tuberculosis Therefore, it is necessary, in tuberculosis control work, to consider a program that will be repeated at intervals, and not just a study at one time in a person's life This philosophy

THE X-RAY AND PUBLIC HEALTH

With Special Reference to Tuberculosis

H R Edwards, M D , F A C P , New York City

(Director, Bureau of Tuberculosis, New York City Department of Health)

WE ARE honoring this evening Wilhelm Conrad Roentgen, a man who has made one of the most momentous contributions of all time to the welfare of mankind It is unnecessary for me to recount to you, as roentgenologists, the wide variety of applications of the x-ray in medical science It does, however, seem appropriate to comment on this discovery, as it has been applied to the field of preventive medicine, for the promotion of the public health While there are other fields than tuberculosis that involve the public health, and in which the x-ray has been of value, it is, nevertheless, as a method of tuberculosis eradication that it has played one of its greatest roles The control and eradication of tuberculosis is dependent primarily upon a diagnosis, and the x-ray stands pre-eminent today in this elementary step

The history of tuberculosis and its eradication here in New York City makes it obvious that this disease was truly the great white plague, and a champion of the men of death in the past century The remarkable decline that has occurred since 1882 is cause for rejoicing and certainly some feeling of satisfaction, but we are still too far from the attainable irreducible minimum to relax our efforts for a single moment There are still close to 4,000 New York City residents who die unnecessarily of this disease each year, and throughout the nation this figure exceeds 50,000

The factors that have been at work to bring about this more favorable situation today are many and varied, and it is impossible to properly evaluate and fully assess them individually In this period, we have seen the industrial era blossom into full flower, and with it came the very conditions that produced overcrowding, and at first substandard wages that were potent causes in the spread of the disease As the years have passed, there have been vast improvements in working and living conditions, with a general raising of the economic level to a height that is beyond that of all other nations

There has been an expansion in hospital beds from a few thousand at the turn of the century to over 100,000 today Clinics, public-health nursing services, and a host of other facilities have been developed, which have contributed considerably to the diagnosis and supervision of cases For the past forty years there has been a nationwide campaign directed to health education, and while it is impossible to evaluate its influence accurately, it has, without doubt, motivated millions to take voluntary action in disease prevention

Despite the accomplishments of the past and the present, we are forced to the conclusion that there are still fundamental problems relating to individual resistance and susceptibility about which we know very little The solution of these two factors may very well result in the ultimate eradication of the disease

There is no acceptable immunizing agent against the disease, nor is there a specific cure Therefore, our only hope for further eradication must depend upon early diagnosis of the case, and the setting up of adequate safeguards to prevent the further spread of infection

The roentgenogram stands in the very forefront of all diagnostic methods, and in 80 to 90 per cent of the earlier cases, it is our only clue to the existence of the disease, because these persons, for the most part, are without symptoms The chest roentgenogram indicates location, extent, and, if made periodically, the dynamic status of a lesion It unfortunately does not tell us the significance of the lesion in a *majority* of instances, unless it is supplemented by a careful history and physical examination, and even then the determination may be very difficult In other words, there is no indication that we can supplant the qualified internist and depend upon a push-button mechanism

The chest x-ray has been dramatized these past five years by one of the greatest mass surveys in the history of man When the armed forces decided to require a chest x-ray of every individual before acceptance into the services, they assured the citizens of this nation of a health protection that had never before been possible As a result, thousands of men and women with infectious, active, or potentially active tuberculosis were prevented from entering the services and spreading their disease to their comrades, to say nothing of the waste that would have resulted in an attempt to train them for military service The end results that would have been reflected in veterans' pensions and benefits have been reduced in this war to one tenth of what they were in the last Spillman, at the outset of this

---

Read at a dinner of the New York Roentgen Ray Society, Hotel Commodore, November 8, 1945, commemorating the fiftieth anniversary of the discovery of the x-ray

INCREASED URINARY FREQUENCY IN WOMEN CAUSED BY EXTRINSIC GENITOURINARY TRACT LESIONS

JOSEPH A LAZARUS, M D , New York City

INCREASED urinary frequency, commonly complained of by women is associated, as a rule, with the ordinary varieties of genitourinary disorders These usually respond to routine urologic therapy There are many patients, however, for whom the customary treatment is inadequate because the lesion lies extrinsic to the urogenital tract. It is this category which requires detailed differentiation and discussion

The most common extrinsic conditions which cause increased urinary frequency in women may perhaps be succinctly classified as those arising in the (1) uterus and adnexa, (2) gastrointestinal tract, (3) neurologic system, and (4) endocrine system There are also (5) miscellaneous causes

Uterus and Adnexa

Fibroids, malpositions, and diseases of the adnexa, such as tumors of the ovaries or fallopian tubes, are frequently associated with urinary disturbances Increased urinary frequency may result from irritation of the vesical wall through spreading infection from an adjacent infected fallopian tube or from reduction of the vesical capacity caused by compression from an adjacent tumor of the ovary or uterus Admittedly, many patients with abnormalities of the uterus or adnexa have no urinary symptoms The physician is therefore constrained to make a urologic examination before coming to a conclusive diagnosis that an obvious extravesical pelvic lesion is solely responsible for the urinary discomfort It is only when the urinary tract has been, from the diagnostic viewpoint, definitely excluded that the urologist may venture an opinion that the urinary frequency is caused by disease of the uterus or adnexa However, if the urinary tract is also found to be affected, it is advisable to withhold an opinion as to causal relationship until a pathologic process in the urinary tract is eliminated.

Case 1—Mrs. A. G., aged 68, who consulted me on September 7 1939, complained of chills and fever, burning sensation on urination and increased urinary frequency, pain in the left lumbar region abdominal cramps, hiccoughs, and pruritus

Seven months before this she had begun to complain of pain in the abdomen and left loin, difficulty in urination and insomnia. A physician noted the presence of an ovarian cyst. Five months later an oophorectomy was performed for malignant dermoid cyst. During convalescence she developed a severe attack of right pyelonephritis which never entirely subsided About three to four days previously she had chills, fever and sweats, and pain in the left loin accompanied by increased urinary frequency

Cystoscopy showed a mild cystitis. The right kidney was easily catheterized, while the left catheter met an impassable obstruction at 10 cm. from the bladder

Heart and lungs were normal. Blood pressure was 160/80

Bilateral shadowgraphy showed the tip of the left catheter lying opposite the fifth transverse process, where a shadow could not be visualized The renal silhouettes were obscured by gas.

Laboratory Data Urinalysis—specific gravity, 1 014, pH, 5.2, albumin, trace, sugar, negative, microscopic—40–50 white blood cells with small clumps, bacteria. Blood Chemistry—urea nitrogen, 15 0 mg. per cent, creatinine, 1.3 mg per cent. A two-hour phenolsulfonphthalein test totaled 29 per cent.

Blood Count—hemoglobin, 70 per cent, red blood cells, 3,260,000 white blood cells, 8,550, color index, 1 07, polymorphonuclears, 77 per cent, lymphocytes, 16 per cent rods, 3 per cent, mononuclears, 4 per cent.

Blood Culture—Bacillus coli, Escherichia coli Bladder urine showed B coli Esch. on culture, and gram-negative bacilli on smear, negative for tuberculosis.

Operation (September 8, 1939)—Left nephrectomy and incomplete ureterectomy were done for left pyonephrosis, periureteritis, and carcinoma of the ureter The kidney was definitely enlarged and showed a high-grade perinephritis. The pelvis of the kidney was notably thickened and sclerotic, and was intimately adherent to the peritoneum There were two large ureters emergent from the pelvis, which presented a severe grade of periureteritis, binding them to the peritoneum. In one of the ureters there was a hard mass about the size of a nut. The renal pelvis was filled with thick, creamy pus. With great difficulty the kidney was mobilized and removed

Pathologist's Report "Metastatic immature squamous-cell carcinoma situated periureterally and involving the ureter at one site. Stenosis of ureter with hydropelvis, purulent ureteritis, and pyelonephritis."

Case 2—Mrs. E. S aged 40, consulted me on February 16, 1939 complaining of urgency and frequency of urination of six months' duration and swelling of the right foot of six weeks duration

Past history was irrelevant. For the past six months she had complained of a slight burning sensation on urination with extreme urgency, voiding every two to four hours during the

[illegible]turia. She experienced a [illegible] hypogastrium. Two

a mass had been noticed in the left side of the abdomen

Cystoscopy showed a striking distortion of the bladder, with intrusion of the posterior wall into the vesical lumen, and dislocation of the trigone, so that the ureteral orifices appeared elevated and laterally displaced The right ureteral orifice was completely obstructed, but the left catheter passed easily into the renal pelvis

Vaginal examination showed a large tumor which filled the lower half of the abdomen and reached slightly above the umbilicus The tumor consisted of two masses, one much larger than the other, the larger mass occupied the entire right lower quadrant and extended over to the left side, and felt hard but not tender, the smaller mass, which was situated in the left lower quadrant, was slightly tender and somewhat movable Blood pressure was 132/80

A scout film revealed a large shadow extending from the pelvis to the second lumbar vertebra. Intravenous pyelograms disclosed the bladder to be compressed and displaced to the left side of the pelvis The kidney pelves were filled on the five-minute film, and were free of dye on the seventy-five-minute film

Laboratory Data Urinalysis—specific gravity, 1 016, pH 6 7, albumin and sugar, negative, microscopic occasional red blood cells

Blood Chemistry—urea nitrogen, 11 5 mg per cent, creatinine, 1 2 mg per cent, urea clearance, 142 8 per cent, hemoglobin, 81 per cent The Wassermann test proved negative

On February 27, 1939 a supravaginal hysterectomy and left salpingo-oophorectomy was carried out for a large uterine tumor extending into the broad ligament Filling the entire lower half of the abdomen and reaching above the umbilicus there was an enormous tumor which completely distorted the anatomic structure of the pelvis The tumor appeared to arise from the left wall of the uterus and extended between the leaves of the broad ligament The uterus, left tube, and ovary appeared to be perched upon the vault of the tumor which reached to the left of the midline The veins of the broad ligament were distinctly dilated The uterus and tumor were removed

The relationship between increased urinary frequency and adnexal inflammatory disease is not always clearly defined The reason for this is that in many examples of salpingitis, particularly when caused by the gonococcus, there is an accompanying urethritis due to the same organism, and it is the urethritis rather than the salpingitis which causes the urinary frequency Treatment solely of the salpingitis frequently results in abatement of urinary frequency, because the urethritis often subsides spontaneously following cure of the adnexal infection .

Case 3—Miss M H , aged 29, consulted me on October 31, 1941, complaining of acute pain in the lower abdomen of several days' duration Previously she had had leukorrheal discharge with dysuria and frequency of urination, voiding every two hours during the day and several times at night

Vaginal examination disclosed a large fluctuant mass in the left cul-de-sac There was manifest tenderness with positive rebound sign in the lower abdomen, particularly over the left lower iliac fossa The diagnosis was of acute left pyosalpinx

Endocervicitis may be the underlying cause of urinary frequency Careful examination of the cervix should always be made by the urologist during the course of a routine urologic examination Here again he must exercise caution before venturing an opinion, since it is well known that the majority of patients who have endocervicitis do not complain of increased urinary frequency It is better to rule out a lesion in the urinary tract before concluding that the inflammatory cervical condition is the cause of urinary frequency

Gastrointestinal Tract

An abnormal condition within the anus, such as a fissure or painful hemorrhoid, will often cause urinary frequency Patients consult physicians for painful anal disorders rather than for the accompanying urinary symptoms The reverse of this is true in examples of urinary frequency associated with disorders situated higher in the colon These commonly are (*a*) carcinoma of the rectum, (*b*) carcinoma of the sigmoid or colon adherent to the bladder, (*c*) diverticulitis of the sigmoid adherent to or in juxtaposition to the bladder, (*d*) pelvic abscess, usually of appendiceal origin, and (*e*) certain varieties of retrocolic appendicitis

Case 4.—Mrs D H., aged 61, consulted me on January 22, 1938, complaining of severe pains in the left upper quadrant of the abdomen and left loin, nausea, and frequency of urination, voiding six to seven times during the day and three to four times at night There was no burning on urination, hematuria, or dysuria Constipation was extreme For twelve years she had acute "stabbing" pain in the left loin, and for the past three years it had been growing more severe, occurring at more frequent intervals

Cystoscopy showed a normal bladder with normal ureter orifices The kidneys were easily catheterized, and there was a rapid flow of macroscopically clear urine from both sides Microscopically the urine from both kidneys contained an occasional white blood cell Phenolsulfonphthalein given intravenously appeared in good concentration from the kidneys in three minutes

In bilateral shadowgraphy the left kidney appeared to be enormously enlarged Left retrograde pyelogram showed a pelvis which appeared to be lengthened along the vertical axis of the kidney, presenting evidence of compression of its midportion Intravenous pyelography showed that the

lower pole of the left kidney was enormously enlarged and globular, and reached to about ½ inch above the crest of the ilium. A roentgenogram of the chest failed to show metastases. The barium enema showed a downward and mesial displacement of the descending colon and splenic flexure by the tumor in the left loin.

Physical examination revealed an aged patient who appeared chronically ill. There was obvious pallor Blood pressure was 142/70 There was definite left costovertebral tenderness. The abdomen was distended Examination of the left loin revealed a tender mass extending almost down to the ilium. Its mesial border could not be accurately delimited.

Laboratory Data Urinalysis was negative, a two-hour phenolsulfonphthalein test totaled 42 per cent. Blood chemistry—urea nitrogen, 13 0 mg per cent, creatinine, 1.2 mg per cent, sugar, 118 mg per cent, urea clearance, 90 7 per cent. Blood count—hemoglobin, 66 per cent, red blood cells, 2,550,000, white blood cells, 8,050, poly morphonuclears, 65 per cent, lymphocytes, 26 per cent, rods, 6 per cent basophiles, 1 per cent, mononuclears, 2 per cent. Sedimentation rate, 72 mm. after one hour The Wassermann test was negative.

Operation Through a 7 inch left Albarran incision the kidney was exposed. It was immediately noted that the mass which was originally conjectured to be in the lower pole of the kidney was extrarenal, but adherent to it by a few adhesions. On separating the lower pole of the kidney from the tumor, the latter was found to consist of a hard mass about the size of a large baseball, involving the splenic flexure of the colon. The lumen of the bowel, however, was patent. The tumor apparently arose from the posterior wall of the bowel and grew posteriorly toward the renal fossa. Following a Mikulicz operation the patient recovered and remained free of all urinary symptoms.

Carcinomas of the rectum frequently give rise to symptoms referable to the urogenital tract, among which urinary frequency is one of the most common In examples of early lesions, urologic symptoms occasionally predominate to the exclusion of those referable to the gastrointestinal tract, unless the latter are sought for especially It is for this reason that the urologist, in order to avoid errors in diagnosis and often great chagrin, should make searching inquiries, particularly regarding changes in bowel habits and the passage of blood and mucus in the stools. Since the majority of rectal carcinomas are situated low, they can usually be detected on careful rectal digital examination I usually place the patient in the supine position, with the knees flexed and drawn toward the chin. The gloved finger, thoroughly lubricated, is gently introduced into the rectum and the patient is then requested to strain. The tip of the finger is carefully swung around the entire circumference of the bowel wall If no lesion is palpated, she is instructed to return for sigmoidoscopic or proctoscopic examination Specimens of any suggestive lesions are routinely taken for pathologic examination

Occasionally an area of redness or bullous edema of the bladder wall, usually on the posterior wall, may be noted during the course of cystoscopic examination This observation is highly suggestive of an extravesical lesion adherent to the bladder wall, and warrants a careful examination to rule out a lesion in the lower gastrointestinal tract

Carcinomas of the sigmoid, like those of the rectum, may give rise to increased urinary frequency along with other urologic symptoms only when they are contiguous with the bladder Careful interrogation of the patient regarding bowel habits and characteristics may be indicative of the condition. Such evidence, however indecisive, warrants a careful sigmoidoscopic examination and a contrast barium enema roentgen study to rule out colonic pathologic changes.

Diverticulitis of the sigmoid is perhaps one of the most frequent conditions of the colon associated with vesical symptoms, because of the tendency of the affected loop of sigmoid to become adherent to the adjacent viscus, especially the urinary bladder It is true that ordinarily the symptoms are predominantly characteristic of some intestinal disorder, especially in well-advanced conditions In patients with less advanced conditions, however, vesical irritability often overshadows all other symptoms, and may lead to diagnostic errors Patients with acute diverticulitis present a clinical syndrome which should not be difficult to recognize They are usually obese and on careful interrogation give a history of constipation and pain in the left lower quadrant of the abdomen During an acute episode, fever, leukocytosis, and extreme tenderness with a possible rebound sign over the left lower rectus muscle are present. At times it is possible to palpate a mass in the left iliac fossa. Sigmoidoscopy may be a valuable aid in diagnosis, particularly when supplemented by a barium enema roentgen examination

Case 5—Mrs. R. G., aged 50, consulted me on January 17, 1938. When admitted to the hospital she complained of pain in the abdomen and left lumbar region, the pain radiated downward, was present for a day, and was associated with frequency of urination, tenesmus, chills, and fever The family and past histories were irrelevant.

For the past three years she had had diurnal and nocturnal urinary frequency On the day prior to consultation she developed severe generalized pain in the abdomen and left loin. She voided every half- to one hour during the day and every hour at

night and complained of extreme tenesmus Chills and fever were prominent symptoms

Cystoscopy showed a few hemorrhagic spots in the region of the left ureteral orifice Both kidneys were easily catheterized, the flow of urine from both sides was sluggish Phenolsulfonphthalein returned in good color from the right side in four minutes, and from the left side in five minutes Microscopically the urine from the right kidney showed an occasional red blood cell and a few epithelial cells, while that from the left contained three to four white blood cells and fifteen to twenty red blood cells

A scout film failed to show the presence of calculi Much gas was visible in the large bowel Bilateral retrograde pyelograms showed broadening of the minor calices of the left pelvis The right kidney was ptosed, and there was a slight posterior displacement of the ureteropelvic juncture

Abdominal examination disclosed an indefinite tender mass in the left midabdomen Rebound tenderness was elicited over the left lower rectus muscle as well as over the left costovertebral angle Vaginal examination revealed a large uterine fibroid

Laboratory Data Urinalysis—specific gravity, 1 017, pH, 6 2, albumin, 2 plus, sugar, 1 1 per cent, microscopic examination revealed innumerable red blood cells The bladder urine showed Staphylococcus albus and B subtilis, and the urine from the left kidney showed B subtilis on culture All specimens were negative for tuberculosis Blood culture was negative

Blood Count—hemoglobin, 86 per cent, red blood cells, 4,040,000, white blood cells, 14,450, polymorphonuclears, 75 per cent, lymphocytes, 10 per cent, rods, 12 per cent, monocytes, 3 per cent Sedimentation rate was 45 mm after one hour

On June 18, 1938, a Mikulicz resection was performed for tumor of the sigmoid through a 5-inch left paramedian reverse Kammerer incision Situated in the midportion of the sigmoid there was a tumor about the size of a small tangerine, with brawny induration of the mesentery The sigmoid flexure was freely movable

Recovery was uneventful and she was discharged from the hospital July 24, 1938, with a well-functioning colostomy

On September 1, 1938, the colostomy was closed, and she left the hospital in good condition eighteen days later Urinary symptoms had completely disappeared

Pathologist's Report "Diverticulitis of sigmoid with mesosigmoidal abscess formation No evidence of malignancy"

Comment

It has been my experience to find urinary frequency caused by pelvic abscesses, usually of appendiceal origin In acute conditions a correct diagnosis should offer little, if any, difficulty Longstanding, well-encapsulated abscesses may cause difficulty in differential diagnosis A careful rectal digital examination is obviously of great importance in the recognition of these conditions As a rule a history suggestive of previous appendicular attacks can be elicited on careful questioning Nevertheless, patients complaining of increased urinary frequency who reveal a pelvic mass on rectal digital examination should undergo an exploratory laparotomy

Retrocolic appendicitis occasionally gives rise to increased urinary frequency The appendix usually lies in direct contact with or in close proximity to the ureter, as a rule it is then found to be acutely or subacutely inflamed, showing evidence of periappendicitis in which the inflammatory process has spread to the neighboring ureter, and giving rise to periureteritis or ureteritis The vesical irritability is probably caused by inflammation of the ureteral wall causing a similar condition in its intrinsic network of nerve fibrils In acute and subacute conditions diagnostic errors can be reduced by taking careful histories and carrying out thorough physical examinations Percussion tenderness over the right loin can usually be elicited, while the blood count ordinarily shows an elevation in the leukocyte count Rectal temperature usually ranges from 99 F to 101 F Passage of a catheter may disclose an obstruction or narrowing in the ureter where the latter comes in contact with the appendix Urine obtained from the renal pelvis may be acellular, while a specimen collected from the lower ureter may show red or white cells, or both In patients with chronic retrocolic appendicitis, diagnosis may offer great difficulties. A roentgen film taken after passing an opaque catheter into the right renal pelvis, after the administration of a barium meal, may occasionally outline the appendix, and may disclose its position with relation to the adjacent ureter In doubtful examples, appendicectomy is justifiable

Neurogenic Disorders

Increased urinary frequency is common among women with psychic or neurogenic disturbances We are all familiar with what is termed the "irritable bladder" of hysterical or neurotic women, but physicians frequently overlook or attribute this complaint to some psychoneurotic condition when, in fact, the afflicted person may be suffering from an organic disease of the nervous system Without entering into a detailed discussion concerning the various neurogenic disorders which may give rise to increased urinary frequency, it is desirable to indicate a few of the more common conditions seen by the urologist In this category we may find patients with spinal-cord tumors, usually situated in the region of the cauda equina Disseminated sclerosis and other varieties of degenerative lesions of the cord may also lead to irritable or contracted bladders,

resulting in increased urinary frequency Any disorder of the central nervous system converts the bladder into a large atonic organ with decreased expulsive power of the detrusor muscle due to disturbed innervation, which will sooner or later result in urinary incontinence or overflow, which the patient alludes to as increased urinary frequency Again, any disease of the central nervous system which leads to hypertrophy of the detrusor muscle and consequent reduction in vesical capacity eventually gives rise to the so-called "contracted bladder," and, by virtue of its reduced capacity, leads to increased urinary frequency In order to rule out a neurogenic condition, the urologist in his examinations should include a careful cystometric survey and also a few of the special neurologic tests, such as pupillary reflex, knee jerk, ankle jerk, Rhomberg, and Babinski, and an attempt to elicit evidence of saddle anesthesia

Case 6—Mrs. M H., aged 41 years, consulted me on May 24, 1934, complaining of urinary incontinence of three years' duration She had no hematuria, dysuria, backache, fever, or chills Five years previously she had noticed a sensation of weight in the right leg, and frequency of urination, thereafter urinary symptoms increased The sense of heaviness in the right leg persisted, and she complained of slight vertigo Her gait was wobbly and there was a noted tendency to favor the right side.

Cystoscopy showed fine trabeculations of the bladder, with prominence of the internal sphincter due to cystocele Both kidneys were easily catheterized. Phenolsulfonphthalein given intravenously appeared in good concentration from both sides in five minutes. Urine from both kidneys contained several red blood cells.

Bladder Urine Albumin, faint trace, sugar, negative, microscopic amorphous urates and occasional red blood cells were present, specific gravity, 1 004. A two-hour phenolsulfonphthalein test totaled 55 per cent.

Bilateral shadowgraphy showed the tip of the right catheter lying in the renal pelvis the tip of the left catheter was situated over the third transverse process No shadow could be seen in the course of either ureter

Physical examination showed an obese patient, 41 years of age, who did not appear acutely ill. Blood pressure was 110/70 She had an exaggerated right knee jerk. There was no ankle clonus. Bilateral Babinski and Oppenheim signs were most notable on the right side. She had no loss of muscular power in the legs. Her gait was wobbly, with a tendency toward incoordination of movements of the right leg, so that she appeared to stagger to the right side. Urethroscopy revealed relaxation of the internal sphincter

The patient was referred to a neurologist, who diagnosed the condition as one of multiple sclerosis.

I have occasionally found increased urinary frequency among women who in early childhood suffered from nocturnal enuresis Why this should be so is difficult of explanation on a physical or organic basis, and I have attributed it merely to habit

Another group of patients in this category are women who, as a result of some sexual disorder, find apparent relief in increased urinary frequency, which is often associated with tenesmus and dysuria. Examples of this condition are far from rare, and unless recognized, fail to yield to the customary treatment Once the condition is recognized, psychiatric rather than urologic treatment is in order But since the urologist is usually the first to see the patient, he should be aware of the underlying maladjustment discoverable by tactful interrogation It is problematic whether the cause of the urinary disturbance is attributable to chronic passive congestion of the uterus and adnexa which affects the bladder by pressure and irritation, or entirely to psychogenic influence

Case 7—Mrs. M S., aged 37, consulted me on January 5, 1932, she complained of attacks of right lumbar pain of five years' duration. The last attack was accompanied by fever, chills, and dysuria. There was no hematuria. Urinary frequency followed the attacks. There was a choking sensation, but no cough and no gastrointestinal disturbances

Following a thorough urologic survey, no intrinsic lesion of the genitourinary tract could be found Careful interrogation, however disclosed a manifest maladjustment to marital life.

Endocrines

The relationship between endocrinology and water balance as pertaining to urologic problems is a subject too wide for cursory mention It may suffice to state that the pancreas, ovaries, pituitary, and adrenals are the glands most involved It is common knowledge that diabetes mellitus gives rise not only to polydipsia but to polyuria and increased urinary frequency, and errors in diagnosis in this disease should not be made. On the other hand, diabetes insipidus is frequently overlooked The fundamental defect is a failure of the antidiuretic factor of the pars nervosa of the posterior pituitary to exert its normal physiologic control over the absorptive function of the renal tubular system The secretion of the antidiuretic hormone is controlled by the nucleus supraopticus, which is situated in the anterior part of the hypothalamus In diabetes insipidus the polyuria is primary, while the polydipsia is secondary and compensatory A simple and practical rule which I have followed is to request the patient to collect a specimen of urine in the morning after abstention from fluids since dinner the previous evening

If the specific gravity is 1 006 or lower, the diagnosis is certain If the specific gravity is 1 010 or over, diabetes insipidus can definitely be ruled out

In adrenal cortical insufficiency there occurs (*a*) an increased loss of sodium and chlorides in the urine, with a corresponding loss of sodium and chlorides in the blood plasma, (*b*) decrease in the loss of potassium in the urine and a corresponding increase in the concentration of potassium in the serum, (*c*) loss of fluids from the plasma resulting in a decreased volume of plasma and increased hematocrit values and red blood cell count, (*d*) increased plasma protein concentration, (*e*) increased oxygen capacity of the blood, (*f*) decreased blood flow resulting in impaired renal function and consequent increase in blood nitrogens Urinary frequency occurs with impaired renal function

Miscellaneous

In this category may be mentioned the influence of foods, drugs, and allergens Urinary frequency is often caused by a great many feeding indiscretions. Some women are inveterate coffee or tea drinkers, and the urinary disturbance may be due entirely to the diuretic effects of the caffeine or theobromine and to the overabundance of water which they consume daily This holds equally true of women who enjoy beer drinking

The problem of allergy as it pertains to urology is a large one It has not received adequate investigation It is my impression that many persons suffering from increased urinary frequency are "allergic" to various foods A few minutes spent in questioning patients concerning food sensitivity would serve to explain to a large extent the underlying cause or causes of urinary frequency

Summary and Conclusions

The problem of increased urinary frequency in women caused by lesions outside the urogenital tract is discussed The extrinsic causes are those pertaining to the: (1) uterus and adnexa, (2) gastrointestinal tract, (3) neurologic system, (4) endocrine system, and (5) miscellaneous causes

An awareness of the extrinsic causes of increased urinary frequency would obviate errors in diagnosis and eliminate prolonged and useless treatment of the urologic tract to the detriment of the patient, and often to the chagrin of the urologist

875 Park Avenue

NEW METHODS AID IN "HUNGER" TESTS

New methods, which constitute an important advance in studying the problem of "hidden hunger" among school children, have been developed at the Public Health Research Institute of the City of New York, Inc, according to the annual report submitted on October 22 to Mayor La Guardia by David M Heyman, president of the institute

These methods make it possible to test for a number of the vitamin and other food essentials on but two or three drops of blood, thereby making it feasible to determine the nutritional status of large groups quickly and accurately, Mr Heyman reported They are now being used by the nutrition clinic of the Health Department, and by two of the city's largest hospitals

The institute has also developed an improved and more economic method for the administration of penicillin, the report said. It claimed that by preparing the penicillin for injection by the new method it has been found that a single dose is as effective in the treatment of certain diseases as three doses administered in the usual form

Development of a malarial vaccine, previously shown to be effective in the immunization of experimental animals, has now progressed to the stage where it can be used in human tests, Mr Heyman revealed

He said that at the request of the office of the Surgeon General of the Army special methods for evaluating the nutritional condition of soldiers in the field were devised and introduced into combat areas within a few weeks' time

Microchemical methods also were developed, according to Mr Heyman's report, that led to the discovery of a new enzyme that the body uses to combine certain nitrogen compounds with sugars to form structural parts of cell nuclei These substances are important links in cell physiology and pathology, especially in connection with processes by which cells grow and divide

Sulfa drugs are not effective in decreasing the incidence of common colds, but they are of value in lowering the incidence of complications following colds, it was shown by studies conducted at the institute

The report said that in instances where sulfadiazine was used continuously for several weeks certain strains of bacteria found in the throat became tolerant of the drug and were no longer affected by it

More than thirty detailed reports of scientific work carried on at the institute have appeared in leading scientific journals in the last year, according to Mr Heyman.—*N Y Times, Oct 23, 1945*

HODGKIN'S DISEASE IN CHILDREN

HERMAN CHARACHE, M D , Brooklyn, New York

(From the Brooklyn Cancer Institute, Brooklyn, New York)

HODGKIN'S disease in children is comparatively rare Up to the present writing 233 cases have been reported in the literature

Smith[1] in 1934 reviewed the literature for thirty years, collected 85 cases, and reported 23 additional cases Since 1934, 125 new cases have been reported in the literature as follows Kaplan 16,[3] Davis 2,[3] Limper 0,[4] Goldman 18,[5] Craver 8,[6] Baker 7,[7] Levitt and Weissman 4,[8] McCausland 13,[9] Ritvo, Houghton, and McDonald 11,[10] Wallhauser 33,[11] and one case each by the following writers Langlois,[12] Schwind and Hyde,[13] Branch,[14] and Chiari,[15] making a total of 233 cases of Hodgkin's disease in children To this number we wish to add 11 additional cases from the Brooklyn Cancer Institute

Clinically the disease is more common in males than in females, even to a greater degree than in adults Of the 185 cases reported where the sex was mentioned, 153 (82 7 per cent) occurred in males and 32 (17 3 per cent) in females Eight of the patients were infants between the ages of 2 and 5 months The mothers of three of the infants had Hodgkin's disease before the birth of the children (Branch,[14] Chiari,[15] Priesel and Winkelbauer,[16] and one of the mothers died from it a week after confinement. The mother of one of our patients had Hodgkin's disease before the birth of the homologous twins Five of the reported cases occurred in one of homologous twins without the other twin being affected (Smith,[1] Macklin,[17] Charache[18,19]) Hodgkin's disease in both identical twins was reported by Peacock.[20] There were several instances of Hodgkin's disease affecting more than one member of the same family Hodgkin's disease in Negro children was rare Three cases were reported by Limper and 1 by Craver If tuberculosis is a precursor of Hodgkin's disease, the reverse should be true, as tuberculosis is more prevalent among Negroes But Hodgkin's disease is less prevalent even among the adult Negro population than among the white. Smith states that secondary invasion with tuberculosis is fairly frequently observed in children with Hodgkin's disease He further states that a positive tuberculin test is rare in children with Hodgkin's disease, but that Hodgkin's disease may predispose to tuberculosis, and the two diseases may coexist for years in the same individual Leman[21] (Section on Medicine, Mayo Clinic) studied the subject of "Tuberculosis as a Factor in Hodgkin's Disease." He concludes, "I believe that infection with tuberculosis bacilli does not produce Hodgkin's disease, although the two diseases may be associated" Ewing[22] states that the cause of the disease still remains imperfectly determined, the majority of writers holding that it is not tuberculous However, he concludes that the evidence in favor of the tuberculous origin is nevertheless somewhat formidable

Symptoms

The symptoms at the onset are few or absent The patient usually complains of a swelling in the neck As the swelling becomes more marked, pressure symptoms may occasionally result in dyspnea, dysphagia, or edema of the face The left cervical glands are more frequently involved (Warthin[23]) This is attributed by Feer[24] to the early involvement of the retroperitoneal and mesenteric glands extending along the course of the thoracic duct to the left side of the neck. Symmers[25] states that all Hodgkin's disease cases begin with abdominal involvement and then spread to the other lymph nodes He bases his opinion on autopsy findings at Bellevue Hospital, New York. Of 100 cases tabulated by Smith, 92 cases (92 per cent) originated clinically in the neck Forty-eight involved the left side of the neck, 26 the right, and 18 were bilateral Two affected the axilla, 4 the abdominal and mediastinal glands Two involved the bones of the skull before any other clinical manifestation of glandular enlargement One of our own patients had primary osseous involvement without any other clinical manifestation. The diagnosis was established by autopsy [18] In Kaplan's series, 7 involved the cervical glands, 5 the axilla, and 3 the inguinal glands. Kaplan states that mediastinal involvement is more common in children than in adults, and that asphyxia symptoms are not commonly associated with mediastinal involvement in children. Dyspnea and cough may be present Enlargement of the spleen and to a lesser extent enlargement of the liver is a late manifestation, and is more frequently seen in children, the latter associated with abdominal ascites Cutaneous involvement, according to Smith, is somewhat less common in children than in adults It consists of pruritic, nonspecific lesions of macules and papules with a tendency to lichenification from chronic irritation, and occasional infiltration of the skin with Hodgkin's

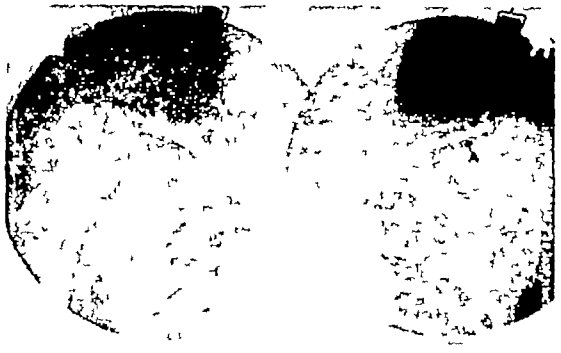


FIG 1 Roentgenogram of primary Hodgkin's disease of (*A*) Clavicle, (*B*) Ilium, in a girl aged 5 Diagnosis confirmed by autopsy

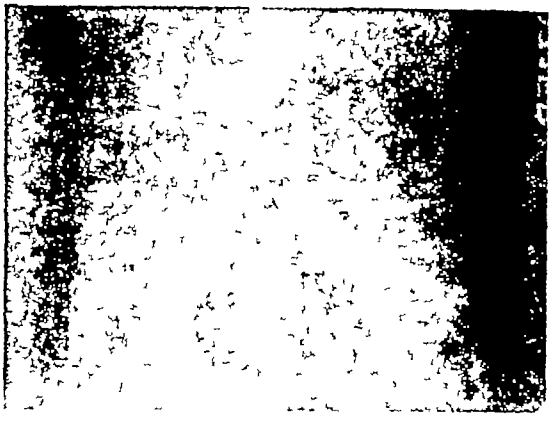


FIG 2

disease Herpes zoster is reported by Limper Two of our own patients had herpes zoster late in the disease

The blood findings are not diagnostic Eosinophilia may be present Anemia is usually the rule in the later stages There is a progressive leukocytosis Leukopenia may occur, and, according to Straube,[26] indicates abdominal or generalized Hodgkin's disease Leukopenia was present in two of our patients

Diagnosis

Although diagnosis of Hodgkin's disease may be made clinically, with comparative ease in some instances, the only positive diagnosis is based on the histologic study of an excised gland, preferably from the cervical or axillary region The inguinal glands are often associated with infection and do not always give a true picture of Hodgkin's disease Removal of one of these glands is often followed by suppuration, which is hard to eradicate Symmers reports one patient (Case 3) who died from secondary infection following the removal of an enlarged inguinal gland for the purpose of diagnosis A similar instance occurred in our own institution in 1936

Treatment

The treatment of choice in Hodgkin's disease is radiation therapy, although some localized lesions may lend themselves to complete surgical excision

Prognosis

The prognosis is very poor, even more grave than in adults According to Kaplan, most of the children die within one year following the discovery of the disease Limper sums up the prognosis as follows "Prognosis in untreated cases is hopeless In acute cases treatment does not offer much Chronic cases, particularly those in which treatment is begun *while the process is localized to one group of* glands, respond well to roentgen therapy, at least for a time" According to Smith, of 41 fatal cases of Hodgkin's disease in children collected in the literature, the average duration was 1 8 years (1 35 in females) In his own group of 16 fatal cases, the duration was 3 45 years He further states that two important factors confuse the evaluation of therapy the variable course of the disease, and the fact that those who come for therapy tend to be those who have a more prolonged course and therefore are able to receive more adequate treatment than the rapidly advancing cases

Case Reports

Eleven cases of Hodgkin's disease in children were observed at the Brooklyn Cancer Institute from 1930 to the present Seven were males and 4 females

The youngest was 3 years, and the oldest was 15 years Three of the patients were one of homologous twins without the other twins being affected. The mother of one of the twins died from Hodgkin's disease All of the children were white. Of the 11 cases, 8 originated in glands of the neck. Of these, 4 originated in the right side of the neck, 2 on the left side, and 2 were bilateral One case had general adenopathy, 1 originated in the left axilla, and 1 had primary skeletal manifestations Six patients had an enlarged spleen, and 4 an enlarged liver on admission. Eight had mediastinal involvement All patients had biopsies Two came to autopsy The blood study of the 11 cases showed a mild eosinophilia in 4 cases One had 5 per cent eosinophiles One of the cases had a terminal leukocytosis of 26,000, while 2 cases had a terminal leukopenia A moderate leukocytosis was present in the rest of the cases

All cases were treated by roentgen therapy The duration of life since the onset of the disease in 8 cases that we have been able to follow was 19 75 months



FIG 3. Primary Hodgkin's disease of axilla in a boy aged 5

Summary

1 Hodgkin's disease in children is comparatively rare

2 Two hundred and thirty-three cases have been reported in the literature up to the present Eleven additional cases are here reported from the Brooklyn Cancer Institute

3 The clinical course of the disease is discussed

75 Prospect Park, S W

References

1 Smith, C A. Pediat. 4: 12 (1934)
2. Kaplan, L.: Arch. Pediat. 51: 325 (1934)
3 Davis G F : M J Australia 22. 199 (1935)
4 Limper M A : Kentucky M J 37 97 (1939)
5 Goldman, L. B.: J.A.M.A. 114: 1011 (1940)
6. Craver L. F : Cancer in Childhood, St. Louis C V Mosby Co. 1940 p 26
7 Baker C and Mann, W N. Lancet 1: 23 (1940)
8. Levitt, A. and Weisman, S. J : M Times 68 315 (1940)
9 McCausland, D O M.: Arch. Dis. Childhood 16 59 (1941)
10 Ritvo, M., Houghton, J D., and McDonald E J : Radiology 39: 278 (1942)
11 Wallhauser, A : Arch Path. 16 525 (1933)
12. Langlois M : Laval med. 8: 182 (1943)
13. Schwind, J L., and Hyde, M J : J Pediat. 21: 238 (1942)
14 Branch, C F : Am. J Path 9: 777 (1933)
15 Chiari, H : quoted by Schwind and Hyde.
16 A., and Winkelbauer A. Virchows Arch. f path. Anat 262: 740 (1926)
17 Macklin M T J Hered. 31 279 (1940)
18 Charache, H. Am. J Roentgenol. 46: 69 (1941)
19 *Idem.* 54: 179 (1945)
20. Peacock, G : Dublin J M Sc. 120- 85 (1905)
21 Leman W S.: Am. J M Sc. 167: 178 (1924)
22 Ewing, J : Neoplastic Diseases Philadelphia, W B Saunders Co., 1940 p 416.
23. Warthin A S.: Ann. Surg. 93: 153 (1931)
24. Fear W Jahrb f Kinderh. 123 145 (1929)
25 Symmers, D : quoted by Kaplan.
26 Straube G : Folia haemat. 44: 125 (1931)

SCIENTISTS TELL OF BETTER DRUG TO TREAT MALARIA

American scientists reported on January 3 the development of a new synthetic drug which they said is superior to both atabrine and quinine in the treatment of malaria.

Known as "SN 7618," it relieves acute attacks of malaria three times as fast as the other two drugs, according to the Board for the Coordination of Malarial Studies. In addition, the board said, it can be taken weekly instead of daily to keep the disease in a mild state, doesn t stain the skin as does atabrine doesn t cause buzzing in the ears as does quinine and doesn't nauseate the patient as the other two drugs sometimes do

At the same time the scientists disclosed that an other new drug is offering "definite promise" of being the long-sought actual cure for the relapsing form of malaria—the type with which many returning servicemen are afflicted. They did not identify the drug specifically

Neither drug is available to the public yet. The latter of the two is still in an early experimental stage

Both developments resulted from a $5,000 000 wartime research program in which fourteen thousand compounds were tested in a search for improved weapons against the malady which strikes up to 300,000,000 persons throughout the world annually Conscientious objectors and prison inmates par ticipated as volunteer "human guinea pigs," per mitting themselves to be infected with the disease and treated. Also several hundred thousand ca nary birds, ducks, chickens, monkeys dogs, rabbits and mice were used in laboratory tests.

The first drug has been employed successfully in 5,000 cases of malaria, including more than 1,000 in the armed forces, the scientists said, but they would not recommend its release to civilians generally until further trials had been made.

The work was described as a news conference by the board, an arm of the Office of Scientific Research and Development. During the war, the board coordinated all researches on malaria conducted by military and civilian scientists, mainly prompted by the fact that early Japanese conquest virtually cut off quinine from the United Nations.

The drug, nicknamed "SN 7618 ' because it was the 7,618th drug tested in the four year program is made by linking part of an atabrine molecule with another chemical Its formal name is "7-chloro-4-(4-diethy lamino-1-methy lbutylamino) quinoline '

The names of the scientists were not given.—*N Y Herald Tribune Jan. 5, 1945*

SCLEROSING AND SURGICAL TREATMENT OF VARICOSE VEINS

SOL R HIRSCHMAN, M D , New York City

(From the Hospital for Joint Diseases)

IN THE latter part of 1927, the Varicose Vein Clinic at the Hospital for Joint Diseases was organized and put into full operation Until 1939, varicose veins were treated entirely by the injection method At that time, the high saphenous ligation method was instituted, in addition to the injection treatment Since then, and up to the present, we have used each method, or a combination of both, depending on the particular needs of each patient Experimentation has proved these procedures to give the most satisfactory and most permanent result

The number of patients treated by the injection method at the Joint Diseases Clinic is as follows

	Visits Made by Patients	
1927	no full data available	
1928	no full data available	
1929	10,623	
1930	13,855	
1931	12,925	
1932	10,955	
1933	10,573	
1934	9,638	
1935	9,174	Evening clinic, Monday and Thursday
1936	8,980	
1937	8,574	
1938	7,949	
1939	8,409	
1940	8,510	
1941	6,186	
1942	6,032	Morning clinic, Monday and Friday
1943	5,731	
1944	6,865	

Those treated by the high saphenous ligation method, single and bilateral, are as follows

	Cases
1939	no full data available
1940	58
1941	85
1942	110
1943	118
1944	107

A study of the data compiled from the records of these cases shows these noteworthy facts When the injection method was used *alone*, there was a noticeable recurrence of varicosities in approximately 65 per cent of the cases treated When the saphenous ligation and injection methods were used *together*, the recurrence of varicosities fell to approximately 3 to 5 per cent Here the recurrence was due to failure to ligate all the communicating branches These findings show clearly the superior results to be obtained from a combination of both types of treatment

The Injection Method—Technic and Solutions

At the outset (1927–1928) we used the following solutions, with the accompanying observations

Sodium chloride, 20 per cent—very effective sclerosing agent, with very little reaction except for immediate cramping pains, just subsequent to the injection, and lasting approximately one-half minute

Sodium salicylate, 30 per cent—effective sclerosing agent, but causing excruciating cramping pains subsequent to the injection (This solution was dispensed with immediately)

Quinine hydrochloride with urethane—an effective sclerosing agent, but dangerous, due to severe reaction of the quinine on patients sensitive to that drug

Invert sugar—reactions and sclerosing too severe

In 1929 we started to use sodium morrhuate, and found it soothing and effective, with no afterpains or reactions, except when used in doses greater than 1 to 2 cc In 1931 we used, alternatingly, sodium morrhuate and sodium ricinoleate, with gratifying results Constant experimentation with solutions led to the conclusion that sodium morrhuate, sodium ricinoleate, or sodium chloride (20 per cent) are most satisfactory They are now standard in our clinic

The most important element in the injection treatment of varicose veins is that once the operator pierces the skin and enters the vein, the syringe and needle must at all times be kept steady, so that there is no puncture through or piercing of the perivenous tissues Perivascular infiltration of a sclerosing agent may cause severe sloughing and develop a deep wound The skin should be sterilized with either alcohol, iodine, or any other antiseptic Steady the vein to be injected by rendering the overlying skin taut between the first and second fingers of the left hand Penetrate the vein at an angle of 30 degrees from the vein, and withdraw the piston until blood appears in the syringe If none appears, withdraw the needle and reinject the vein On completion of the injection, withdraw the needle and compress the puncture with a gauze swab impregnated with alcohol Apply a piece of adhesive strapping

The position of the patient is an important factor, for both cosmetic and sclerosing effect, particularly where larger, thick, tortuous varicosities are involved In these cases, the patient should be put into a recumbent position, the leg elevated, and the blood milked to empty the large varicosities, before injection. Adequate compression is here also particularly important for effective sclerosis A felt or elastic bandage

makes the patient more comfortable and able to remain ambulant

The best needles to use may vary in size from 22 to 25 mm gage, ranging from 3/4 to 5/8 inches These will facilitate firm anchorage and prevent leakage In cases of small spider veins, burst flares, or telangiectatic lesions, a 26 mm gage needle, 1/2 inch in length, is best Here 1/4 to 1/2 cc. of sodium morrhuate or sodium ricinoleate may be diluted with sterile distilled water and drawn into the syringe This solution may be made to become frothy by shaking, and then injected intradermally or, if possible, in the most central vein A number of sites may be injected at one treatment As the solution goes into the small vessels, they will blanch or disappear

Of course, there are allergic manifestations concomitant with the injection treatment of varicose veins Fortunately, there are very few deaths reported in the literature or by various clinics The various solutions used are not free from danger, due to the nitrogenous impurities contained therein I have noticed patients develop severe pains in the lumbosacral and sacroiliac region, with nitritoid reactions. These severe pains lasted, in some instances, from ten to twenty-four hours. There have been skin manifestations, such as urticarial rashes or dermatitis throughout the whole body, or in the extremities There have been cases of shock with pulmonary edema All of these reactions were counteracted with 1/2 to 1 cc of adrenaline (ephedrine hydrochloride) chloride 1 1,000, and relief was almost instantaneous and complete. These reactions may occur at any point in a series of injections They may follow the first injection, or may manifest themselves after the thirtieth injection Small doses of any of the standard solutions may determine the patient's sensitivity at the beginning of treatment. There is no way, however, of determining what patients may become sensitive during the course of treatment. It is of interest to note that the greatest number of cases of sensitivity was found among individuals who *resumed* treatment following a temporary cessation of from one to several weeks The reactions discussed serve always as a warning and a safeguard Treatment should be discontinued, or the solution in use should be replaced by one of the other standard solutions. The solution which has caused the reaction should never again be used for the patient sensitive to it.

Treatment by Saphenous Ligation

After observing the large percentage of recurrence following the injection method, we decided to do both injection and ligation There is, as yet, no panacea for complete obliteration of varicose veins But these two methods provide considerable improvement, far fewer recurrences, and end results more gratifying to patient and doctor Before a patient is subjected to any surgical procedure, he or she is tested for patency of the deep veins by Perthe's, Ochsner's, or Mahorner's test. The patient is then sent to the Medical Department for a complete checkup and urine analysis Should any contraindication to surgery be found, the patient is referred back to the necessary department, so that the condition can be remedied Contraindications to surgery are acute infections, marked arteriosclerosis, thromboangiitis obliterans, pregnancy, incompetent veins (these should be excised completely), infected ulcers, and uncontrolled diabetes The patient selected for ligation is hospitalized if both legs need ligation When only one leg needs ligation, the patient is treated as an outpatient.

The inguinal region and leg are shaved and thoroughly scrubbed, as for any abdominal operation Then the skin is painted with a mercurial preparation and draped The fossa ovalis and its underlying structure are palpated, and from 30 to 80 cc of 1 per cent procaine hydrochloride infiltrated into the deep tissues in a fan-shaped fashion A transverse 2 to 2 1/2 inch incision is made through the skin and fascia. The subcutaneous fat is separated with the fingers or blunt instrument until the saphenous vein is exposed to view The vein is isolated by stripping it free from the sheath and adjoining tissues by blunt dissection Two Ochsner forceps are applied and the vein is cut between clamps. The distal portion is then stripped from its sheath and surrounding tissue, and if tributaries are encountered, they are ligated and cut The distal portion is then injected retrograde with a 3 to 5 cc. solution of sodium ricinoleate, and ligated with No 2 chromic catgut, and transfixed The proximal end is dissected upward, and all the communicating veins are ligated The vein is then ligated as close as possible to the saphenofemoral junction, and transfixed. Then the "dead space" or "weak spot" is obliterated by two sutures to form a block downward of scar tissue to prevent new branches The subcutaneous tissues are sutured with No 0 catgut and the skin with silk. The wound is painted and dressed, and adhesive is applied firmly The wound remains dry and is not dressed for seven days, at which time the skin sutures are removed

It is necessary to bear in mind that these patients are ambulatory, and should be kept so Following the operative procedure, they are allowed, in fact urged, to walk in order to prevent a stagnation thrombus which may make its way through the perforating vein. From past experi-

ence, I have found it more comfortable to apply adequate support, Unna bandage (zinc gelatin) or Ace bandage, immediately following the operation This prevents postoperative pain, discomfort, and edema, and should be worn until all soreness has subsided

The patient may leave the hospital the day following the operation, and may do light work In some cases, severe reactions following the ligation and retrograde injections have caused tenderness, inflammation, and edema in the entire extremity The patient complains of severe pains and difficulty in locomotion These may be due to venous or arterial spasm until the normal circulation is re-established For such cases, rest is required, plus the application of compresses with either Burow's solution or lead opium Pain and edema subside within a few days

Oscillometric readings made before and then a few days after ligation show no change or very little change Venous pressures taken before and after ligation show no appreciable change

Summary

1 High saphenous ligation with subsequent injection treatments greatly reduce the number of recurrences of varicose veins

2 Perthe, Trendelenburg, Mahorner, Schwartz, or Ochsner test should be done preoperatively in all cases

3 Empty-vein treatment is necessary in some cases

4 Segmental ligation is necessary in some cases, after high ligation

5 Perivenous infiltration can be counteracted to prevent sloughing

6 Good compressive support following ligation is essential to prevent severe reactions and discomfort

7 It is important that the patient be kept ambulatory following ligation

8 A small amount of sclerosing fluid is sufficient in the injection treatment

9 Avoid the use of the same sclerosing agent on patients who show sensitivity to it at any point in their treatment

10 Sodium morrhuate, sodium ricinoleate, and sodium chloride, 20 per cent, are the best sclerosing agents for injection therapy

41 Fifth Avenue

U N R R A FIELD PERSONNEL NEEDED FOR CHINA

The Chinese government has requested U N R R A to provide, as soon as possible, some two hundred field personnel of the following categories to strengthen the available Chinese personnel. Such personnel will be required to head the respective services in hospitals of 100 or 250 beds, which will be established in areas recently liberated from the Japanese

They are general surgeons, orthopedic surgeons, genitourinary surgeons, gynecologists and obstetricians, general physicians, dermatologists and syphilologists, ophthalmologists, otolaryngologists, radiologists, dentists, pediatricians, laboratory technicians, x-ray technicians, sanitary engineers, public health engineers, public health nurses, and clinical nurses

General practitioners with some specialist experience will be acceptable Candidates should be under 55 years of age and in good physical condition Will those interested please write to Dr Szeming Sze at U N R R A, 1344 Connecticut Avenue, N W , Washington 25, D C

GERIATRICS TO APPEAR BIMONTHLY

A new bimonthly medical journal, *Geriatrics*, devoted to research and clinical reports on the processes and the diseases of the aged and aging, appeared in January, Modern Medicine Publications announced

For some time the need for a journal of this type has been increasingly apparent By 1975 it is estimated that 40 per cent of our population will be in the over 50 age group Whatever information serves to increase the life span of the individual, whether a matter of diagnosis and treatment, surgical intervention, or proper nutrition is very much in accord with the thinking of the times The editorial direction of *Geriatrics* will stress the investigations and advances made in the study of geriatrics and report on the clinical applications of new developments

The editor is Dr A. E Hedback, who has been the editor of *Modern Medicine* since its inception The editorial board serving with Dr Hedback consists of a group of distinguished and medical authors and editors, specialists in the field of geriatrics.

PREMEDICATION FOR ANESTHESIA

JAMES P CURRAN, CAPT , (MC)

(From the AAF Regional Hospital, Langley Field, Virginia)

PREANESTHETIC medication is an essential part of any surgical operation It aids in eliminating the apprehension and fear of anesthesia Preoperative medication is given to obtain a tranquillizing effect by depressing the nervous system, decreasing respiratory activity, that is, oxygen consumption, suppressing sensory activity, and as a prophylaxis against stimulation or depression of certain systems The use of routine drugs and dosage without regard for the indication is unjustified When used in this manner it will fail to serve its purpose in a large number of cases, with hazard to the patient and inconvenience to the surgeon

The lowering of reflex irritability and elevation of the pain threshold are important functions of preanesthetic medication The total amount of the drug used to effect and maintain anesthesia is lessened, thus lightening the load on the body in eliminating and detoxifying the agent. The recovery period is shortened with a decrease in postoperative pulmonary or other complications The concentration of the agent necessary to effect the desired plane is lowered This is more significant in the agents with greater potency like ether, chloroform, and cyclopropane Increased concentrations of cyclopropane predispose to circulatory changes Likewise, in the case of the less potent agents, like nitrous oxide and ethylene, their use is heightened by raising the pain threshold and decreasing reflex irritability Reduction of the basal metabolic rate, aside from that produced by elimination of fear, is accomplished by preanesthetic medication

Reflex irritability is the tendency of the body to react after sedation. It is thought to parallel metabolic rate and is influenced by many factors.

Guedel[1] has pointed out the influence of age on metabolic activity He has shown reflex irritability to be high in the first years of life, falling slightly in the next few years, rising to near maximum at puberty, then having a rise to its peak at 45 years of age, and then a gradual decline in old age

Other factors influencing reflex irritability, as emphasized by Waters,[2] are fear, anger, irritability, fever, pain, uncomfortable surroundings or unhygienic conditions, emotional instability, and hyperthyroidism All of these factors increase reflex irritability or metabolic activity and would require more preanesthetic medication than their respective opposites which decrease reflex irritability

Of all the drugs used, the opiates, demerol, atropine, scopolamine, and the barbiturates are the most important. Among the opiates, we consider morphine the most important and usually the ideal choice Morphine[3] produces analgesia, psychic sedation, and depression of metabolism by its central action In its action upon the body it causes a decrease in minute volume of respiration and a depression of respiration, both important factors in inhalation anesthesia This opiate depresses the cough reflex and in large doses abolishes the reflex Morphine abolishes pain and relieves fear and anxiety by production of drowsiness and euphoria Contraction of the pupil of the eye is another effect It causes contraction of smooth muscle and may produce pain by this contraction This effect is brought about by a marked increase in tone almost to the point of spasm. Morphine[4] may be given by three routes subcutaneously, intramuscularly, and intravenously The dose is the same for all routes The variations in the results of the three methods are manifested by the difference in the time of onset of peak action subcutaneously in ninety minutes, intramuscularly in approximately forty-five minutes, and intravenously in fifteen to twenty minutes These facts should be remembered in allowing time for the full action of the drug The use of intravenous morphine is becoming more common, and it should be used in emergency patients when sufficient time is not available for it to be effective when given by any other route, and in the patient having severe pain, to produce relief in a short time It can be used to advantage when the scheduled time for the operation cannot be determined accurately If given intravenously, the drug should be dissolved in 2 cc of sterile water and given slowly at the rate of $^1/_2$ cc per thirty seconds.

Morphine should be used with caution when given subcutaneously to patients who are in shock. In these patients there is poor absorption due to poor circulation and if the dose were large or if it had been repeated because of continued pain, overdosage might be encountered

Demerol,[5] ethyl 1-methyl-4-phenylpiperidine-4-carboxylate, is a fairly new material which may be used for preanesthetic medication. It is a spasmolytic analgesic and sedative agent. It

Home address, 620 Fidelity Building, Dayton, Ohio formerly Amsterdam New York.

possesses both atropine-like and morphine-like properties The spasmolytic action is produced by a depression of parasympathetic endings and a direct depressing effect on muscles The analgesic effect of demerol is midway between that of morphine and codeine It has a slight sedative effect Because of the pleasant effect produced in some patients, caution should be exercised in long-continued use of this material Habituation is not as likely as from morphine, but the possibility should be guarded against The dose of demerol is 50 to 100 mg , given either subcutaneously or intramuscularly It can be used in place of an opiate as preanesthetic medication

Atropine sulfate and scopolamine are used to paralyze the parasympathetic division of the autonomic nervous system Thus, the secretions of the mucous glands of the respiratory passages, certain vagal reflexes manifested by laryngospasm, bradycardia, and a lowering in pulse pressure incident to hyperactive carotid-sinus mechanism are decreased Scopolamine and hyoscine are essentially the same drug Scopolamine and atropine are chemically similar and are usually considered together

Scopolamine has a definite psychic sedative effect and produces amnesia It also produces a greater "drying" effect than atropine Wangeman and Hawk[6] believe that scopolamine should be the drug of choice to use with morphine because it counteracts the respiratory depression of morphine, it is a more effective "drying" agent, produces less circulatory changes, brings greater psychic depression, and is effective in smaller doses From their experimental work on morphine, atropine, and scopolamine, they were impressed with the fact that atropine produced more circulatory changes and had little or no effect on respiration, morphine produced a definite lowering of the minute volume of respiration, and scopolamine increased the minute volume of respired air to counteract the depression caused by morphine Morphine and scopolamine complement each other by countering the bad effects of the other, thereby making an ideal combination It has been found that a ratio of 25 1 of morphine and scopolamine is the most effective ratio, and most desirable effects can be obtained by giving them at least ninety minutes prior to the operation Atropine and scopolamine may be given intravenously with morphine if so desired Some of the unfavorable reactions from scopolamine probably arise from deterioration of the drug, and some authors advise keeping the drug in ampule form Others, however, claim that the tablets keep very well It should always be in solution before administration Apomorphine in subemetic doses of $^1/_{40}$ grains (0 0012 Gm) will counteract the reaction from scopolamine Scopolamine seems to have o further advantage in that when given with mo phine it lessens the nausea and vomiting oft seen when morphine is given alone

The barbiturates produce excellent hypnos They protect the patient against the convulsa manifestation of toxic reaction to cocaine and derivatives This is their main use in pr anesthetic medication The barbiturates a divided into short-, medium-, and long-acti types Their action is very inconsistent in t very young and the aged Chief interest is in t short-acting seconal and nembutal (pentobarbi sodium) They are usually given orally but m be given rectally, particularly seconal, in t young patient The onset of action is with twenty minutes and reaches a maximum in thir to forty minutes When used with morphi they should always be given before morphin since the absorption from the intestine may l delayed by the motor-inhibiting effect of mo phine on stomach and intestine

With certain agents and types of anesthesi a different time schedule and a varied combin tion of drugs can be used With sodium pent thal anesthesia atropine or scopolamine must l given, and morphine and a barbiturate may l given In large robust men, many anesthetis administer all three, however, it is well to r member that barbiturates and morphine a synergistically and may develop a respiratory d pression before the start of anesthesia Scopo amine or atropine may be given thirty minute before anesthesia, but if morphine is added ninety minutes should elapse

In spinal anesthesia, the premedication may b given sixty minutes before the operation and th continued effect of the sedative and opiate wi carry through the operation Patients who are t have inhalation anesthesia should receive the preanesthetic medication ninety minutes pri to onset in order to avoid having the full effect morphine and the inhaling agent reaching the maximum effect at the same time, with a resul ing severe respiratory depression

With local anesthesia, a barbiturate shoul always be given Morphine and scopolamin may be used subcutaneously, sixty minutes befo the local is begun In our hospital we have bee giving the premedication intravenously five t fifteen minutes before the operation

Preoperative medication without a carefu survey of the patient will be of little value check should be made for anemia, disturbance fluid or protein balance, or any other alteration body chemistry Whenever possible, these shoul be corrected before the operation, or if that is no possible, the abnormal changes should be kep constantly in mind Anemia, even if mild, is

potential source of danger in any type of anesthesia, and this cannot be emphasized too strongly

Preanesthetic sedation is a rational procedure and based upon well-established pharmacologic facts Many factors will modify the choice of the drug and the dosage in individual cases Routine prescription without individualization is unsatisfactory The best results are obtained when all factors influencing the patient and operation are analyzed The anesthetist who is familiar with the conditions under which the anesthesia and the operation are to be performed is best fitted to prescribe the preanesthetic medication

References

1 Guedel, Arthur E. Inhalation Anesthesia, 8th ed New York Macmillan Co., 1937
2 Waters Ralph M : Am. J Surg 39: 470 (Feb) 1938.
3. Goodman, Louis and Gilman Alfred The Pharmacological Basis of Therapeutics, 7th ed., New York Macmillan Co 1941
4 Seevers M H. and Pfeiffer C C J Pharmacol & Exper Therap 56 156 (Feb) 1936
5 Batterman, R. C., and Himmelsback, C K.: J.A.M A. 122. 222 (May 22) 1943
6 Wangeman, C. P., and Hawk, M H Anesthesiology 3: 24 Jan (1942)

LONGEVITY OF THE AMERICAN PEOPLE IN 1943

The average length of life of the American people in 1943 as computed from the mortality then current, was 64½ years, or only one third of a year less than the peak reached in 1942 These figures reflect the experience of the entire population within the United States, both civilian and military but the data exclude the experience among men and women serving overseas and elsewhere beyond the borders of our country

The slight setback in longevity during 1943 was due in large measure to the high toll taken by the influenza epidemic which swept the country toward the close of that year Two other factors played a major role in reducing the average length of life of the resident population, particularly among white males during our second full war year In the first place, very large numbers of the healthiest males at the prime ages of life were withdrawn for service overseas in 1943, so that they were excluded from the experience. Secondly among the young men still in the country there was a sharp rise in mortality from accidents, especially in connection with military aviation. As a result, the average length of life of white males on the basis of mortality conditions in 1943 was reduced to 63 16 years, one half year less than in 1942. For white females with an average of 68.27 years, the corresponding reduction was only one third of a year

Among colored persons the change in experience from 1942 to 1943 was more favorable than among the white Colored males with an average of 54.65 years in 1943 gained almost two fifths of a year while the figure for colored females remained practically unchanged at 58 years.

So slight was the setback in 1943 for the population as a whole that the record for the year still compares very favorably with that for prewar years. The average length of life (expectation of life at birth) in 1943 was three-quarters of a year above the figure for 1940, five years better than that for 1930 and 15¼ years greater than the average at the beginning of the century The gain since 1900 was greater for females than for males, and more pronounced for colored persons than for the white. The increases were white females 17 19 years, white males, 14.93, colored females, 22.93, and colored males 22.11 years.

Changes similar to those noted for the expectation of life at birth are found also at a wide range of ages.

The details of the life table for 1943 present some noteworthy features. The expectation of life for white girls 8 years old is just as great as that for newly born white males. The superior longevity of females is also evident from the fact that, whereas nine out of ten white male babies are expected to survive to age 32 among white females the same proportion will live to 43 years.

Longevity among colored lives still lags substantially behind that for white persons. For example, the average length of life for the colored in 1943 was less than that for white persons in 1919–1921

In 1943 the expectation of life at birth for colored persons was about the same as that for white persons 13 years of age. Similarly, nine out of ten of the colored males will survive from birth to age 16, and a like proportion to age 21 for colored females these ages are only half the corresponding ages observed above for white males and females.

For the wide range of ages from 16 to 42 years, the mortality rates for colored females were fully three times those for white females, while from ages 43 to 60 the rates were twice as great. At ages 12 to 15 also colored girls were subject to a mortality double that for white girls. Among males the rates for the colored were at least twice those for white lives from ages 26 to 51 The facts clearly indicate that there is substantial room for improvement in the mortality and longevity of the colored population

There are indications, from provisional data available so far, that in 1944 the American people had recovered, in part, from the setback which they experienced during 1943 and that the situation so far in 1945 is also favorable. Our nation has been singularly fortunate that its civilian population has escaped the ravages of war, with its attendant misery, want, and death. As the war in Europe draws to a close, the prospects are good for continued improvement in longevity —*Statistical Bulletin, April, 1945*

TREATMENT OF MIGRAINE AND RELATED HEADACHES

MAX A GOLDZIEHER, M D , New York City

(From the Endocrine Clinic, St Clare's Hospital)

IN A previous paper,[1] a series of 50 cases of severe headaches, mostly of the migraine type, was presented and it was shown that a trend to retain sodium chloride and water was a common characteristic of these patients Migraine and other severe headaches, frequently met with in patients affected with varied endocrinopathies, were interpreted as the result of increased intracranial pressure which develops if abnormal permeability of the capillaries permits an increased flow of water to the tissues Retention of water with swelling of the intracranial tissues occurs in case the sodium content of the tissues is abnormally high According to this interpretation, migraine and related headaches are incidents in the course of a metabolic disorder, precipitated by a vasomotor upset which is initiated by widely variable and nonspecific causes

It does not need special emphasis that headaches may also be brought on by a variety of unrelated causes, yet the "metabolic" type is one of the most common headaches Its recognition is fairly simple it can be identified by the salt-tolerance test, which consists of estimation of the twenty-four-hour sodium chloride and water output on two consecutive days Food and liquid intake is identical on both days A test dose of 10 Gm of sodium chloride is given with 250 cc of water after breakfast on the second day Once the nature of the headache is identified, a simple treatment is successful in the vast majority of patients It consists of (1) dietary measures, (2) medication intended partly to remove the retained sodium chloride, and (3) partly to decrease the abnormal irritability of the vasomotor system

A group of 100 consecutive cases, part of a larger material, is presented at this time to supplement our previously published observations

This group of 100 cases consists of 20 male and 80 female patients Their ages ranged from 15 to 62, with the following distribution

	Under 20	20–29	30–39	40–49	50 and Over
Female	6	15	36	17	6
Male		4	7	5	4
Total	6	19	43	22	10

The majority of these patients came solely with the complaint of severe headaches, many had received varied treatment over a number of years without benefit Other patients complained, in addition, of overweight or menstrual disorders

The salt tolerance test gave the findings that appear in Table 1

TABLE 1 SALT TOLERANCE TEST IN 100 CASES

Urine Volume	Control Day	Test Day
Total average	1,160 cc	1,008 cc
Range	375 to 2580 cc	330 to 2 280 cc
Oliguria (< 1,000 cc)	38 per cent	46 per cent
Average retention		315 cc
Percentage showing retention		90 per cent
Percentage showing no retention		10 per cent
Sodium Chloride in Urine	**Control Day**	**Test Day**
Total average	7 85 Gm.	10 56 Gm.
Range	1 6 to 21 7 Gm	3 0 to 23 0 Gm
Distribution		
(a) 5 Gm or less	31 per cent	
(b) 5 Gm to 10 Gm	52 per cent	
(c) > to 10 Gm.	17 per cent	
Percentage		
(a) Showing no retion		10 per cent
(b) Retaining < 30 per cent		6 per cent
(c) Retaining > 30 per cent		84 per cent

Thirty-eight per cent of the group manifested definite oliguria, i e , an output of less than 1,000 cc per day The twenty-four-hour urinary output of the whole group averaged 1,160 cc, ranging from 375 to 2,580 cc

The twenty-four-hour sodium chloride excretion averaged 7 85 Gm , with a range of 1 6 to 21 7 Gm The excretion was 5 Gm or less in 31 per cent and above 10 Gm in 17 per cent of the group

On administration of the test dose of 10 Gm of sodium chloride and 250 cc of water, the twenty-four-hour urine output averaged 1,008 cc with a range of 330 to 2,280 cc However, *46 per cent of the group excreted less than 1,000 cc of urine* The water retention, including the added 250 cc water intake, averaged 315 cc *Only 10 per cent of the group showed no retention*

The excretion of sodium chloride following the intake of the test salt varied from 3 0 to 23 Gm , with an average of 10 56 Gm , which is only 2 71 Gm more than the average excretion on the control day Thus, the retention amounts to 7.29 Gm , or 72 9 per cent of the test salt given. Only 10 per cent of the group showed no retention, while in another 6 per cent the salt retained was less than 30 per cent of the test dose Substantial amounts were retained in the other 84 per cent of the group, including some of the

patients who did not retain water The averages calculated tally remarkably well with those previously published, especially in respect to sodium chloride retention, which was identical (73 per cent), while water retention averaged 315 cc., as compared with 343 cc in the earlier series.

The vasomotor instability of the headache patients was gaged by their response to gentle stroking of the skin with a blunt instrument. The dermographism, tested on the abdominal skin, was usually quite marked and showed up almost invariably in the form of a white line Only a minority of the patients reacted with red dermographism, which usually faded rapidly and gave way to the appearance of white lines

The therapeutic procedures used can be summarized briefly as follows (1) a high-protein diet, of about 1,100 calories in the overweight patient, with commensurate increments by the addition of fat in the average or underweight patient, (2) limitation of carbohydrates to 5 and 10 per cent of vegetables and fruit with the addition of two slices of bread per day, (3) restriction of liquid consumption to 1,500 cc. per day, and (4) elimination of salt intake as completely as possible.

The medicinal treatment consisted of ammonium chloride, 7½ grains of enteric-coated tablets, three times daily for one week, alternating with potassium acetate, 7 per cent solution, one tablespoon, or 7½ grains of potassium gluconate three times daily for a similar period. Simultaneously, atropine sulfate, $^1/_{200}$ to $^1/_{100}$ grains with $^1/_4$ to $^1/_3$ grains of phenobarbital, was given two to three times a day This basic therapy was combined in some patients with the administration of thyroid extract or with injections of anterior pituitary or sex hormones, if such treatment seemed indicated by additional symptoms Injections of posterior pituitary extract were used in a number of cases to take advantage of the increased sodium chloride excretion which follows the short-lived antidiuretic effect of the posterior pituitary hormone.

The therapeutic response, as a rule, became apparent within the first two weeks of the treatment, for the frequency of the headaches decreased and their severity diminished progressively

Complete cessation of the treatment was, as a rule, continued for a period of three months. Thereafter, patients were advised to observe the basic features of their diet, that is, limitation of liquid, salt, and carbohydrate intake, whereas the medication was discontinued

A large number of the patients so treated have remained permanently free of headaches. Some patients returned for further treatment but admitted that the recurrence of their complaints could be traced to dietary indiscretions

The therapeutic results of the 100 cases presented were as follows

Completely cured	44
Greatly improved	25
Improved	21
Unimproved	10

The group of "greatly improved" patients includes those whose frequent severe headaches became incidental and quite mild Patients were listed as "improved" if the frequency and severity of their headache decreased definitely, but with enough residue left to preclude the claim of a cure This group included a number of patients whose headaches had been limited to the time of the menstrual period and who continued to have menstrual headaches The number of outright failures was 10 per cent Three of these patients should not have been included in the group because the evidence of salt and water retention was inconclusive. One of these patients had a 3 plus Wassermann and neurologic signs suggesting cerebrospinal syphilis Three other patients admitted violation or disregard of their diet. Two of the failures were in severely neurotic women whose complaints might have been due to, or at least aggravated by, psychogenic factors. Another patient, who at first responded strikingly, sustained a recurrence which proved to be refractory to repetition of the treatment, but subsided completely upon removal of a cystic ovarian tumor

Comment

The mechanism by means of which salt and water retention causes headaches was discussed in detail in previous publications.[1-3] The pathogenesis of the retentional phenomenon is rather complex, though only two factors stand out as essential

1 Vasomotor hyperirritability from time to time permits an increased flow of plasma from the capillaries into the tissues Psychogenic influences, nervous strain, emotional difficulties, overwork, and various other factors are capable of increasing the irritability of the vasomotors and thus precipitate a sudden increase in capillary permeability with the resulting sudden hydration of the tissues.

2. The metabolic disorder, i e., the abnormal and selective storage of sodium chloride in the cells or connective tissue fibers, is responsible for the increased hydrophilia of the tissues and their inability to release the water into the circulation This disorder develops either in the course of faulty nutrition or upon failure of the endocrine regulation of salt and water metabolism

The hormonal factors which influence the salt and water content of the tissues were reviewed in previous papers [1-4] Evidence is ample that the thyroid, the adrenal cortex, both lobes of the pituitary, and the ovary, as well as the pancreatic islands, contribute to the maintenance of the physiologic status, which is likely to be upset by hormonal deficiencies or a relative excess of one of these hormones This is illustrated by the often striking retention of water in endocrine diseases such as myxedema or hyperinterrenalism, or upon administration of insulin, pitressin, estrogen, or desoxycorticosterone Inability to retain water is characteristic of other endocrinopathies, i e , diabetes insipidus, Addison's disease, and hyperthyroidism, while marked diuretic effects are obtained by administration of thyroxin, parathormone, or adrenalin

Dietary factors figure in the pathogenesis of the metabolic disorder not only because of an excessive intake of salt and water but also by virtue of the response of the endocrine glands to some constituents of food Thus, proteins are potent stimulants to the thyroid, pituitary, and adrenal cortex A high-protein diet, moreover, is definitely diuretic, partly due to its purine content and partly to stimulation of the endocrine glands Carbohydrate intake, on the other hand, is antidiuretic, apparently by eliciting increased secretion of insulin These considerations explain the necessity of enforcing the high-protein-low-carbohydrate diet

The treatment of headaches and especially of migraine, aimed at the correction of disordered salt and water metabolism, so far has not met with acceptance, nor have our previously published findings on which this treatment is based found either confirmation or refutation The present, larger series of cases is reported to provoke the long-overdue checkup by other investigators The prevalent methods of treatment have not been eminently successful and remain largely on the symptomatic plane The treatment of headaches proposed in this paper is simple, successful in the large majority of cases, involves no risks, and is not even complicated by the untoward reactions commonly incurred with the palliative use of gynergen Hence, it is hardly justified to withhold effective relief from a large number of suffering human beings simply because the metabolic concept of headaches presented in this paper does not coincide with prevalent theories

Summary

A series of 100 cases of severe headache, mostly of the migraine type, is presented and evidence is submitted that such patients retain sodium chloride and water

The majority of patients affected with severe headaches show signs of a metabolic disorder which can be diagnosed by the salt-tolerance test and demonstration of salt and water retention

The retentional type of headache responds in the large majority of cases to a simple treatment consisting of a high-protein diet with restriction of salt, water, and carbohydrate intake and to medication with ammonium and organic potassium salts Sedation with a mixture of atropine and phenobarbital is also necessary Added therapy with endocrine preparations should be considered if warranted by evidence of endocrine deficiencies

104 East Fortieth Street

References

1 Goldzieher, Max A. J Lab & Clin Med 27 150 (1941)
2 Goldzieher, Max A. The Endocrine Glands, New York, D Appleton Century Co , 1939, p 480
3 Goldzieher, Max A Clinics 1 1009 (1943)
4 Goldzieher, Max A , and Salmovitz, S J Clin. Endocrinol. 3 37 (1943)

DUTCH DOCTORS TELL OF WORK DURING WAR

During the war in Europe, the 6,000 Dutch physicians in the Netherlands formed that country's strongest resistance group and at the same time accomplished several medical inventions, Dr J C Verschure and Dr A C Lips, both of Nijmegen, reported on October 18, 1945 They were here on a visit sponsored by the Department of Social Affairs of the Dutch Government

The two Dutch physicians, specialists in internal diseases, arrived recently for a visit of several months to study medical progress in the United States, and in return to describe to American medical groups the inventions and developments that Dutch physicians and research men achieved during the years of German occupation

An "artificial kidney" that pumps toxic blood from a patient, purifies it, and returns it to the body, is outstanding among these Dutch inventions that were developed unknown to the German occupying forces

Other medical inventions that the physicians will describe, and in some cases, demonstrate, before American medical men include a specially adapted glass cabinet, eliminating uncomfortable apparatus, in which a patient may take a basal metabolism test, a "clinical calculator," or physician's slide-rule, developed by Dr Lips, for readily computing medical tests, and a device for reading electrocardiographs

—*New York Times, Oct 19, 1945*

NEOSTIGMINE IN DISORDERS OF THE COLON

MILTON H MORRIS, M D , and ABNER ROBBINS, M D , Far Rockaway, New York

(From the Medical Service, St Joseph's Hospital)

NEOSTIGMINE was first introduced in medicine in 1939 Since that time the therapeusis of the drug has been widely applied. Its value in providing relief of fatigue of skeletal muscles in myasthenia gravis has been well established The work of Kabat and Knapp[1] in poliomyelitis showed that neostigmine produced relaxation of muscle spasm relief from pain, increase in strength, and improvement in muscle coordination. Its use has been further widely applied to those individuals suffering from chronic neuromuscular disability, who have not responded to routine therapy, including a diverse group of cases resulting from muscle spasm and muscle hypertonus. The mechanism and physiology of neostigmine in the above pathologic states is explained on the basis of the inhibitory ability of neostigmine on cholinesterase in body fluids and tissues. This esterase is responsible for the rapid and continuous destruction of acetylcholine whether the latter is produced physiologically as a result of the cholinergic nerve impulse or injected into the body by the physician. By preventing the rapid hydrolysis and inactivation of acetylcholine, neostigmine allows the latter to exert in an intensified manner all of its characteristic action. These include not only the nicotinic actions of acetylcholine on skeletal muscles and autonomic ganglia but also the muscarinic effects of acetylcholine on smooth muscles, glands, and the heart.

This line of investigation and clinical use has been applied only to disabilities associated with the mechanism of skeletal muscle. The pharmacologic action and the clinical application of neostigmine in disorders of smooth muscle have been entirely omitted. This muscarinic effect on smooth muscle follows the same biologic mechanism of the drug in its inhibition of cholinesterase with the preservation of acetylcholine as it does on skeletal muscle.

Pathologic Anatomy of Disorders of the Colon

Moore[2] describes two types of nonorganic disorders of the colon (*a*) a motor type also known as spastic or irritable colon, and (*b*) a secretory type known as mucous colitis. Anatomic studies show little. There is, typically no inflammation, although in the active secretory stage there may be hyperemia and slight edema. The mucosal glands are distended with mucus.

The colon receives its nerve supply from both the parasympathetics and sympathetics, as described by Pottenger[3] The parasympathetic fibers to the colon and rectum may be from two sources the ascending portion and probably as far as the descending colon are supplied from the connector fibers of the vagus through the plexus solarius, and the remaining portions of the colon proper the sigmoid, and rectum receive their connector fibers from the sacral portion of the cord through the pelvic nerve (nervus erigens) and plexus hemorrhoidalis

The motor cells for these structures lie on or in the wall of the gut. Sympathetic connector fibers for the colon come through the lower thoracic and upper lumbar segments of the cord. Those which supply the cecum, appendix, and ascending and transverse colon find their motor cells in the superior mesenteric ganglion while those which supply the descending colon, sigmoid, and rectum are in the inferior mesenteric ganglion The nerves from the descending colon probably arise from the left half of the cord

Stimulation of the pelvic nerve causes both a contraction of the muscles of the colon and an increase in its glandular activity, whereas sympathetic stimulation relaxes the musculature, except the internal and external sphincter, which it activates, and lessens the secretions of the glands.

I desire to report 2 cases showing the effect of neostigmine on functional disorders of the colon

Case Reports

Case 1 —J L. aged 38 years, is married and has two healthy children Her past history is irrelevant to the present complaint. For the past six years she has complained of abdominal distension and pain in the left side of the abdomen This was not constant When it did occur the patient was considerably distressed and associated it with flat stools. She has maintained good health during these years. Complete laboratory studies were negative. She was treated with diet, atropine barbiturates, vaccine and physiotherapy, without relief Neostigmine bromide, N N R. (15 mg) was given by mouth three times a day one-half hour before meals. At the end of the second week the patient was considerably improved, with no further passage of ribbon-like stool and no pain. This improvement has continued for three months under the above regimen, the longest period she has been free from symptoms.

Case 2 —Mrs R. T aged 48 years, well nourished has had intermittent diarrhea for the past ten years associated with abdominal discomfort and pain in the left side of the abdomen. These symptoms are unrelated to the type of food and the time of eating She is also troubled with palpitation and flushes and has had amenorrhea for the past two years She has been completely studied with negative findings and was treated with diet, atropine barbiturates estrogens, and vitamins with no relief On the above medication she has been completely free of symptoms relative to her colon, but she still has her symptoms of nervous instability even these are present to a less degree.

Discussion

In order to more closely associate with the foregoing thoughts the psychosomatic aspects of nonorganic disorders of the colon must be considered. The manifestation of functional disorders of the colon is a bodily reaction rather than a disease entity Most of the patients of this type suffer from constipation or diarrhea with some form of abdomi-

nal pain. In most cases the stools are either mushy or composed of hard pellets, as described by Weiss and English [4] As a rule, the symptoms are seen in patients who have a labile autonomic system and who have at the same time evidences of autonomic instability It is this group of patients who are universally misdiagnosed and mistreated after having gone through multiple treatments and not occasionally being operated upon for chronic appendicitis or disturbed functioning of the gallbladder, only to be told after a long trial that they have colitis and there is nothing further to be expected or done for them

The majority of these patients are neuropathic, with a disturbed balance between the delicately adjusted sympathetic and parasympathetic systems Their desire to help themselves is futile, and although there is no organic disease of the colon, there is organic disease of the autonomic nervous system in the form of altered physiology, this physiology being an altered state of the cholinergic fibers of the colon, and the inability of these cholinergic impulses to inactivate cholinesterase Thus, the use of neostigmine in the treatment of nonorganic disorders of the colon bears the same relationship in correcting altered physiology of the colon as it does in correcting altered physiology in many neuromuscular conditions

References

1 Kabat, H, and Knapp, M E J A M A 122 989 (1943)
2 Moore, A L A Textbook of Pathology, Philadelphia, W B Saunders Co, 1944 p 845
3 Pottenger, F R Symptoms of Visceral Disease, St Louis, C V Mosby Co, 1944, p 256
4 Weiss, E, and English, O S Psychosomatic Medicine, Philadelphia, W B Saunders Co, 1943, pp 217-224.

ACUTE SYPHILITIC NEPHROSIS TREATED WITH PENICILLIN

DELAVAN V HOLMAN, LT COL, (MC), AUS,* AND IRWIN H MAKOVSKY, MAJ, (MC), AUS

(From the Theater Service Forces, European Theater)

SYPHILIS of the kidney was recognized before the time of Bright,[1] but very few adequately described individual cases are available In 1935, Hermann and Marr[2] collected 31 mixed cases, added three of their own, and submitted a classification They divided syphilitic nephropathies into two main groups "Group I" conforms to the clinical syndrome of so-called pure, lipoid, or Epstein nephrosis, and "Group II" is composed of other known lesions, which include glomerular and interstitial nephritis, gumma of the kidney, and syphilitic amyloidosis

Of Hermann and Marr's[2] 34 cases (31 collected, 3 new) 2 were albuminuria without clinical nephrosis, 24 were nephroses (11 "acute," 7 "subacute," and 6 "chronic"), 2 could not be classified, and 6 were Group II More recently Patton and Corlette[3] have described three more examples of acute nephrosis, and Klein and Porter,[4] one Baker[5] reported one each of nephrosis and nephritis, but unfortunately both cases had alternate causative factors which make their diagnosis inconclusive

When the figures quoted in this sample are analyzed, it is apparent that the nephrotic syndrome is encountered at least four times as often as other syphilitic renal lesions combined Acute nephrosis, occurring during late primary and secondary syphilis, is twice as common as subacute or chronic forms If anything, the relative incidence of the acute syndrome may be underestimated It is well known that simple albuminuria is not uncommon in early syphilis [2] The mechanism of production is probably the same as nephrosis, and it is likely that mild or transient stages of nephrosis abort or pass unnoted, in treated cases

In view of recent progress in the treatment of syphilis with the advent of penicillin, it seems appropriate to describe another case of acute syphilitic nephrosis Penicillin is the first antisyphilitic agent to be made available which is not nephrotoxic Its use in the case seemed an unusual opportunity to test its spirocheticidal action and at the same time to observe, unhindered by renal irritants, the natural process of recovery in acute nephrosis

Case Report

A Negro, 23 years of age, was admitted to hospital on November 8, 1944 complaining of facial swelling, loss of appetite, nausea and vomiting, dizziness, generalized weakness, and paraumbilical pain. The onset was two days before admission, beginning with swelling of the eyelids, and followed in twenty-four hours by the other symptoms Prior to onset, his health had been excellent, without history of cardiovascular-renal diseases or associated illnesses He had had an acute gonorrheal urethritis in 1943, presumably treated successfully

Unprotected sexual exposure occurred thirty-five days before the onset of illness During the interval he had not noted a chancre and was, in fact, unaware of the secondary-type genital lesions present on first examination.

The soldier walked into the hospital. There was puffiness of the face and tenseness of other tissues, but there was no gross edema in dependent sites or demonstrable collections of free fluid. Several typical syphilitic condylomata were found on scrotum and penis, and there was a moderate generalized lymphadenopathy The heart, lungs, blood pressure, ocular fundi, liver, and spleen were normal. There was no dyspnea or venous congestion

A 2-meter x-ray of the chest, an electrocardiogram, and a basal metabolism determination were normal

* Home address, 660 Madison Avenue, New York City

The urine boiled solid (4 plus albuminuria) but only a very few red cells and hyaline casts were found in the centrifuged sediment.

Total blood plasma proteins (4.3 mg. per cent) were reduced, albumin (0 5 mg. per cent) relatively more so than globulin (3 8 mg. per cent) (albumin-globulin ratio 0 13) Fibrogen was 0 72 mg. per cent. Cholesterol and chlorides were normal. Nonprotein nitrogen was 32 mg. per cent, urea nitrogen, 4.5 mg. per cent, creatinine 1 3 mg. per cent, and uric acid 2 5 mg. per cent. The erythrocyte sedimentation test was considerably increased The blood count was normal red cells, 4,740,000, 95 per cent hemoglobin, white cells, 7,950, with 75 per cent polymorphonuclear leukocytes, 21 per cent lymphocytes and 4 per cent mononuclear cells.

The blood serology two days after admission was positive with 40 quantitative Kahn units.

The patient was kept under observation five days (November 8–13) at bed rest, with a diet low in salt and high in protein. Fluid balance, visible edema, body weight, albuminuria, and serum proteins (Fig. 1) did not change appreciably during this period.

On the afternoon of November 13, intramuscular penicillin injections were commenced, at three-hour intervals, for sixty two consecutive doses (total dose, 2 400,000 units) Each injection was 40 000 units except the third and fourth, respectively which were reduced to 20,000 because of transient fever (102.2 F) between the second and third injections. In treating primary syphilis with penicillin, a similar early febrile reaction has been the rule and no ill effects have been observed from continuing the full course uninterrupted. The dosage was reduced in the present instance because of depleted plasma proteins.

The effect of treatment was first apparent on the fluid balance (Fig. 1) Diuresis reached its maximum on the sixth day of treatment and a total of 13 pounds of body weight was lost. Albuminuria cleared promptly (Fig. 1) but lagged slightly behind diuresis, judging from relatively crude quantitative estimations After the fifth day of treatment, the urine was free of albumin, and total plasma proteins were probably within the normal range. The sudden improvement in total plasma proteins between the fourth and eighth days was largely accomplished through the globulin fraction (Fig. 1) Albumin increased more gradually On the eleventh day, the albumin-globulin ratio was 0 9, and between the eighth and sixteenth days globulin actually decreased from 4.5 mg per cent to 2 3 mg. per cent, while albumin increased from 2.2 mg. per cent to 4.2 mg. per cent, giving a final normal ratio of 1.8.

The clinical course under treatment was uneventful except for the early febrile episode described All symptoms abated except weakness, recovery from which roughly paralleled the serum-albumin line (Fig. 1) In the third week physical examination blood chemistry and renal function (Mosenthal test) were normal, soon after he was sent to full duty, apparently cured, so far as his nephrosis was concerned.

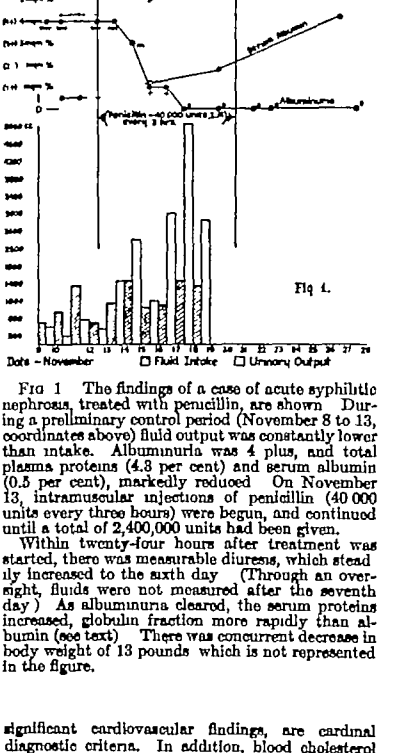


Fig 1.

FIG 1 The findings of a case of acute syphilitic nephrosis, treated with penicillin, are shown During a preliminary control period (November 8 to 13, coordinates above) fluid output was constantly lower than intake. Albuminuria was 4 plus, and total plasma proteins (4.3 per cent) and serum albumin (0.5 per cent), markedly reduced On November 13, intramuscular injections of penicillin (40 000 units every three hours) were begun, and continued until a total of 2,400,000 units had been given.

Within twenty-four hours after treatment was started, there was measurable diuresis, which steadily increased to the sixth day (Through an oversight, fluids were not measured after the seventh day) As albuminuria cleared, the serum proteins increased, globulin fraction more rapidly than albumin (see text) There was concurrent decrease in body weight of 13 pounds which is not represented in the figure.

Discussion

Although true lipoid nephrosis is not a common disease its clinical features are familiar The combination of subcutaneous edema with gross protein uria and critically reduced plasma proteins in the absence of hypertension, hematuria, anemia, and significant cardiovascular findings, are cardinal diagnostic criteria. In addition, blood cholesterol may be elevated, basal metabolism lowered, and lipoid bodies may be present in the urinary sediment.

Syphilitic nephrosis is differentiated from idiopathic nephrosis by associated evidences of syphilitic infection, and by a positive complement-fixation test. Authorities agree that syphilitic nephrosis is cured by specific therapy and idiopathic is not. In fact, idiopathic nephrosis is usually made worse by heavy metals a potentially disastrous side action not shared by penicillin.

If antisyphilitic treatment is withheld acute syphilitic nephrosis may take one of two courses it may lapse into a subacute or chronic stage,[2] or it may spontaneously remit [3]

Diagnosis in the case presented was no problem and penicillin was theoretically an ideal therapeutic agent for the disease Its effects were immediate definitive, and hence compatible with strong spirocheticidal action The febrile episode described

may be considered corroborative evidence, characteristic of treating early syphilis. It is not attributable to penicillin itself, and may in fact be a true Herxheimer reaction

The anatomic and functional derangement in syphilitic nephrosis is obscure Kidneys studied at postmortem[1] have invariably been exposed to potentially poisonous amounts of arsphenamine or mercury, and because these drugs are notoriously nephrotoxic it is impossible to interpret the pathology There is no proof spirochetes must enter renal tissue to produce syphilitic nephrosis Organisms have been observed in tissue sections and recovered from the urine of living patients with the disease On the other hand, they have also been demonstrated in patients who have syphilis without nephrosis,[1] and spirochetes are not invariably excreted by syphilitics with nephrosis [2] For these and other reasons, Epstein and other investigators believe lipoid nephrosis is primarily a metabolic disease

Concerning the case reported here, certain facts are worthy of brief comment, although the sample on which they are based is obviously inadequate Evidence of recovery appeared sooner and was completed before it would ordinarily be expected if it were dependent upon repair of a primary renal lesion of such apparent severity Then the time relationship between regeneration of plasma proteins and disappearance of albuminuria on the one hand, and clinical recovery on the other, suggests cause and effect This correlation is in line with present-day concepts of the regulation of intravascular osmotic pressure, its time and rate of appearance suggest restored ability to metabolize proteins, rather than reduced renal permeability

Precocious regeneration of globulin fraction has been noted following hemorrhage,[6] and it is tempting to draw an analogy between hypoproteinemia from hemorrhage and the present case Further studies with laboratory facilities not available in a theater of operations will discover whether or not it is justified

Summary

1 A case of acute syphilitic nephrosis is reported, and its successful treatment with penicillin described

2 Because penicillin has a negligible host reaction it has special advantages in treatment of syphilis complicated by nephrosis By the same token, nephrotoxic antisyphilitic drugs are contraindicated, when penicillin is available.

3 A plea is entered for careful observation of future cases of syphilitic nephrosis treated with penicillin, because thereby, valuable information may be expected concerning the nature of lipoid nephrosis

References

1 Fishberg, Arthur M Hypertension and Nephritis 4th ed , Philadelphia, Lea & Febiger, p 370 and p 611
2 Hermann George, and Marr, William L Am. J Syph & Neur 19 1 (1935)
3 Patton, E W , and Corlette, M B Ann Int Med 14 1975 (May) 1941
4 Klein, A , and Porter, W B South M J 36 694 (Oct) 1943
5 Baker, Benjamin M Bull Johns Hopkins Hosp 65 196 (1939)
6 Kerr, W J , Hurwitz, S H , and Whipple, G H Am J Physiol 47 356 (1918–1919)

VICERAL LEISHMANIASIS

Frank Kaminsky, Maj ,(MC),AUS, Brooklyn, New York, and George K Wever, Maj , (MC),AUS, Stockton, California

(*From the Medical Service of the Borden General Hospital, Chickasha, Oklahoma*)

A PRIVATE, white, age 26, having served two and one half years in the airborne infantry of the Army of the United States, was admitted to Borden General Hospital on September 10, 1944, because of fever of undetermined cause associated with marked enlargement of the liver and spleen

Past History—Except for measles in childhood, his health had been excellent until the onset of his present illness He had spent all of his life in the state of Oklahoma until induction into the service on January 8, 1942 In early October, 1942, he left for overseas and served in England for one month Following this, he was transferred to the North African Theater and was stationed in Algiers, French Morocco, and Tunis from November, 1942, until September, 1943, engaging in training activities In September, 1943, he was shifted to Sicily and remained there for a two-week period He then moved on to Italy and was located there from late September, 1943, to June, 1944, when he was evacuated to the United States because of his present illness No history of gonorrhea or syphilis could be obtained from the patient

Present Illness—About mid-November, 1943, while engaged in combat duty in Italy, he noted the onset of slight, productive cough, fever, anterior chest pain, nausea, and vomiting after meals He was admitted to an evacuation hospital, where he remained for several days He was then transferred to a convalescent center and after one month's stay was returned to duty much improved.

Feeling well, he was able to engage in the Anzio beachhead landing Shortly thereafter, on January 28, 1944, he again noted the onset of nausea, vomiting after meals, slight headache, fever, cough, and mild anterior chest pain, which persisted for several days He was admitted to an evacuation hospital on February 3, 1944, and since that date hospitalization has been continuous Clinical and x-ray findings were those of primary atypical pneumonia in-

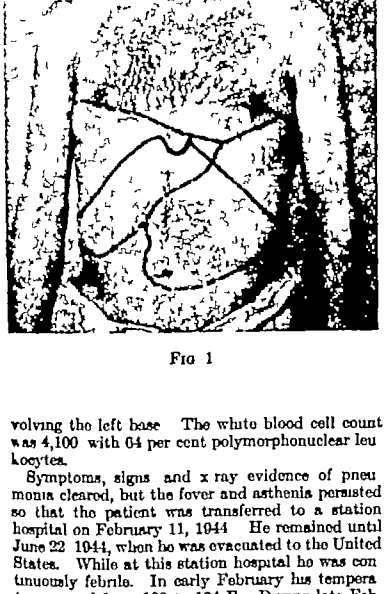


FIG 1

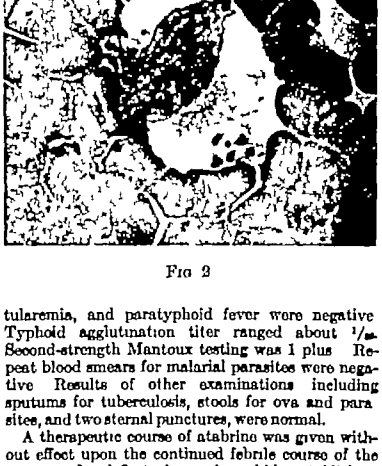


FIG 2

volving the left base The white blood cell count was 4,100 with 64 per cent polymorphonuclear leukocytes.

Symptoms, signs and x ray evidence of pneumonia cleared, but the fever and asthenia persisted so that the patient was transferred to a station hospital on February 11, 1944 He remained until June 22 1944, when he was evacuated to the United States. While at this station hospital he was continuously febrile. In early February his temperature ranged from 103 to 104 F During late February and March it tended to fluctuate between 99 and 101 F Through April May, and June his temperature developed wider swings ranging between 98 and 101 F and at times dropping to 97 F His pulse was at all times proportionate to his temperature. Respirations were normal. Symptomatically he complained of weakness malaise feverish feeling, and variable appetite, he sustained a weight loss of twenty pounds while at this station hospital. Physical examination yielded evidence of a mild anemia and a somewhat enlarged liver and spleen.

Numerous laboratory procedures were carried out in an attempt to arrive at a diagnosis Repeated blood counts showed a mild anemia with red blood cells averaging 4 000 000 and hemoglobin 70 per cent (Sahli) Persistent leukopenia was present the white blood cells fluctuating between 2,300 and 6 000 The differential count gave polymorphonuclear leukocytes and lymphocytes about 50 per cent. No immature white blood cells could be demonstrated in the peripheral blood. Reticulocytes blood platelets, bleeding and coagulation times were repeatedly normal Numerous blood cultures were negative. Blood proteins were normal except on one occasion when the total protein was 9 Gm.—albumin 3 7 Gm. and globulin 5.3 Gm. Agglutination tests for undulant fever, typhus, tularemia, and paratyphoid fever were negative Typhoid agglutination titer ranged about 1/80. Second-strength Mantoux testing was 1 plus Repeat blood smears for malarial parasites were negative Results of other examinations including sputums for tuberculosis, stools for ova and parasites, and two sternal punctures, were normal.

A therapeutic course of atabrine was given without effect upon the continued febrile course of the patient. No definite diagnosis could be established though lymphoblastoma or subacute bacterial endocarditis were favored. The persisting clinical picture of fever, weakness, splenomegaly, and hepatomegaly over several months warranted transfer to the Zone of the Interior, and he was evacuated by sea, arriving on the East Coast on July 5, 1944.

After several days in a general hospital, he was transferred by air to another general hospital, arriving on July 9 1944. The initial physical examination at that institution revealed fever, yellowish-brown discoloration of the skin, apical systolic murmur, markedly enlarged spleen, and the edge of the liver four fingerbreadths below the costal margin and several small inguinal nodes. Several days after arrival he again developed cough, greater elevation of fever, anterior chest pain, nausea, and vomiting after meals. Pneumococcus type III was demonstrated in his sputum, and the x ray revealed evidence of pneumonia involving the basal portion of the right upper lobe. He was given 1,320,000 units of penicillin over a period of eight and one half days, and the process cleared Following this he reverted to his previous pattern of fever, weakness malaise, and variable appetite. He remained at that institution until September 9 1944 and during this period his fever ranged daily from 98 to about 101 F with the peak usually occurring at 4 00 P.M.

Again numerous laboratory procedures were accomplished The red blood cells averaged about 3,700 000 with hemoglobin of 13 Gm White blood cells ranged from 2 050 to 5 600 but on the average, were about 3 000 Differential counts noted polymorphonuclear leukocytes from 46 to 70 per cent and lymphocytes from 22 to 54 per cent No ab-

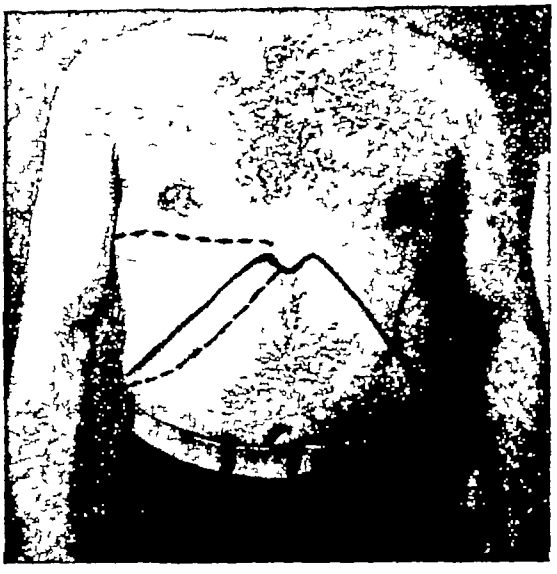


FIG 3

normal cells were noted in the peripheral blood Platelets numbered 64,000 and 95,000 on two occasions The erythrocyte sedimentation rate was persistently elevated at about 40 mm per hour Reticulocyte count, urinalysis, serology, repeated blood cultures, smears for malaria, stool examination for ova and parasites, and sputum tests for tuberculosis were all negative Agglutinations for typhoid, paratyphoid, Staphylococcus Schottmüller, undulant fever, and Weil-Felix were negative Three blood protein studies were normal. The formol-gel test was positive The electrocardiogram was normal except for sinus tachycardia, rate 120 per minute. Sternal puncture was performed with no evidence of leukemia A flat plate of the abdomen revealed a moderately enlarged liver and markedly enlarged spleen

The patient was presented before a medical conference at the general hospital, and the consensus of opinion was that leukemia was the probable diagnosis However, an observation was made by a medical officer that visceral leishmaniasis, or kala-azar, was a possible alternative diagnosis Subsequently, blood smears were searched for Leishmania donovani, but none were found Also, the temperature was recorded every two hours to observe any tendency toward a double or triple rise during the day, but this, too, could not be established On August 18, 1944, partial resection of the left sixth rib was performed for biopsy studies and submitted to the Army Medical Museum However, the specimen was later reported as being inadequate for definite pathologic diagnosis Up to this point, his treatment had been supportive in nature and consisted of transfusions, liver extract, vitamins, and iron While at the general hospital, he sustained some further loss in weight and strength

Finally, to enable the patient to be near his family, he was transferred to Borden General Hospital and arrived there on September 10, 1944

Physical Examination—The patient appeared chronically ill There was a dusky, brown pigmentation over his body, especially accentuated over the forehead and temples His tonsils were somewhat enlarged, cryptic, and reddened No petechiae or pigmentation of mucous membrane were noted Slight cervical adenopathy was present The heart was not enlarged, the rate being 84, he had a regular sinus rhythm and a faint systolic murmur was audible over the precordium The aortic second sound was equal to the pulmonic second sound, he had sounds of good muscular quality His diaphragm was percussed high bilaterally, due to a markedly enlarged liver and spleen causing a shallow thoracic cage No other abnormal findings were noted The abdomen was protuberant, particularly in the upper half No varices, nevi, or ascites were noted The liver and spleen were both markedly enlarged The spleen was percussed 6 inches above the costal margin in the left midaxillary line, pushing the diaphragm upward It further extended downward, filling the left upper quadrant and left midquadrant, descending further into the left lower quadrant some 3 inches below the costal margin in the left midaxillary line It extended medially to just beyond the midline of the abdomen. The surface of the spleen was smooth, nontender, and moderately firm The upper border of liver dullness percussed 4 inches above the costal margin in the right midclavicular line and the liver could be palpated 4 inches below the costal margin in this same line In the right midaxillary line, the liver percussed $7\frac{1}{2}$ inches above the costal margin and could be palpated some $2\frac{1}{2}$ inches below the costal margin in the same line The surface of the liver was smooth, nontender, and somewhat soft (Fig 1) There was a mild muscular atrophy and generalized weakness

Laboratory Studies—Again, complete blood counts were repeated. Red blood cells averaged 3,700,000, with 10 Gm of hemoglobin Marked leukopenia was present, with white cells ranging from 1,750 to 2,200 Polymorphonuclear leukocytes averaged 60 per cent and lymphocytes 40 per cent Platelets ranged from 70,000 to 100,000 Erythrocyte sedimentation rate varied from 84 to 120 mm per hour Prothrombin, clotting time, clot retraction, fragility test, serology, urine, blood sugar, cholesterol, calcium, icteric index, and the usual agglutinations were normal Blood smears for malaria and L. donovani failed to demonstrate any parasites Blood protein study revealed a total of 8 6 Gm—albumin 3 2 Gm, and globulin 5 4 Gm A second study revealed total of 9 1 Gm—albumin 3 3 Gm, and globulin 5 8 Gm X-rays of the abdomen demonstrated a markedly enlarged spleen and liver X-rays of the chest showed a markedly elevated diaphragm with increased lung markings. Electrocardiogram revealed low voltage, otherwise it was normal

Course—His temperature on admission was 99 5 F, pulse 84, respirations 20 During his first one and one-half month's period of observation at Borden General Hospital, his temperature ranged from 99 to 100 F, with pulse in proportion. Check

of temperature every two hours from 8:00 A M to 10:00 P.M failed to show any tendency toward a double or triple rise. The patient sustained several nosebleeds while in the hospital Multiple serologic tests for leishmaniasis were performed and all were reported strongly positive. These tests included Sias, Rays, Brahmachari's, and the aldehyde test.

The clinical picture, the marked leukopenia the lesser depression of the red blood cells, the fair condition of the patient despite prolonged illness, the high blood protein, and the markedly positive multiple serologic tests for leishmaniasis together with the inability to establish any other diagnosis, made leishmaniasis a strong likelihood Therefore, on alternate days sternal, liver, and splenic punctures were performed and smears made, using Wright's stain. The sternal punctures showed no evidence of leukemia or leishmaniasis. However, typical Leishman Donovan bodies were demonstrated in the liver and splenic specimens (Fig. 2)

On October 28 1944, intravenous treatment with neostibosan, a pentavalent antimony preparation, was commenced and continued every other day for fifteen doses, the initial dose being 0 2 Gm., and subsequent doses 0 3 Gm., as outlined by Army directives.

The response was fairly prompt. The temperature dropped to normal on the fifth day after therapy was started and remained at normal levels thereafter Strength and weight increased progressively Blood counts were taken at frequent intervals and, starting November 10, the white and red cell counts steadily rose to reach normal range in early December

In the third week following institution of neostibosan therapy, clinical evidence of reduction in the size of the spleen was noted and this progressed so that by late February, 1945, the spleen and liver were at the costal margin (Fig 3) No toxic effects were noted during the administration of the drug. At the time of writing this report the only abnormalities noted were blood protein increase (total protein 9 1 Gm.—albumin 4.4 Gm , and globulin 4.7 Gm) and serologic tests that were still positive for leishmaniasis.

ACUTE FULMINATING ULCERATIVE COLITIS

Treatment with Streptomycin

BENJAMIN KIRSCHNER, M D , New York City

THE following case is reported because (1) It is believed to be one of the first instances in which streptomycin has been used in civilian practice, (2) The response to the drug was so spectacular, after complete failure of all other therapeutic measures that further investigation appears to be indicated to fully evaluate its efficacy in this obstinate condition

Case Report

The patient, F B a white, unmarried woman, aged 22, was first seen on August 20 1945, at which time she presented the following history Two weeks previously while employed as a newspaper reporter in Buffalo, she and two other employees became ill with diarrhea. These three had not knowingly been in contact or in one another's company In the case under discussion the stools were characterized by blood mucus, foul odor very little fecal matter, and were as frequent as 10 to 12 daily There was no fever nausea vomiting or cramps. There was no history of recent respiratory infection or dietary indiscretion or of any previous like or relevant attack. There had been some mental anxiety due to home environment. The patient had received treatment with sulfa drugs and paregoric from a physician in Buffalo Despite treatment the condition persisted and became worse and after two weeks she returned to New York City In this period there was a loss of 20 pounds body weight. To her knowledge one of the other patients recovered in a week, but there was no knowledge of the third. Upon her arrival in New York City the frequency of the movements had increased to 15 to 20 daily

Physical examination revealed a patient apparently comfortable in bed The temperature was 98.8 F by rectum, the pulse 80, blood pressure 120/80 the conjunctivae were pale, and the tongue was dry and coated. There was no evidence of emaciation or dehydration The throat was clear and the chest negative The abdomen was soft, not distended, there were no areas of tenderness, no masses were palpable and the liver spleen, and kidneys were not palpable. The rectal examination was negative except for the discharge of a reddish-brown fluid after the examination. No vaginal examination was made. A diagnosis of probable ulcerative colitis was entertained and the patient hospitalized

At the hospital, stool specimens were collected and sent to the Department of Health Laboratories, the Tropical Disease Laboratory, and to the Diagnostic Laboratory of the Beth Israel Hospital. The reports revealed the macroscopic presence of blood and mucus and microscopically red blood cells and leukocytes. There was no evidence of pathogenic parasites. The culture of the stool displayed B coli. Examination of the blood for agglutinable diseases by the Department of Health on August 21, 1945 was positive for typhoid 1 80, on August 27, 1945 it was positive, 1 20 These were not considered significant of typhoid fever

The blood culture was negative The blood count showed hemoglobin, 80 per cent, red blood count of 4,010 000, white blood cells, 15 000, differential—polymorphonuclears 79 per cent 58 per cent mature, 21 per cent band forms 2 per cent monocytes, 19 per cent lymphocytes Sedimentation rate was one hour and forty five minutes, the urine was turbid dark amber, acid, specific gravity 1 026, 1 plus albumin, sugar negative, micro-

opically there were a few epithelial cells and 2 to white blood cells per high power field.

The patient was immediately placed on treatent with 20,000 units of penicillin injected intrauscularly every three hours combined with an itial dose of 2 Gm of sulfasuxidine, and subseent doses of 1 Gm every four hours In adtion she was placed on a nonresidue diet, given icture of opium according as circumstances reured, and multiple vitamins and amino acids by jection This treatment was maintained for five ys without improvement in the symptoms The tient had eight to ten movements daily as deribed, but soon developed some nausea and low dominal pain On the fifth day after admission, ter a bowel movement which contained a large nount of blood and blood clots, the patient ddenly went into shock. The pulse increased to 0, the extremities became cold and clammy, d the blood pressure dropped to 80/60 The lfa and penicillin were discontinued and the tient was treated for shock The hemoglobin this time was 84 per cent, which was believed e to some dehydration

The patient recovered from the acute shock but e general course continued unsatisfactory The wel movements continued as before and it beme necessary to replace the blood loss by transsions These were given every other day On e tenth day of admission the patient was seen by consultant and sigmoidoscopy was performed, th the following findings "The mucosa of the ctum presents an edematous hyperemic appearce with superficial erosions and active hemorage It is the typical picture of chronic ulcerative litis due to bacillary dysentery" In addition, me of the bowel contents were aspirated and a dside microscopic examination made This was gative except for red blood cells A culture of e material also failed to reveal any pathogenic ganisms An additional therapeutic measure was gun in the form of the administration of oxygen ctally, ten minutes three times daily at the rate 40 bubbles per minute

Despite these measures the patient failed to spond, and now began a "septic" type of temrature, spiking from 100 F in the morning to 3 F in the afternoon Blood culture was again gative, and penicillin therapy was reinstituted in dition to the transfusions, which were now being ternated with plasma and glucose as was seen fit nce the pulse was weaker it was also necessary to sort to cardiac stimulation

On the seventeenth day of admission the bowel as re-examined by the same observer, who found idence of epithelialization and was of the opinion at the condition was in the healing phase Deite this visual improvement the clinical condion was poor The patient began to develop the pical appearance of emaciation and dehydration dicative of slow disintegration

On the twenty-fifth day of admission, the patient id a sudden severe hemorrhage with the passage large amounts of fresh blood and blood clots from e bowel. With this, she again went into peipheral circulatory collapse The temperature rose 104 F, pulse to 160, and the condition became itical Transfusions of 200 cc of whole blood ere administered every four hours, it now being cessary to cut down to obtain suitable veins alcium gluconate with vitamin K was administred intravenously, and also hemoplastic serum espite these measures subsequent discharges from e bowel still contained blood, old and new At this time, the patient was examined by another consultant, who considered the condition very grave and advised the use of streptomycin Steps were instituted to obtain the drug from the Armed Forces It was not obtained until forty-eight hours later Meanwhile emetin and diodoquin were administered empirically

By the time streptomycin could be administered, the patient had become moribund The pulse was unobtainable, the rate 180 with weak cardiac sounds Respirations were shallow and irregular with the use of oxygen by inhalation, the extremities were cold and clammy and it was necessary to administer stimulation at frequent intervals A transfusion of whole blood, 1,000 cc, was given and permitted to run in in two and a half hours This was followed by 2,000 cc of glucose at a slower rate On the twenty-seventh day after admission the first dose of streptomycin was administered. Five hundred thousand units of the hydrochloride were given intramuscularly and this dose was repeated at four-hour intervals After the administration of the third dose the patient showed signs of recovering from the circulatory collapse The pulse became perceptible, irregular at first and at a rate of 160 The respirations became less shallow and the extremities recovered some warmth The blood pressure became obtainable at 60/0 After this third dose, the patient had a bowel movement and for the first time since her illness, this was free from blood During the next twenty-four-hour period the patient had but four movements, all free of blood, and the following two days two to three movements free of blood The character of the stool improved in that it was less watery and more fecal matter could be detected.

Following the administration of the streptomycin the improvement continued The temperature subsided by lysis, the rate and quality of the pulse improved, and the blood pressure increased to 100/60 The patient began to look brighter and feel better She expressed desire for food, and was able to retain it with no nausea or vomiting The tongue lost its coating and dryness It was now necessary to resort to little stimulation and the oxygen was discontinued This improvement was steady and was maintained for four days, all of which time the streptomycin was continued at the same rate and dosage Also, the continuous infusions in the leg vein were administered, whole blood being alternated with plasma and glucose at a slow rate On the thirty-first day of illness this leg vein became thrombosed and the infusions were discontinued About two hours after the infusions were stopped the patient suddenly took a deep gasp of breath and expired within ten minutes, apparently as the result of pulmonary embolism originating in the femoral veins

Summary

1 A case of acute ulcerative colitis is presented which reacted to streptomycin after all other remedies had failed

2 Further investigation of this drug in ulcerative colitis is warranted

3 The site of the embolism undoubtedly was the vein in the leg which had been used for the transfusions

The author wishes to express his thanks to Dr Burrill B Crohn, Dr Joseph Felsen, and Dr Sam Weiskopf for their aid and advice, and to Dr Herman Frosch for his aid with the transfusions.

955 Walton Avenue

CONFERENCES ON THERAPY

DEPARTMENTS OF PHARMACOLOGY AND MEDICINE, CORNELL UNIVERSITY MEDICAL COLLEGE AND THE NEW YORK HOSPITAL

THESE are stenographic reports slightly edited, of conferences by the members of the Departments of Pharmacology and of Medicine of Cornell University Medical College and the New York Hospital, with collaboration of other departments and institutions The questions and discussions involve participation by members of the staff of the college and hospital, students, and visitors The next report will appear in the May 1 issue and will concern "Treatment of Meningitis"

Oral Penicillin

DR DAVID BARR We have for discussion today the subject of the oral use of penicillin. As you know, Dr Bunn, Dr McDermott, and others in this hospital have been active in exploring the possibilities of administering penicillin by mouth The discussion will be started by Dr Bunn

DR. PAUL A. BUNN Studies of the pharmacology of orally administered penicillin quite early showed that absorption is considerably less following the oral administration than after the parenteral administration. The following comments are being made on the basis of experience both with the pharmacologic action and the clinical observations made at the New York Hospital in the past eighteen months

In all of the experiments on the fate of the orally administered penicillin there has been a striking uniformity of results. To obtain penicillin blood levels of similar height and duration, it is necessary to use approximately five times as much penicillin by mouth as by parenteral injection. No vehicle has yet been found which appreciably alters this ratio In this laboratory a great variety of vehicles and methods of administration have been tried, but with none were the blood concentrations significantly greater than when the penicillin was given in tap water or enclosed in a simple, quickly dissolving gelatin capsule Experiments were carried out on humans and animals in an attempt to discover the reasons for the difference in dosage required for the same blood levels. It was found that little, if any, penicillin is destroyed in the body following parenteral administration This is proved by the fact that between 70 and 100 per cent of the penicillin given parenterally is excreted in the urine in a period of six to eight hours. However, when penicillin is taken by mouth, a maximum of only 36 per cent is detected in the urine As a matter of fact, the average total excretion is considerably less than one third, and is in the neighborhood of 15 to 20 per cent.

This discrepancy in urinary excretion from the two routes of administration must be explained by factors interfering with the absorption It was originally believed that there was excessive destruction of penicillin by the free hydrochloric acid in the stomach when the material was given orally To ascertain how rapidly this destruction might occur, in vitro experiments were set up in which penicillin was incubated with gastric contents at varying levels of pH. At a pH of 4 penicillin is destroyed slowly At a pH of 3 5 the destruction is slightly more rapid, while at a pH below 3 the destruction is quite rapid, usually within two hours. The gastric content in humans, of course, is subject to wide fluctuations, but it is quite frequently at a pH of 4 or above. Following this observation a series of patients with pernicious anemia were given penicillin In no instance in this group of patients was more than 36 per cent of the ingested dose recovered in the urine in periods up to twelve hours Attempts at neutralizing the gastric contents with aluminum hydroxide gel and magnesium trisilicate before the administration of penicillin also failed to increase the amount of absorption as shown by urinary excretion studies. Therefore, as human gastric acidity, although varying, is frequently above the pH at which penicillin is rapidly destroyed by acid, as persons with achlorhydria do not absorb significantly more penicillin than do individuals with normal gastric secretory mechanisms, and as neutralizing the gastric contents immediately before the administration of penicillin does not increase the amount absorbed, acid destruction does not solely explain the relatively poor absorption of penicillin from the gastrointestinal tract.

The differences cannot be a matter of destruction by the liver, since, as already stated, the parenteral dose is virtually all recovered in the urine, and following an injection of penicillin directly into the portal vein of an animal, the resulting peripheral blood concentrations are not unlike those seen following any peripheral intravenous injection As only one tenth to a third of the total amount given is absorbed, most of the remaining penicillin must be destroyed in the gas-

trointestinal tract below the stomach or excreted in the stool When penicillin is incubated with emulsions of stool, complete destruction of the material occurs, within twenty-four hours Last, following a large oral dose, penicillin can be found in the stool Through those mechanisms, then, a large proportion of the ingested material which is not absorbed is lost to the body, that is, through excretion in the stool or destruction probably in the large bowel

The oral-intramuscular dosage ratio of approximately 5 to 1 is based on studies of renal excretion and on serial determinations of blood concentrations following the oral administration of various amounts of penicillin Provided enough is used, based upon this 5 to 1 ratio, the oral route of administration of penicillin results in regular and predictable blood levels, and is an effective way to treat infections

A series of infections have been treated at the New York Hospital and on the Second Division at Bellevue In the original dose regimens considerably more penicillin was supplied than the 5 to 1 ratio, but as experience was gained, more favorable schedules for most of the infections have been worked out The infections treated include those caused by the pneumococcus, gonococcus, staphylococcus, beta-hemolytic streptococcus, and also Vincent's infection of the mouth and gums

The most thoroughly studied infections in this group were those caused by the pneumococcus Pneumococcus pneumonia furnishes an ideal infection for chemotherapeutic study, as the patients require hospitalization, the organism is sensitive to penicillin, and the parenteral dosage regimens, which have been carefully worked out, furnish a satisfactory standard for comparison In the winter of 1944–1945, 50 patients with pneumococcal lobar pneumonia were treated with penicillin by mouth The original dose regimens used in these patients varied considerably Those in the last half of the series received the drug according to a fairly uniform plan In order to establish a high effective blood level to combat the possible bacteremia, 200,000 units of penicillin were given initially This was followed by 50,000 units every two hours for twelve daily doses, 50,000 units every two hours a day and night Twenty-four to thirty-six hours after a satisfactory crisis, the night doses were omitted, and the 50,000 units were given from 8 00 A M to 10 00 P M , inclusive The duration of treatment varied from four to seven days in most cases In about half of the cases, the penicillin was administered dissolved in water or given in the quick-dissolving gelatin capsule In most of the remainder, a capsule containing cottonseed or corn oil was used All of the patients were acutely ill and many were critically so when treatment was instituted The results of treatment were quite satisfactory, a crisis developing within forty-eight hours in 80 per cent of the cases In the others the fever came down slowly by lysis over a period of ninety-six hours No difference in the therapeutic response could be demonstrated between the group of patients receiving the oil suspension and those who received penicillin dissolved in water In this particular series there was one death That occurred in a man 50 years old, a chronic alcoholic, who died within six hours after the institution of therapy It is probable that no matter how the penicillin had been administered he would have died, because he developed peripheral vascular collapse before the antibacterial agent could exert an effect There was but one serious complication, a case of empyema This occurred on the seventh day of illness, four days after treatment was instituted The empyema was treated by one intrapleural injection of penicillin Complete recovery from both the pneumonia and the empyema eventually occurred

Of particular interest in this series of patients with pneumonia was the phenomenon of febrile relapses In general these were of two types The first occurred in patients twenty-four to thirty-six hours after the crisis, the fever rising to about 102 5 F in some cases This did not alter the therapy regimen The second type, of much more interest, occurred in five patients on the seventh to the tenth day after the disease had begun, usually two to four days after therapy had been discontinued The fever, up to 103 F , was frequently associated with a return of the symptoms and sputum, but never with clinical or roentgenographic evidence of a spread of the disease With the reinstitution of therapy, the fever promptly subsided, and in two patients it subsided within forty-eight hours without treatment

Food interferes with the absorption of orally administered penicillin However, this does not interfere with the initial therapy of persons acutely ill with pneumonia, as virtually all are in a fasting state at the beginning of therapy

In summary, a series of 50 patients with pneumococcal pneumonia were treated by the oral administration of penicillin The dosage regimen for most of the patients was 750,000 units the first day, and 400,000 to 600,000 units on subsequent days of therapy The therapeutic results in this series were comparable to those observed in the penicillin treatment of pneumococcus pneumonia by the parenteral route The average total amount of penicillin used in these cases was five times that generally employed for the treatment of pneumonia by the intramuscular route

The second group of infections treated were

the gonococcal Acute gonococcal infections in both the male and female can be successfully treated by the use of penicillin given by mouth In a small series, 14 men and 6 women, all with bacteriologically proved gonorrhea, were treated with orally administered penicillin Once again the dosage regimens during the first part of the series varied About half of the patients received this regimen 100,000 units initially, followed by 50,000 units every three hours for a total of five or six doses, making a total of 300,000 to 400,000 units. There were nineteen clinical and bacteriologic cures in the group of 20 patients There was one failure in a patient who received penicillin in a suspension of oil and beeswax This patient received only 300,000 units Since a much larger series of patients with gonorrhea would have to be treated in order to discover the most favorable dosage regimen and since the cases of acute gonorrhea seen in this hospital are so few no attempt was made to pursue this matter further A much more effective regimen, and one we would recommend, would consist of 100,000 units every three hours for five or six doses The matter of dosage is obviously in need of further study

A third group of patients treated had staphylococcic infections. Penicillin is the most effective chemotherapeutic agent against the staphylococcus. However, larger amounts of the material are required for the proper treatment of staphylococcal infections than are necessary for infections caused by the gonococcus and pneumococcus Even by the parenteral route it is customary to use at least 300,000 units daily for ten to twenty-eight days to control and cure the disease As it requires at least five times as much penicillin when given by mouth to manage such a case, the oral dose becomes 1,200,000 to 1,500,000 units daily This, of course, would be satisfactory treatment, but the cost of penicillin at present is still such that it would not be very practicable.

The efficacy of the oral penicillin was tested in fifteen proved Staphylococcus aureus infections. These include 5 patients with localized draining abscesses on the head or neck, 3 with carbuncles, 3 cases of acute purulent otitis media, and 2 cases of acute tracheobronchitis Two of these cases are quite informative. The first one was in a 9-week-old child who suffered from a severe Staph aureus tracheobronchitis which had not responded to adequate doses of sulfonamides Penicillin, 20,000 units, in tap water, was given by dropper into the pharynx every three hours for four days Although the child was desperately ill, he made a rapid and uneventful recovery There is not much question that the penicillin used in this case shortened the course of the disease, may have prevented complications of a metastatic nature, and probably saved the child's life A second informative case was in a male patient, aged 30 years, who had had sycosis barbi for years In 1944 he developed a severe staphylococcic septicemia and endocarditis with the primary origin of the infection undoubtedly from his face. Large doses of parenterally administered penicillin produced a dramatic cure, and he was well for the next year In the spring of 1945 he again developed a recurrence of his sycosis At the time he visited the outpatient department he was found to have multiple small and coalescing facial abscesses on both sides, and the infection was obviously spreading The oral administration of but 600,000 units of penicillin in water controlled the infection within twenty-four hours, and apparently completely wiped it out in a period of four days The total dose was 2 500 000 units The seriousness of a recurrence of sycosis in this patient, of course, was not overlooked Had this patient had fever he would have undoubtedly come into the hospital for parenteral penicillin As it was, because of the economic problem involved, he was permitted for the first twenty four hours to try penicillin Because this was so successful, the treatment was continued by the oral route

Again it must be emphasized that, because of the relative resistance of the staphylococcus to penicillin, the usual severity of staphylococcic infections, and the large amounts of drug that under ordinary circumstances would be needed, it is not yet practical to treat staphylococcic infections by the oral route.

As for the streptococcus, streptococcic pharyngitis and septic sore throat have been successfully treated by orally administered penicillin In 17 cases so treated, clinical improvement was demonstrated by a drop in temperature and leukocyte count, and a diminution of the local inflammation within a few hours Large total amounts of penicillin were needed, 50,000 units eight to twelve times daily for seven days being the minimal regimen

We have ,treated other cases of streptococcic infections, including cervical lymphadenitis, purulent maxillary sinusitis, and cellulitis of the foot and lower leg In each of these cases, as in the staphylococcic infections, surgical drainage when necessary was instituted early during the course of penicillin therapy In these latter mentioned streptococcic infections larger amounts of penicillin were necessary, even up to 100,000 units every two hours for periods longer than one week.

The last group of infections treated with orally-administered penicillin is Vincent's infection of the mouth and gums. The administration of 25,000 to 50,000 units of penicillin, in tap

water, given eight to ten times daily for four to seven days, controlled this clinically obvious infection in a small group of 10 patients Occasionally, simultaneous local application of a penicillin solution containing 100,000 units in 30 cc of water or saline may be used, and apparently this speeds up the recovery

Dr Walsh McDermott Whenever we are presented with an antibacterial agent, it is a relatively simple matter to find out whether the agent has an effect upon infections It is a vastly different matter, however, to find out how much or over how long a period the agent should be administered to achieve proper therapy In the case of penicillin we havea ccumulated a vast body of information on these points Usually, when a new drug is introduced into medicine it is tried by all available routes at the time of its introduction It is unique to have a drug tried out by a new route after a large background of clinical information on the effects of the drug has already been established

The infections for which penicillin therapy is of value have been thoroughly studied and the height and duration of the blood penicillin concentrations which are desirable for the treatment of infections have been tentatively established Therefore, once it had been demonstrated that appreciable quantities of penicillin were absorbed following ingestion, the problem of oral administration was essentially a question of establishing regimens by which the proper blood penicillin concentration scould be maintained The problem was not, as is so frequently represented, a question of whether a particular infectious disease could or could not be cured by "oral penicillin "

As Dr Bunn has stated, from our investigations of the mechanics of the administration of penicillin by mouth it appears that in order to produce a given concentration of penicillin in the blood, one must administer approximately five times as much penicillin by the oral as by the intramuscular route Therefore, from a practical standpoint, the use of the oral route for penicillin therapy is limited to those infections which are most sensitive to the action of penicillin These include pneumococcus pneumonia, beta-hemolytic streptococcus infections of the pharnyx, fusospirochetal infections of gums and mucous membranes, gonorrhea, and certain instances of pyoderma caused by staphylococci Orally administered penicillin should not be used in the treatment of serious staphylococcal infections, any form of bacterial endocarditis, or syphilis, unless the physician is prepared to give one or two million units daily Even with these large doses it should be appreciated that, in terms of the penicillin concentrations which are attained in the blood, the patient would be receiving only the minimal proper therapy for these three serious types of infection Infectious, i e , early, syphilis should not be treated with penicillin by mouth unless the patient is hospitalized and the administration of each dose is supervised This is essential because the evaluation of the adequacy of a particular treatment for syphilis must be based almost entirely on how much treatment the patient received during a certain period of time The clinical course of the infection during, and for many months after treatment, is no index at all as to whether the particular treatment was successful Therefore, if there is doubt as to precisely how much penicillin the patient actually received, as might be the case in ambulatory patients treated orally, the physician would have no real basis for a decision as to whether or not the syphilis had been adequately treated If it should be established that it is necessary to treat certain infections such as neurosyphilis or osteomyelitis for four- to six-week periods, it is conceivable that during the latter part of the course of treatment the penicillin could be administered by mouth

The feature about the oral administration of penicillin which causes us considerable alarm is that there is a tendency to use inadequate amounts of penicillin

In an effort to establish that a particular oral preparation has advantages over other preparations, claims are made that it is necessary to give only twice to three times the usual intramuscular dose As the greatest amount of absorption which we have noted after the administration of any preparation represents only one third of the total dose, and is usually only about one fifth, it is our opinion that unless the oral-intramuscular dose ratio of 5 to 1 is used, there is a considerable danger of underdosage

Dr Barr Will you discuss this presentation of Dr Bunn? Are there any questions?

Dr Harry Gold I would like to ask Dr Bunn how much loss would result in penicillin solutions incubated with gastric juice over a period of half an hour?

Dr Bunn It would vary with the pH

Dr Gold Take, as an example, a pH of about 2

Dr Bunn At a pH of 2, a considerable amount of destruction would take place in half an hour

Dr Gold Would you say 25 per cent?

Dr Bunn Probably more than that, and in one hour, practically all of it

Dr Gold I am interested in the point you made that destruction by acid is not very important, also the fact that you give the material on an empty stomach The penicillin would leave the empty stomach within a few minutes and, therefore, the exposure of penicillin to acid would not

be long enough to allow for much destruction That, I presume, is the reason for your deduction that gastric acidity is not an important factor I think everything fits.

DR MCKEEN CATTELL I have difficulty in accepting the notion that penicillin is not destroyed in the blood stream in appreciable amounts. Certainly its activity is gradually lost when incubated with blood serum at body temperature I have also in mind observations of others, notably the paper by Free and his associates which appeared in a recent number of *Science*, in which recoveries of penicillin in the urine were not nearly as great as those reported here—about 60 per cent, on the average The point I want to make is that if there is any destruction of intravenously administered penicillin, no matter how small, one would expect that when given by mouth a larger fraction would be destroyed after absorption There are two reasons for this the excretion rate of any substance is related to the concentration in the blood, and second, slow entrance into the blood stream gives more time for destruction Both of these factors favor a greater destruction of oral penicillin.

DR. BUNN I realize that others have obtained lower recoveries than we have. It is hard to know just what that means. There is the fact that one has to depend upon a method of assay which has a considerable margin of error The fact remains that, using this method of assay, recoveries of 80 to 100 per cent can be obtained following the intravenous doses and at least 70 per cent following the intramuscular doses This is in line with the fact that no one has ever been able to demonstrate actual destruction of penicillin by tissue over short periods of time.

DR. CATTELL I am inclined to consider the fact that the failure to recover all indicates that some is destroyed in the body

DR CHARLES L. WHITTEMORE Is there any vehicle for masking the disagreeable taste of the penicillin? Private patients do not like it

DR BUNN Yes There are several ways of either eliminating the factor of taste or masking it. The quickly dissolving gelatin capsule of penicillin, of course, eliminates the taste, also the suspension of penicillin in oil covered with beeswax. In the Squibb tablet of penicillin with trisodium citrate, the taste of penicillin is still perceived However, in our experience, the patients have not objected very much to drinking the solution of penicillin in tap water We have never had a patient refuse a dose because of the taste

DR WHITTEMORE It has been mentioned from time to time that it is not wise to give penicillin unless it is very definitely needed, because of the danger of sensitizing the patient to its future use. How do you feel about it?

DR MCDERMOTT I think that one should not use penicillin unless the indications are definite It is apparently a fact that sensitization occurs The subject of sensitization to penicillin is not understood as well as it is about some other drugs

The assumption has been made that substances other than the antibacterial agent cause the sensitization phenomenon This assumption rests on extremely weak ground There is some evidence that the crystalline fractions of penicillin may also give rise to sensitization phenomena. Thus far, the cases of sensitization which we have observed have not been so severe that we have had to discontinue penicillin. However, the reactions can be sufficiently annoying to incapacitate a patient for a week. But I see no reason to withhold the drug in the face of a specific indication because at some possible theoretic future time one might need to use it again

DR CATTELL Have reactions been observed following the oral administration of penicillin?

DR MCDERMOTT No, but we have only treated perhaps 200 individuals who have taken one or more doses by mouth. One patient developed urticaria, but there was here the possibility that it was present before the penicillin was given I see no reason to believe that sensitization reactions will not occur

DR. WALTER MODELL I take it that the 5 to 1 ratio is required not because penicillin is destroyed in the stomach, but because it passes beyond the region from which absorption takes place Therefore, vehicles are not likely to improve that.

DR. MCDERMOTT Precisely It would appear to us that the only means of improving penicillin absorption by the oral route would be by some vehicle which caused it to remain in the small intestine and be slowly released over a long period of time.

DR GOLD Is it quite proper to apply the term "poor absorption" to a substance like penicillin, when an oral dose finds its way into the blood stream within twenty minutes or so? That molecule must be passing through the intestinal barrier pretty fast.

DR. MCDERMOTT Incomplete absorption is perhaps a better term for it.

STUDENT Is it true that Bacillus coli organisms inactivate penicillin?

DR. BUNN Yes

SAME STUDENT Would that help to explain the phenomenon that so much larger doses are necessary by oral administration?

DR BUNN I don't think that there is any question but that the destruction of the penicillin occurs in the large gut, probably because of bac-

terial action Absorption is minimal from the large bowel

SAME STUDENT What about the small bowel?

DR BUNN Absorption is greatest in the duodenum, less in the jejunum and ileum, and minimal in the large bowel and cecum Theoretically, the small bowel does not contain organisms which destroy penicillin, and so the poor absorption of the penicillin cannot be explained on that basis

It is true that there is destruction in the large bowel, probably due to bacterial action, and this probably explains the poor absorption from this region But we do not know why absorption is not more complete from the small intestine

DR GOLD Does penicillin cause diarrhea?

DR BUNN It does not cause diarrhea Occasionally it will produce one or two loose bowel movements a day, but not diarrhea

DR GOLD There is, then, some increase in intestinal motility which may cause the material to move more quickly down the intestinal tract and into the lower bowel

DR BUNN That has been our idea, but we have no way of proving the assumption

DR MCDERMOTT I might mention that when we used vehicles such as beeswax to slow down the release of penicillin, three types of effects were observed either there was no absorption, or absorption was unchanged or greatly enhanced Our notion is that the bolus of material is sometimes carried along past the absorbtion site, if you could call it that, and then no longer can be absorbed

DR BUNN We have had experience with one vehicle which was supposed to slow down absorption It slowed it down so much that we found the capsules intact in the stool specimen the next day

DR BARR How often do you encounter vomiting with the mouth dosage?

DR BUNN We had just one such experience, Dr Barr, and that was in the case of an intern who took a huge dose dissolved in a small amount of water

DR MCDERMOTT How large was the dose?

DR BUNN It was 5,000,000 units dissolved in 30 cc of water

DR BARR That includes an experience with very sick patients, too?

DR BUNN Yes sir, that does

DR BARR Have you had experience with oral penicillin in surgical patients? The reason I ask is because I have heard surgeons say oral penicillin caused vomiting, which would be most undesirable in many of the conditions with which they deal

DR BUNN We have not used penicillin in surgical patients However, I have never seen vomiting with ordinary dosages used in extremely ill medical patients

DR. BARR I should like also to ask about the cost of penicillin In a hospital of 1,000 beds the present cost of penicillin may amount to $5,000 a month Are there ways and means by which the cost of penicillin could be reduced without sacrificing any of its benefits? Is a considerable part of the cost involved in packaging?

DR BUNN Mr Clarke is here He may be able to answer that question

MR DONALD A CLARKE I think that there is a possibility that one of the reasons for the continued high cost is the failure to find a use for the by-products in the manufacture of penicillin Most of the manufacturers agree that if they could find a use for the by-products the cost would be reduced quite materially Is that right, Dr McDermott?

DR MCDERMOTT I had not realized that, Mr Clarke I thought that the actual cost of production is not very high, not much more than that of the vacuum-sealed ampule and packaging One reason for the high cost here in this hospital—and I am sure you will agree with me—is that it is fashionable to use it for all sorts of things, and it is being overused at this time The intramuscular route of administration acts as somewhat of a brake on that, but even so, it is being overused

DR GOLD At the present time you are using parenteral material by mouth, aren't you?

DR MCDERMOTT Yes, we are

DR GOLD Parenteral material is generally much more costly than oral As the oral route becomes more widely used, special, less costly material may become available for that purpose Oral material should not require all the sterility precautions

DR CATTELL It might be put up in bulk

DR MCDERMOTT Stability is the problem there

DR CATTELL If you use a large amount in a month, that might not be a problem

DR GOLD A vacuum-sealed sterile ampule with a rubber cap would seem to be a relatively costly way of putting up an oral drug

MR CLARKE The oral forms now available are more expensive, unit for unit, than are the parenteral forms

DR BUNN I have looked into that One can buy 100,000 units of a parenteral preparation of penicillin for about 90 cents I received a card in the mail today quoting one capsule containing citrate, 20,000 units, at 35 cents That makes about $1 75 for 100,000 units, and this is one of the less expensive of the oral preparations Some proprietary preparations cost as much as $4 00 for 100,000 units When one realizes that it is necessary to use approximately five times as

much by the oral route, the cost becomes prohibitive to buy commercial preparations of the current oral material.

DR. CATTELL But actually, in treating a case of pneumonia with oral penicillin the cost would not be as great as treating it by the old serum method, would it?

DR BUNN No

DR BARR When, during infection, the fever subsides, the question constantly arises shall we now discontinue penicillin? Since penicillin is relatively harmless, the verdict is often let it be continued Certainly much of the present use of penicillin is in the afebrile period Are there any rules by which usage during this stage may be limited?

DR BUNN Complete control of the infection is the one indication that I know of to stop penicillin I think that in our experience with the pneumonia patients we learned a lesson I believe we were extremely lucky in the results we had In retrospect, and I think Dr McDermott will certainly agree with me, we stopped the penicillin too early Part of the reason why we are getting the febrile relapses at the end of two to four days after the cessation of therapy was the fact that they had not received enough penicillin throughout the course of their illness. There is always a tendency to stop treatment when there are no obvious indications to keep it going If we continue the use of oral penicillin in pneumonia, we would treat them for at least seven days after the drop in temperature.

DR BARR And with other infections would the rule be the same?

DR. BUNN Yes, I believe so

DR CATTELL It is not necessary in the case of the gonococcic infections, is it?

DR BUNN Gonococcal infections are hard to evaluate Relapses can occur up to twenty-one days following initial infection, and unless the cases are extremely well followed, we may miss one by following them for only a week as we did in our series.

DR CATTELL But your recommendation called for only one-day treatment, did it not?

DR. BUNN Yes, by that time there are bacteriologic cures, that is, the organisms are gone from the secretions Although the pus may not disappear, it is sterile. This is not true in infections such as pneumonia.

DR GOLD Could we have an opinion as to why some have regarded special vehicles as important for oral penicillin, and now you find they are not?

DR. MCDERMOTT You will recall that the Floreys found that penicillin given by mouth was absorbed, and was quite effective. But they had very little material to work with, and as they knew that a pH of 2 destroyed penicillin in extraction, they assumed that the reason that it was not absorbed as well as from a parenteral depot was perhaps the fact that hydrochloric acid destroyed it in the stomach The work which was resumed after three years began with that assumption We do not wish to imply that no destruction of penicillin takes place in the stomach, but, as Dr Gold pointed out, it is not in there very long and the amount of destruction which takes place is extremely variable, on the whole not enough to be of consequence.

DR MODELL I want to ask about the patient's preference In the small hours of the morning, which would the patient prefer, to be awakened every two hours to drink some cold water with penicillin or to swallow some capsules, or to just roll over, sometimes still asleep, to take an intramuscular injection?

DR BUNN I can only speak from experience, and I believe I would rather drink it.

DR. MCDERMOTT In the patients of the pneumonia series there were no night doses after the crisis. We do not know, however, that that is ideal chemotherapeutic practice.

DR. MODELL They certainly can take intramuscular injections almost without waking up

DR MCDERMOTT That is variable.

DR. BARR How small a dose, Dr McDermott, will abolish the symptoms of infectious syphilis?

DR MCDERMOTT As little as 1,000 units every three hours intramuscularly, or a total of 60 000 units given over a seven-and-one-half-day period, abolished all of the evidence of infection in a series of perhaps 40 or 50 patients. To be sure, the disappearance of the infection was followed by relapse in a large number of the patients

DR BARR I am informed that oral penicillin can now be purchased over the counter Is that correct?

DR MCDERMOTT Yes, that is true

DR MODELL There is a local city regulation prohibiting the over-the-counter sale of penicillin, but I presume the enforcement is not very effective There is also some Federal attempt at regulation

DR BARR It seems to me that those two statements illustrate the very great danger from oral usage of penicillin at the present time Anyone can enter a drugstore and get a considerable amount of penicillin, can take it by mouth with or without the advice of a physician, and, because his infectious symptoms seem to disappear, can discontinue its use and go on his way Is this an overstatement?

DR MCDERMOTT Absolutely not, sir It is very much to be feared

DR GOLD How about the development of tolerance, that is, resistance of the organisms to peni

cillin? Do you think that matter is of practical importance?

Dr McDermott We can just speculate on it, Dr Gold The present-day belief seems to be that resistant organisms are not created but are bred out, that is, they are not created by exposure to penicillin but were resistant to penicillin from the start Thus far it has not proved to be a problem in penicillin therapy It is interesting to note, in the case of sulfonamide therapy, that while the gonococcus has become somewhat resistant, the meningococcus, which is akin to it, has not

I am very much more afraid of this driving the infection underground in the individual than I am of the question of developing resistance

Dr Barr If there are no further questions, the meeting will adjourn

Summary

Dr Bunn The conference this afternoon was on the subject of the use of penicillin by oral administration The oral route was tried in some of the earliest observations on penicillin but was not pursued, apparently because of the fact that such high acidity as may occur in the stomach was known to destroy penicillin, and the initial experiments indicated that, in view of the very limited supply, the large doses required by this route would not be very practical The matter has now been re-examined, and the results indicate that the oral route is very satisfactory for the treatment of some infections with penicillin

An experience with more than 100 infections treated orally was related These infections included those caused by pneumococci, staphylococci, streptococci, gonococci, and Vincent's infection of the mouth and gums A satisfactory dosage plan for the treatment of pneumococcal pneumonia has been worked out There still seems much to be done in developing the most effective dosage plans for the treatment of the other infections

By the oral route it takes approximately five times as much penicillin as by intramuscular injection to achieve the same results, namely, height and duration of blood levels The dosage ratio of 5 to 1 does not appear to be altered by any of the current methods designed to protect penicillin against destruction in the gastrointestinal tract, such as beeswax, special capsules, and neutralization of the gastric juice The current experience indicates that ordinary penicillin dissolved in tap water and administered on an empty stomach is equally effective While it is a fact that penicillin is destroyed in the test tube by such acidity as may be found in the stomach, it appears that penicillin given on an empty stomach does not remain there long enough to undergo any substantial amount of destruction Penicillin penetrates the duodenal mucosa very quickly, since it may be detected in the blood stream within about twenty minutes However, it may be irritant to the gastrointestinal tract, and the suggestion has been offered that its rapid passage into the lower bowel, where absorption is poor and destruction by bacterial action is great may account for the fact that only about one fifth of a particular dose finds its way into the blood

The principles of parenteral penicillin therapy apply to the use of the drug by the oral route, except for the fact that it takes five times as much, on the average, with variations from three to ten times as much At the present time the oral route is most applicable to the infections with the more sensitive organisms and those in which experience with parenteral therapy indicates that the duration of treatment need not be very prolonged It is simply a matter of giving enough penicillin

Attention was called to the danger of the abuse of oral penicillin, the fact that it may be applied to too many cases with insufficient indication, thereby increasing the number of patients so sensitized that unpleasant reactions will result when more definite need arises for it in the future In the fact that penicillin is sometimes purchased in the drugstore without prescription lies the danger that patients may take to self-medication, which may result in the appearance of a cure while the disease continues to progress in a chronic form

---

MODERN EVOLUTION

One day two young friends of Charles Darwin decided to play a joke on the great scientist The boys took the wings of a butterfly, the legs of a grasshopper, the head of a beetle, and the body of a centipede, and very carefully glued these parts together

Then, placing the manufactured insect in a box, they called on Mr Darwin

"Mr Darwin," they said, "we caught this bug in a field Can you tell us what it is?"

The scientist examined the insect carefully and then asked, "Did it hum when you caught it?"

"Yes," replied the boys

"Then," said Darwin, with a twinkle in his eye, "it must be a humbug"—*J Am Inst Homeop, Dec, 1945*

Special Article

THE GROUP PLAN OF MALPRACTICE INSURANCE AND DEFENSE

A Message from the Committee

To All Members

EVERY physician and surgeon in active practice must face the possibility that some day he may be called upon to sit before a jury of laymen and defend himself against a charge of malpractice The number of suits and claims filed each year against members of the Medical Society of the State of New York abundantly demonstrates that no practicing doctor is justified in complacent self-confidence or the belief that it will always be the other fellow who is sued No specialty or section of the state is free of this threat and, whether in private practice for himself, or serving as an employee or agent of another a doctor cannot escape personal liability for his own acts

Malpractice is the only form of liability which, in addition to threatening a doctor's pocketbook, attacks his professional standing in his community as well These are hard won and cherished possessions, the protection of which cannot be left to anything less than the most expert legal defense and soundest indemnity obtainable Both of these services are combined in the Group Plan of malpractice insurance and defense of the the State Society which for many years has provided the finest malpractice protection available to medical men in this or any other state Participation in the protection of the Group Plan is one of the important privileges of membership in the Society but members cannot profit by its benefits without accepting a certain amount of responsibility for it which should be understood and shared by all.

The Group Plan, as its name suggests, is a group activity for which the members of the Society are collectively and individually responsible It was conceived and organized by the Society It is operated solely for the benefit of the members under the direction and supervision of the Society as a mutual undertaking The high standards set for it by the Society have made it the most efficient and economic source of malpractice protection that can be devised and maintained in this state For that reason it has become an important factor in the professional lives of a substantial majority of the practicing members of the Society and, as such, it merits the active support of members who are fully informed as to the reasons for its existence and the details of what it stands for This booklet has been prepared to furnish that information

The Committee on
Malpractice Defense and Insurance
J STANLEY KENNEY, M.D , *Chairman*
JAMES M FLYNN, M D
THOMAS M D'ANGELO, M D

Failure of Insurance Companies to Furnish Satisfactory Protection

The Society's Group Plan of malpractice protection was made necessary by failure on the part of insurance companies to furnish satisfactory insurance and defense to medical men in this state at a time when they needed it most

Malpractice insurance was never more than a small experimental side line with the few companies which were originally interested in the business, consequently none of them was prepared to deal effectively with the situation created by the tremendous increase in the number and cost of suit and claims which occurred in this state immediately following the first World War Up to that time the insurance provided by the companies was generally regarded as sufficient for ordinary needs but, when malpractice protection became an important factor in medical practice, members of the Society became increasingly dissatisfied with their situation because

1 *The coverage provided by the companies was not adequate to meet the changing requirements of the profession* —This was due to the fact that their policy contracts were drafted by insurance men who were more interested in their own ideas of underwriting than they were in meeting the needs of practicing doctors.

2 *The legal defense furnished by the companies was seldom acceptable to defendant doctors* —This was due to the fact that the companies were obliged to delegate the defense of intricate medical cases to general insurance attorneys who had no knowledge of the medical questions involved and very little about the law governing them

3 *The cost of malpractice insurance was increasing at a rate which threatened to make it a prohibitive burden on medical practice* —Some of the companies withdrew from the business because of the high loss costs and the few remaining in it increased their rates in various amounts up to 300 per cent with nothing to prevent further heavy increases whenever, in the opinion of the companies, they were required leaving doctors no choice but to pay the increased cost or go without insurance protection.

In view of this situation, the Society concluded that an investigation should be made of the entire question of malpractice indemnity and defense to determine what if anything, organized medicine could do to improve the quality of and to reduce or control the cost of malpractice protection of the members

Preliminary Study and Conclusions

As a result of the initial study made at that time, the following conclusions were reached

1. That the insurance companies, because of in

herent limitations, would never be able to furnish satisfactory indemnity and defense without the intimate cooperation of organized medicine

2 That, in view of the great increase in the number and cost of malpractice suits, the legal defense service of the Society alone was not sufficient protection and that it should be supplemented by good insurance

3 That the only plan offering complete malpractice protection likely to succeed in this state was one which combined the indemnity facilities of a good insurance company with the legal defense service of the Society

4. That, since it was the pocketbooks and professional reputations of members of the Society which were at stake, they should have a controlling voice in drafting the kind of insurance contract they wanted and in computing their own loss costs and the rates they would be called upon to pay

When tested against the experience of numerous members and all the information which could be obtained from the companies on the subject, this analysis of the situation appeared to be correct in every respect and indicated clearly that some energetic action on the part of organized medicine was necessary to bring about any improvement in the situation

Organization of the Group Plan

Based on the foregoing conclusion, the study was continued in an effort to devise a practical scheme which would embody the ideas of the Society and, at the same time, be acceptable to a good insurance company This resulted in drafting a plan which included the following provisions

1 That a form of policy contract and coverage satisfactory to the medical profession be provided

2 That all members in good standing of the Medical Society of the State of New York and only such members be eligible for protection under the plan.

3 That all suits and claims against insured members be defended exclusively by the legal counsel for the Society at the expense of the plan

4. That the rates be computed on the basis of the actual cost of losses sustained by insured members plus a predetermined and controlled expense factor which would include a small and also controlled profit for the company in the form of a fee or handling charge

5 That the business be handled through an insurance representative of the Society who would be responsible to the Society for seeing that all the provisions of the plan were carried out as intended

In these brief but farseeing proposals, the Society provided for satisfactory coverage, eligibility of all members, expert legal defense, controlled cost, and responsible management

These proposals were submitted to all of the insurance companies known to be writing malpractice insurance in the state at that time and were declined by all of them except the Aetna Life Insurance Company, of Hartford. This company, while inclined to the belief that the idea was economically sound, doubted the workability of it largely because it was a radical departure from anything which had previously been tried in the insurance world Nevertheless, they were finally persuaded to undertake it on an experimental basis and committed the company to it

The project was then submitted to the House of Delegates which met in Brooklyn in April, 1921 where it was unanimously approved and ordered into operation It was designated as the Group Plan of the Medical Society of the State of New York and was put into operation on May 10, 1921

Although the Society believed that the Group Plan offered the only means by which efficient and stabilized malpractice protection could be provided in this state, it is doubtful if anyone connected with its organization foresaw at that time the far-reaching effects which would flow from this advent of organized medicine into control of its own malpractice insurance affairs

That the Group Plan fully accomplished every purpose for which it was organized is attested by the fact that it has now been in existence for a quarter of a century and that today it occupies a stronger and more important place in medical practice than at any time in the past

What the Group Plan Stands For

The Group Plan has not been static From time to time the form of coverage has been extended, controlled changes have been made in the rates to meet fluctuations in the cost of losses, the expense factor has been reduced, and improvements have been made in the method of handling and cost accounting

Each of these changes has been made under the direction of the Society and, where necessary, has been incorporated in the Requirements for the Group Plan.

These requirements govern the terms of the carrying agreement under which the Group Plan is operated and, as they explain better than anything else could the extent of the Society's control and what that stands for in the protection of the members, they are printed here in full

Basic Requirements for the Group Plan

(*a*) The company shall establish to the satisfaction of the Society that it desires without reservation to enter into a joint undertaking with the Society to study the problems of malpractice defense and insurance in New York State and to provide protection to members of the Society desiring it under a group plan which will place and retain in the hands of the Society maximum control over the vital elements of the enterprise

(*b*) The plan shall be a group plan of insurance

(*c*) The company shall issue to the Society as trustee for the members a master policy which will set forth all of the terms and conditions of the insurance The policy contract shall be amended from time to time to meet the needs of modern practice of medicine by agreement between the Society and the company, and no amendments shall be made in the contract except with the approval of the Society Members shall be insured under the terms of the master policy by individual certificates issued to them and each certificate shall have printed on the back thereof a copy of all terms and conditions of the master policy as amended

(*d*) The company shall issue a certificate of insurance to any member in good standing of the Society who applies for it (unless otherwise directed by the Society) at rates approved by the Society

(*e*) The company shall not issue malpractice insurance to any physician or surgeon in the State of New York except to members in good standing of the Society and to members of the Homeopathic Medical Society of the State of New York

(*f*) All suits and claims against members insured under the master policy shall be defended exclusively by the legal counsel for the Society and the cost of

such defense shall be charged to the loss experience of the Society

(g) The members insured under the master policy shall constitute a self rating group and the rates charged under the master policy shall be computed annually upon the actual loss and loss expense incurred, plus proper and agreed ratios for operating expenses and profit. There shall be no loadings in the rates for salaries, allowances, commissions, claim expense, dividends, or profit except those contained in the predetermined and allowable expense and profit ratios, and no change shall be made in those ratios except with the approval of the Society

(h) The company shall furnish the Society, upon an approved form analyzed loss vouchers approved by the legal counsel for the Society covering all expenditures for losses and loss expenses incurred and no charge for closed suits and claims shall be included in the loss experience under the master policy unless covered by such a voucher

(i) No estimated reserves for outstanding or anticipated suits and claims shall be included in the loss experience under the master policy except those approved by the legal and indemnity representatives of the Society

(j) The company shall recognize the indemnity representative of the Society as the sole representative of the Society and the broker of record for all members insured under the master policy On behalf of the Society he shall have full charge of all underwriting operations, cost accounting, and rate computations, and report directly to the Chairman of the Committee on Malpractice Defense and Insurance

The foregoing is in the charter of the Group Plan, which is unique in the insurance world. Probably there is no other insurance agreement in existence which permits the insurance buyers to draft their own policy contracts defend their own suits and claims, tabulate their own loss costs, and compute their own rates.

It would be difficult to conceive of an insurance agreement more favorable to policy buyers than this. If, in these circumstances, the Group Plan were to fail in any respect whatever it could only be because of a lack of knowledge or support on the part of the members for whose protection it exists and who, in turn, are responsible for it.

"Cheap" Insurance

The Group Plan was never designed to supply "cheap' insurance but to furnish the highest type of indemnity and defense obtainable at the lowest cost consistent with that quality

Cost alone is a poor yardstick with which to measure the value of insurance of any kind This has always been well understood by all professional insurance buyers, with whom it is axiomatic that 'good insurance is never cheap and cheap insurance is never good." Malpractice insurance is no exception to that rule.

It is significant that throughout the life of the Group Plan its rates have been lower than those of all the insurance companies which at any time have written enough malpractice insurance in this state to learn the true cost of the business here. From time to time however inexperienced companies, in an effort to attract favorable attention to themselves have undertaken to appeal to uninformed members of the Society with cheaper rates, hoping, thereby, to build up an increased volume of other and more profitable business.

Having had no reliable cost experience of their own upon which to predicate rates, these companies have adopted as a basis the comparatively low schedule achieved by the Society through its organized efforts and named slightly cheaper rates which, it was hoped, would attract members of the Society and draw them away from their own Group Plan.

There has seldom been a time when at least one of these companies has not been experimenting with the business here in this manner, and members who are influenced entirely by the cheapness of their rates will usually be able to secure a policy of malpractice insurance and defense from some one of them How ever, those who elect to follow that course should be prepared to find, when they are sued, that their protection is something less than the best which was available to them through their Society

Legal Defense

The legal defense of malpractice actions against medical men, as developed within the Society, is a specialty in law which, to be successful, requires a long and concentrated experience comparable with that essential for any specialist in medicine

It is not enough to know the general and special law applicable to malpractice actions in this state. To be successful, a defense attorney must thoroughly understand medical terminology and procedures the customs and practices in medicine, and what is considered accepted practice in both diagnosis and treatment of all kinds. In addition, he must be familiar with and have in his library the opinions of a large number of authorities on a wide variety of medical subjects. Prior to the organization of the Group Plan, it was a common complaint among insured members that the most difficult part of their defense was giving their defense attorneys a correct understanding of the medical questions involved.

This was fully understood by the Society as early as 1918 when its legal defense service was established under Mr George W Whiteside, who developed the principles of defense which were adopted by the Society and who was the first to make the efficient defense of malpractice suits a recognized specialty in his profession. Each of the attorneys who has served as legal counsel of the Society since that time had a long training in the principles established by Mr Whiteside under his immediate predecessor in office

Any insurance company could, in time, develop similarly trained defense specialists but, until malpractice insurance becomes something more than a mere sideline in their business, none of them will ever do so This is why legal defense, comparable with that provided by the Society, never has been and probably never will be furnished members who secure their insurance protection outside the Group Plan of the Society

Supervision and Management

The Group Plan is operated under the supervision of the Committee on Malpractice Defense and Insurance which reports to the Council of the Society and, through it, to the House of Delegates The Committee receives detailed reports on all phases of operation including itemized tabulations of losses and loss reserves, as verified by the legal counsel and the rate computations made in accordance with the formula contained in the carrying agreement with the company In this manner the Society is able to maintain intimate supervision of the Group Plan and to influence the various elements of it in any way necessary to protect the welfare of the members. In passing, it should be pointed out that under this

system the Society has accumulated, since 1921, the most complete and accurate data on the cost of malpractice insurance and defense in this state which has ever been assembled

Management of the Group Plan is delegated by resolution of the House of Delegates to the indemnity representative of the Society, a licensed insurance broker, who also acts as the malpractice-insurance advisor of the Society Since his appointment in 1921, the indemnity representative has had no other duty or activity All the business of the Group Plan is conducted in his name as required by the insurance laws of the State of New York

Contrary to general belief, there is an important difference between an insurance agent and an insurance broker which should be of interest to members of the Society It is usually taken for granted that all agents and brokers are representatives of insurance companies but such is not a fact

An agent represents and is responsible to the company which appoints him and insurance buyers have nothing to do with the relationship On the other hand, an insurance broker, under the insurance laws of the state, is a representative of and responsible to the policy buyer, whose business he handles He is obliged to use his knowledge and best efforts for the benefit of the buyer and, if his failure to do so results in injury to the buyer, he may be held liable for his negligence the same as a lawyer or doctor He has no authority to speak for, nor are any of his acts binding upon an insurance company, but statements made by him to an insurance company on behalf of a buyer are binding upon the latter He is appointed by and may be dismissed by the insurance buyer and all companies are bound to abide by the decision of the buyer in this respect

Acting under appointment by the Society and the obligations and limitations fixed by law as indicated above, the indemnity representative is as responsive to direction and control by the Society as any of its retained or salaried officials

The income of the indemnity representative is derived from commissions which are included in and limited by the expense factor which is approved by the Society for inclusion in all computation of rates Out of that income, however, all expenses incident to operating the Group Plan on behalf of the Society are borne Thus, the Society is able to maintain an indemnity department and responsible management of the Group Plan without cost to itself

Regulations Governing Malpractice Defense and Group Insurance*

Uninsured Members—The Medical Society of the State of New York will furnish to its members the services of the Counsel of the Society in actions brought for alleged malpractice, error, or mistake done or claimed to have been done in the legitimate performance of the duties of their profession as physicians under the following regulations

The Counsel of the Society will serve as attorney in all actions for alleged malpractice, brought against members in good standing, who must be so certified by its Secretary, excepting as follows

Members shall not be entitled to malpractice defense if the acts in the suit for which they make application for defense were committed prior to their admission to membership in the State Society

Members shall not be entitled to malpractice defense if the acts in the suit for which they make application for defense were committed during a period when they were not in good standing, according to the Bylaws

Members shall not be entitled to malpractice defense while residing and/or practicing medicine or surgery outside of the territorial limits of the State of New York

The Society will not undertake the defense of any member who, after consideration by the Council, is believed guilty of criminal abortion, feticide, homicide, or any criminal act or who has not complied with the recognized ethical laws in regard to these cases

Members shall agree not to compromise any claim against them, the defense of which has been undertaken by the Society nor to make settlement in any manner without the advice or consent of the Society given through its attorney

In the event that a member sued or threatened with suit shall, without the advice or consent of the attorney of the Society, determine to settle or compromise any claims against him, he shall reimburse the Society for the expense incurred in undertaking his defense, and in default thereof, he shall be deprived of further privilege of malpractice defense

The Society shall not assume any responsibility for the payment of any sum agreed upon by arbitration in the settlement of claims, or awarded by court verdicts, or for making payments for any purpose whatsoever

Members of the Society desiring to avail themselves of the privileges of this act shall make application therefor in writing to the Secretary of the Society, and it shall be shown to his satisfaction that they are members in good standing They shall also furnish the Legal Counsel a complete and accurate statement of their connection with, and treatment of, persons upon which complaints against them are based, giving dates of attendance, names and residences of nurses and of other persons cognizant of facts and circumstances necessary to a clear and definite understanding of all matters in question, and shall furnish such other relevant information and execute such papers as may be required of them by the attorney of the State Society

In the event of any difference of opinion between a member of the Society and the Counsel concerning the eligibility of a claim for defense, or any other matter having to do with malpractice defense, all details shall be presented to the Committee on Malpractice Defense and Insurance to be referred with recommendations to the Council for its decision

The foregoing regulations are subject to such change as may from time to time be authorized by the Council or the House of Delegates

Members Insured Under the Group Plan—All members in good standing shall be entitled to malpractice defense and indemnity in the Group Plan of Insurance on payment of the premium due on the policy selected, but the amount of insurance protection granted to any member may be limited at the discretion of the Council, subject to petition for reconsideration

When upon the final completion of the defense of any suit or claim it shall appear to the satisfaction of the Council that the medical procedure, conduct, or attitude of the member involved was such that it could not have the approval of competent medical opinion generally and that the continuance of such medical procedure, conduct, or attitude would constitute a burden to the Society's Group Insurance Plan more hazardous than that contemplated in what is generally accepted as the competent practice of medicine, the Society shall have the right to with-

* Adopted by the House of Delegates April 3, 1933 and amended by the Council, December 13, 1945

draw from such member the privilege of renewal of his indemnity insurance under that Plan. Nothing in this rule shall deny such member a rehearing by the Council. This rule shall also not abrogate such member's right to subsequent malpractice defense by the Society.

If an assured shall fail to maintain in good standing his membership in the State Society, according to the Bylaws, the policy, so far as it applies to such assured, shall be canceled as of the date upon which he ceased to be a member in good standing. A notice to this effect shall be mailed to the member's last address, and the Company will return upon demand and surrender of his certificate the unearned premium due him on account of such cancelation. If the member is reinstated by payment of dues the former policy cannot again be put in force, but the member can secure a new policy as of the date of reinstatement of his membership in the Society to good standing.

The Group Plan of Insurance shall insure a member in accordance with the insuring clause of the master policy issued to the Society which with the approval of the Council or House of Delegates, shall be amended from time to time to meet the changing requirements of medical practice and the loss experience as developed by the Group Plan of Insurance.

The Group Plan policy shall not cover the liability which an insured member may have on account of injury to patients from causes other than medical treatment, care, or advice, nor for injury to persons other than patients from any cause whatsoever. Protection on account of such losses can only be had under general liability or workmen's compensation insurance.

When in the course of duties imposed upon him as a medical officer of the State or any political subdivision thereof an insured member shall be required to render medical opinion he shall be fully protected under his Group Insurance against the consequences of such an opinion provided it shall have been given to competent authority and not made public by him.

All members desiring insurance protection in the Group Plan of the State Society shall secure that protection through the Indemnity Representative of the Society, who shall be the broker of record for such members in accordance with the insurance laws of the State of New York.

A doctor applying for membership in the Society for the first time may secure malpractice insurance protection under the Group Plan of Insurance under a temporary binder as soon as his application for membership has been filed with his county society, provided that such temporary binder shall be canceled back to the date of its issue with no liability on the part of the Group Plan of Insurance in the event that his application for membership is not favorably acted upon by the county society within six months after the date of filing.

Protection under the Group Plan of Insurance of any member or applicant for membership in the Society may commence on any day of the year, holidays included, provided that in no event shall it become effective prior to the date on which the application for such protection is placed in the United States mail as shown by the postmark on the envelope in which it was mailed.

Members Insured by Companies Other Than the Carrier of the Group Plan.—A member who elects to secure malpractice insurance protection from a company other than the carrier of the Group Plan shall have the same right of defense by the Counsel of the Medical Society of the State of New York as those members not insured, provided said carrier is authorized to do business in the State of New York. If the member desires this service under the circumstances, all the regulations as detailed above applying to uninsured members must be observed. At the time the action is begun, and not later, the Secretary of the Society shall be furnished with the name of the insurance company, policy number, date of policy and amount of insurance carried. There shall also be presented at the same time a letter from an authorized officer of the insurance company certifying that the company will assume the full cost of the defense, including the fees of the Counsel of the Medical Society of the State of New York similar to those paid by the carrier of the Group Plan in like instance. Also that he shall not be required to consult with or receive instructions from the company as to the manner of defense, and that the company will accept his opinion as to the final disposition of the action.

Insurance companies, other than the carrier of the Group Plan, usually compel the holders of their policies to accept defense by attorneys of the companies but it is desirable that members insured in such companies have the privileges of defense by the Legal Counsel of the Medical Society of the State of New York, provided their insurers meet the requirements stated above. Except as provided above the Legal Counsel of the Society cannot be required to assume responsibility for the defense or appear as associate counsel in any case in which a company other than the carrier of the Group Plan is involved but, if requested, he shall render to the attorney of such company a consultant's opinion provided the company concerned shall compensate him for such service on a basis comparable with the compensation he would receive from the carrier of the Group Plan for similar services.

All previous resolutions heretofore adopted, pertinent to malpractice insurance and defense, are hereby rescinded.

NURSING AWARDS POSTPONED UNTIL SEPTEMBER 20 1946

The McGraw-Hill Book Awards in Nursing Education, which were originally scheduled to close on March 15, 1946, have been postponed until September 20, 1946. This postponement has been found advisable principally because many authors who signified their intention of competing have been too heavily loaded with war work to complete papers.

The postponement will in no way interfere with their publishing program. Competing authors will have their manuscripts considered for publication immediately upon receipt. Acceptable manuscripts will be published and promoted without delay, regardless of this postponement, and considered for an award following the new closing date.

Department of Workmen's Compensation

MAURICE J DATTELBAUM, M D , Chairman, and DAVID J KALISKI, M.D , Director

THE following letter was received recently from the Chairman of the Workmen's Compensation Board, Miss Mary Donlon The matters discussed are of great importance to the proper administration of the Workmen's Compensation Law and physicians are respectfully requested to give full attention to same It is addressed to all physicians practicing under the Workmen's Compensation Law

Dear Doctor

The enclosed handbook is made available to New York State physicians authorized by the Chairman of the Workmen's Compensation Board, or under prior statutory authority by the Industrial Commissioner, to render medical care to workmen's compensation claimants I invite your careful consideration of the standards for the several ratings established by the Medical Practice Committee* for counties of 1,000,000 or more inhabitants, and indicated as the standard for uniformity in the practice of industrial medicine in this State

It is the common problem of administration and physicians to expedite the payment of compensation awards to industrially disabled workers, so that they may receive such payments promptly in lieu of biweekly wage payments as the law provides The physician's medical reports are essential to the determination of compensation claims, and physicians should cooperate by filing such reports promptly as required I am sure you know that in order for the charges of a physician to be valid and enforceable against the carrier, the physician is required to conform to the following requirements as to the filing of his reports with the Chairman of the Workmen's Compensation Board

C-104—Preliminary report should be filed within *forty-eight hours* after first treatment

C-4—Complete report should be filed within *fifteen days* after the C-104, but not later than *seventeen days* after treatment

C-14—Progress reports should be filed at not less than *three-week* intervals, and more frequently if required

No physician can justly complain of the nonpayment of his bills, if he fails to comply with these reasonable reporting requirements

The attention of physicians is also directed to the following important procedures in continued treatment and physiotherapeutic treatment cases When a physician is notified by the carrier that treatment is no longer indicated based on the carrier's medical evidence, and the physician in his judgment believes, nevertheless, that continued treatment is necessary, he should, in writing, request the Chairman of the Workmen's Compensation Board to make impartial examination of the case and until such impartial examination is held, continue to treat the injured employee When the total fee for physiotherapeutic treatment approaches the sum of $25, the physician should file the additional C-4 report and request authorization as prescribed in section 13-a-5

Physicians are reminded that under the provisions of the Workmen's Compensation Law, as amended, only those pathologic and x-ray laboratories licensed by the Chairman are authorized in x-ray and clinical diagnosis and treatment of injured workmen under the Workmen's Compensation Law Physicians who are authorized to render medical care under the Workmen's Compensation Law should ascertain whether laboratories to which they refer matters under the Workmen's Compensation Law have been authorized or licensed to perform x-ray or clinical diagnosis under the Workmen's Compensation Law All physicians should take notice that anyone knowingly referring compensation claimants or cases to unlicensed laboratories may be subject to the filing of charges under Section 13-d of the Workmen's Compensation Law

Medical benefits payable in New York State under the Workmen's Compensation Law now aggregate annually upwards of $20,000,000 This is financed not by public funds, but by direct charge on industry, and under our law the disabled worker is permitted free choice of his physician Those who prefer free choice to other proposed schemes of medical care should recognize an obligation to justify their preference by cooperating with the workmen's compensation administration

I seek your professional assistance and also your civic interest in the efficient and effective functioning of workmen's compensation benefits for disabled workers in our State Please feel free to write me whenever there are matters which you think should come to my attention

MARY DONLON, *Chairman*

* Similar standards are now and have been for a number of years used by the various compensation committees of other county societies as a basis for granting ratings to physician applicants

---

THE RIGHT ANSWER

A touring eastern go-getter spied a lazy Indian chief lolling indolently at the door of his teepee somewhere out west

"Chief," remonstrated the go-getter, "why don't you get yourself a job in a factory?"

"Why?" grunted the chief

"Well, you could earn a lot of money Maybe 30 or 40 dollars a week "

"Why?" insisted the chief

"Oh, if you worked hard and saved your money, you'd soon have a bank account Wouldn't you like that?" "Why?" again asked the chief

"For gosh sakes!" shouted the exasperated go-getter "With a big bank account you could retire, and then you wouldn't have to work anymore "

"Not working now," pointed out the Indian —*J Am Inst Homeop , Dec , 1945*

Medical News

Army Again Speeds Doctors' Release

UNDER a new demobilization plan, effective immediately, all but four thousand of the forty-one thousand doctors commissioned in the Army from civilian life will be returned home for separation not later than June 30 Robert P Patterson, Secretary of War, said on Febrnary 1

The regulations provide that physicians and dentists, with the exception of eight hundred scarce medical specialists whose services are needed by the Army, will be separated if they qualify under any one of these criteria (1) sixty points, (2) 45 years of age, (3) thirty nine months of active duty

This represents a reduction of five points in the score and three months in length of service from regulations previously in effect

The program has resulted in separation of twenty-five thousand Army doctors since V-E Day, Mr Patterson reported Another five thousand are on the way home or are in process of separation, and under the new plan seven thousand more will be eligible for release progressively in the next five months.

The rapidity of the program, which Secretary Patterson said was not thought possible as recently as two months ago, has been advanced by use of graduates of the Army Specialized Training program to replace civilian doctors

Maj Gen. Norman T Kirk, Surgeon General, promised that officers would be either separated or on the way to the United States for discharge within thirty days after they become eligible In the case of specialists, it would take sixty days, he said

By March 1, General Kirk said, every physician and dentist with sixty points, except specialists would be out of the service or on his way home from overseas by "fastest available means of transportation." Medical specialists with seventy points will be released or on the way home not later than April 1 and those with sixty points by June 1

Officers returned from overseas or surplus to requirements of a major command will be separated if they are within four months of the period of service or age which would make them eligible for release

Separation criteria for scarce specialists will be seventy points, 45 years of age, or forty five months of active service, but, on April 1, the point score will be reduced to sixty

Veterinary, Sanitary, and Medical Administrative Corps officers are eligible for relief from active duty if they have sixty points, or if they are 42 years old, or have had thirty-nine months of active duty

Army Nurse Corps officers will be released with twenty-five points, or if they are 30 years old, or with eighteen months of active duty For dietitians and physical therapists the length of service requirement is twenty four months.

County News

Albany County

The Albany County Medical Society met at 8:30 P M on January 30 in the auditorium of Albany College of Pharmacy

Following a business session members heard a talk by Dr Arthur H Blakemore, assistant professor of surgery at the College of Physicians and Surgeons and assistant surgeon at Presbyterian Hospital and Vanderbilt Clinic, who spoke on "Clinical Application of Nonsuture Method of Blood Vessel Anastomosis Using Vitallium Tubes"

At this meeting Dr Homer L. Nelms received a framed resolution of appreciation. Dr Arthur J Bedell presented the resolution to Dr Nelms, new vice-president of the medical society "on the occasion of his relinquishing the office of secretary, which he has held for the past sixteen years.' Dr Nelms was praised for his "skill and fidelity" The new secretary is Dr Albert Vander Veer *

Broome County

Dr John Green, recently discharged from the Navy as lieutenant commander, has returned to the podiatry department of the Endicott Johnson Washington Avenue Medical Department, Binghamton, after more than four years' absence

Discharged January 2 Dr Green was separated from the Navy in October and returned home on terminal leave in December *

Chautauqua County

The Chautauqua County Medical Society and its auxiliary joined on December 19 at the Hotel Jamestown to hear a lecture on "Medical Insurance, the Answer to Socialized Medicine' by George P Farrell, New York, director of the Bureau of Medical Care Insurance.*

In December twelve of thirty-one county physicians who had entered service were resuming practice there. They are Drs Harold A. Blaisdell, George M Shearer, Clair H Culver, Clyde L. Wilson, Albertus W Rappole H. Wolcott Ingham, Harold M. Childress, Donald D Trantum, M. B Furlong, R. A. Kinney, W F Hoover, and P P Vitanza.*

Columbia County

Dr Clark G Rossman, dean of Hudson physicians, has announced plans to retire from the practice of his profession and to enjoy a well-earned and richly-deserved rest. Dr Rossman has practiced medicine for fifty years, practically all this time in Hudson He opened his office in Hudson in 1899, where he has continued to practice ever since.

Beyond his medical service, Dr Rossman has taken time from a busy professional life to serve the civic interests of the community In addition to his medical training he has a civil-engineering degree from Cornell University

He obtained his M.D at the College of Physicians and Surgeons, Columbia University He served internships in several New York City hospitals, including Knickerbocker, Sloane Maternity, Vanderbilt Clinic, and Roosevelt For a time he was resident surgeon at Knickerbocker Hospital and acting resident physician at Sloane

Dr Rossman is a past-president of the Columbia County Medical Society a past-president of the Third District Branch of the Medical Society of the

* Asterisk indicates that item is from a local newspaper

State of New York, and he served as a member of the executive committee of the State Society He also is a member of the State Society He also is a member of the American Medical Association *

Cortland County

Dr Bernard D Briggs, who was recently discharged from service, resumed his practice in McGraw at his office on October 24

After his discharge Dr Briggs took a two weeks' advanced course in anesthesia at the Orange Memorial Hospital, where he interned when studying medicine *

Dutchess County

After forty-three months in the Army working in connection with psychiatric treatments, Maj Lloyd D Harris is now returning to his civilian practice as a Poughkeepsie physician *

• • •

Dr William H Conger, Poughkeepsie city health officer, was reappointed to a new four-year term, under the Public Health law, at a reorganization meeting of the Board of Health held on January 1 Mayor Doran presided at the meeting, and Dr Edith Gardner Mead offered the resolution calling for Dr Conger's reappointment *

Erie County

A list of one hundred and twenty-five local physicians who have returned from service with the armed forces was announced on December 31 by the Medical Society of Erie County At the same time, the Eighth District Dental Society reported the names of twenty dentists who have returned to practice

Dr A H Aaron, retiring president of the Medical Society, asserted that "the society is very anxious that former patients of these physicians know they have resumed practice"

He pointed out that four hundred physicians from Erie County entered service, including two hundred and twenty members of the society, the others generally being recent medical graduates, interns, and residents who entered before embarking upon private practice The list leaves about ninety-five society members still to come home *

Essex County

Dr J F Spranz has returned to Au Sable Forks to resume the practice of medicine Dr Spranz, who was a practicing physician in Au Sable Forks and vicinity for several years, was forced by illness into temporary retirement several months ago He moved to New Rochelle early in 1945 *

Franklin County

A meeting of the Saranac Lake Medical Society was held on February 6 in the John Black Room of the Saranac Laboratory, Saranac Lake Dr Daniel H Labby, of the Hospital of the Rockefeller Institute for Medical Research, spoke on "Therapy of Liver Disease"

Fulton County

Dr John H Larrabee, of Gloversville, who served forty months in the Navy Medical Corps, has been given his honorable discharge and resumed his general practice on January 14.

While serving in the Navy Dr Larrabee held the rank of lieutenant commander He saw service in the African, Sicilian, and Italian campaigns *

Greene County

At the January meeting of the county society held at Memorial Hospital on Thursday, January 8 at 9 00 P M, Dr Rudolph Ruedemann spoke on "Syphilis and Its Treatment"

Jefferson County

Seven of the nine Watertown physicians and surgeons who left their medical practices here since the outbreak of World War II to join the armed forces of the United States are now back home and have resumed active practice of their profession

The seven whose active military service has been terminated are Dr Louis C Battista, Dr James L Crossley, Dr H Louis George, Dr Holger C Nelson, Dr John M Rice, Dr Thomas N Sickels, and Dr Lawrence F Withington

Two other physicians who served in the war, Dr Thomas P Hamilton and Dr Charles F Goodnough, are now practicing here after ending active military service, but neither practiced in the city before the war *

Kings County

Dr Aaron Leonard Burger became a member of the staff of the Brooklyn Society for the Prevention of Cruelty to Children as medical examiner on January 1, when his appointment went into effect

Dr Burger was graduated from the College of Physicians and Surgeons of Columbia University in 1923 and has since practiced medicine in Brooklyn During the war he was a lieutenant colonel in the Army Medical Corps He served overseas for twenty-eight months as chief of medicine in a general hospital *

Livingston County

Dr Rudolph Steinharter, who for the last six years has been a physician and surgeon in Dansville, left there in January to open an office in Hempstead

Dr Steinharter was a member of the Livingston County Medical Society and was a member of the active staff of doctors at Dansville General Hospital He was a member also of the Chapter of Royal Arch Masons of Dansville and of the Exchange Club

Dr Steinharter was medical adviser on the executive committee of the Clara Barton Chapter of the American Red Cross there and at the onset of the war taught first aid classes sponsored by the chapter *

Madison County

Dr Otto Pfaff, dean of Oneida physicians and five-time mayor of Oneida, was tendered an ovation in honor of his eighty-first birthday, January 9, by members of Oneidas Club at a luncheon meeting in Hotel Oneida on January 3 The club was addressed by Maj Eliot Friedman, Utica physician, on terminal leave from the Army, on his experiences in the western Pacific

Dr Edward G Hixson, delivering the testimonial address, reviewed some of the highlights in Dr Pfaff's career *

• • •

Dr Arthur S Broga, of Oneida, has been appointed Madison County coroner by Governor Thomas E Dewey, it was announced on December 31 Dr Broga succeeds Dr Lee S Preston, Oneida, who resigned December 1 after serving more than three terms *

• • •

[Continued on page 544]

ARE VITAMINS ALWAYS ENOUGH?

In malnutrition, convalescence, anorexia and old age, more than vitamins are often indicated Besides vitamins there are maltose, dextrose and dextrins and other food elements present in Maltine with Vitamin Concentrates



Some of the food elements in Maltine with Vitamin Concentrates— approximate content per 30 cc (2 tablespoonfuls)

VITAMIN A	10,000 U.S P units
VITAMIN D	1,000 U.S P units
THIAMINE HYDROCHLORIDE	3 mg
RIBOFLAVIN	4 mg
NICOTINAMIDE	40 mg
+MALTOSE	9 6 gm
+DEXTROSE	4 2 gm
+DEXTRINS	10.2 gm
+PHOSPHORUS	279 mg
+CALCIUM	303 mg
+CHOLINE*	36 mg
+INOSITOL*	44 mg
+FOLIC ACID*	22 mcg

*These constituents are members of the natural B Complex Their need in human nutrition has not been established

Two tablespoonfuls supply at least twice the minimum daily requirements of the above vitamins and supplementation of other easily digested food elements. The Maltine Company New York 22.

MALTINE WITH VITAMIN CONCENTRATES

MORE THAN A CAPSULE COULD HOLD

[Continued from page 542]

Capt Ernest Freshman, U S Army Medical Corps, recently discharged from service, has been awarded the Bronze Star Medal, Headquarters Corps office of the commanding general Pacific Theater, announced in November The award was made for "meritorious achievement in connection with military operations against the enemy in Mindanao, Philippine Islands, during the period April 27, 1945, to July 23, 1945"

Captain Freshman resumed his medical practice in Oneida January 1 *

• • •

In announcing on January 31 the appointment of Dr John H Rathbone, urologist of New York City, as university physician and director of the Department of Student Health at Colgate University, Hamilton, President Everett Case revealed that Colgate was making plans for a new medical center which would service the community as well as the student body and faculty Dr Rathbone is the prospective director of the center

An alumni representative on the board of trustees, Dr Rathbone has been a member of the faculty of the College of Physicians and Surgeons of Columbia University since 1931 and assistant surgeon at the Presbyterian Hospital and Vanderbilt Clinic for fifteen years *

Montgomery County

Dr Dewey Steffenhagen, of Palatine Bridge, has reopened his office there He has resumed his duties as physician for the Beech-Nut Packing Company

As Major Steffenhagen, he served with the 132nd General Hospital in New Guinea and Biak in the Pacific and was a patient for several months at Rhoads Hospital, Utica, after his return last summer Following his enlistment in the medical corps, he entered service in August, 1942, with the rank of captain, and was stationed at Keesler Field, Mississippi, and in Oklahoma before going overseas in June, 1944 *

• • •

Recently discharged from the Medical Department of the Army of the United States, Dr Roman R. Violyn is resuming practice at his office in Amsterdam

Upon entering service, Dr Violyn was one of the thirty plastic surgeons certified by the Surgeon General's Office During his service with the Medical Department he was promoted to the rank of major *

Nassau County

Dr Dwight T Bonham, of Hempstead, has been elected president of the New York Gastroenterological Association, a group whose membership is limited to sixty of the leading x-ray specialists and gastroenterologists in the metropolitan area.

Dr Herbert B Holleb, a new county society member, has been elected to active membership in the New York State Association of Public Health Laboratories Dr Holleb is a pathologist *

• • •

An analysis of present-day trends as related to medical practice was given by Dr Louis H Bauer, of Rockville Centre, practicing physician and Fellow of the American College of Physicians, at a forum meeting of the Fortnightly Club of Rockville Centre on January 15 His subject was "Private versus Federally Controlled Medical Practice" *

• • •

County doctors who have recently been given their release from the armed services are Drs Ephraim Stein, of Hempstead, Benjamin M Stein, of Hempstead, and Thomas Biondo, of Freeport

Niagara County

Comdr Vincent D Leone, Niagara Falls physician, has been placed on an inactive reserve status after three years service with the United States Navy

Commander Leone served as police surgeon on the Niagara Falls Police Force before he entered the service *

Oneida County

Dr Robert H Cross, of Utica, who has been in charge of the medical department at the Savage Arms Corporation plant, in Utica, since March, 1941, has opened an office there for the general practice of surgery *

• • •

Dr H D MacFarland was elected president of the Medical Society of Oneida County at the annual meeting in the Utica Hotel Other officers elected are Dr Lawrence Sprout, Rome, vice-president, Dr O J McKendree, secretary, Dr R. C Hall, treasurer, Dr Verne Johnson, assistant secretary, Dr T Wood Clarke, librarian Dr A. F Gaffney, Oriskany Falls, gave the retiring president's address on "Medical Economics and Their Effect Upon the Medical Profession."*

• • •

Dr Eliot Friedman has returned to Utica after three and a half years in the Army Medical Corps to resume his practice

Dr Friedman was with the 108th Station Hospital during his entire time overseas and saw service in Australia, New Guinea, and Japan *

Onondaga County

Col Tracy L Bryant, of Syracuse, has been named chief of surgical service at Valley Forge General Hospital, Phoenixville, Pennsylvania *

• • •

Dr Willard A. Loomis, Jr , who entered the service as an army doctor on November 10, 1942, reopened his office in Baldwinsville in mid-February

Dr Loomis was promoted to the rank of major and granted terminal leave until February 14. He did not receive any army discharge but will remain a member of the Officers Reserve Corps *

• • •

Maj Chauncey W Kenney, of Syracuse, has been separated from the Army and has resumed medical practice there

He was commanding officer of the Army hospital ship *Larkspur* in the European Theater, making shuttle trips here from France, Italy, and Africa *

Ontario County

Resolutions on the death of Dr Harry M Smith were adopted at a meeting of the Ontario County Medical Society on January 8

[Continued on page 546]



BOTH THE PHYSICIAN
AND PATIENT APPRECIATE...

the unique combination of advantages in

MANDELAMINE

Reg. U. S. Pat. Off.
(Methenamine Mandelate)

- **PROMPT EFFECTIVE ACTION**
  Disturbing urinary symptoms are usually alleviated within three to five days.
- **SAFETY**
  Virtual lack of toxicity facilitates therapy and eliminates need for selection of patients.
- **CONVENIENCE OF THERAPY**
  Supplementary acidification restriction of fluid intake, dietary control, or other special measures are unnecessary
- **WIDE RANGE OF THERAPEUTIC ACTIVITY**
  Remarkably efficient in the treatment of pyelonephritis cystitis, prostatitis, and infections accompanying renal calculi or neurogenic bladder

Mandelamine is supplied in enteric coated tablets of 0.35 Gm. (5½ grains) each, in packages of 120 tablets sealtapel, and in bottles of 500 and 1000.



NEPERA CHEMICAL CO. INC.
21 Gray Oaks Ave.
Yonkers 2 New York

Please send me literature, and a physician's sample of Mandelamine.

Name _____ M.D

Street _____

City _____ State _____

NEPERA CHEMICAL CO. INC.

Manufacturing Chemists Yonkers 2, New York

[Continued from page 544]

Dr J G Fred Hiss, professor of clinical medicine, Syracuse University, presented a paper on "Rheumatic Fever and Rheumatic Heart Disease" The business meeting was conducted by Dr Bryant C Hurlbutt, Rushville, new president *

• • •

Canandaigua Medical Society elected Dr A W Armstrong president at the annual meeting on January 4 in the Canandaigua Hotel He succeeds Dr Frederick C McClellan

Dr Malcolm R Blakeslee was named vice-president, and Dr B C Hurlbutt, Rushville, was elected to succeed the late Dr Harry M Smith as secretary-treasurer Dr Margaret T Ross, Brigham Hall, and Dr J Wendell Howard, East Bloomfield, were re-elected directors for two-year terms

Dr Ross was named to draw resolutions on the death of Dr Smith, who was a past president of the society

Lt Comdr Leon A Stetson, (MC),USNR, spoke informally of his experiences in a base hospital on Tinian Island *

Queens County

Comdr Hyman M Weiselberg, of the Navy Medical Corps, has been released from active duty and is returning to Jamaica to resume the practice of medicine, the Navy reported on January 8

Commander Weiselberg has been in service five years

He served in the Pacific and in the Asiatic Theatre His last assignment was to assist with the evacuation of American prisoners in Japan

From Japan he returned to the St Albans Naval Hospital, from where he was returned to inactive status *

Rensselaer County

A scientific program on the subject "Observations on Diphtheria As Seen in a General Overseas Hospital," was presented on January 8 at the meeting of the county society at the Troy Club The speaker was Dr Hermon C Gordinier Dr Victor C Jacobsen headed a discussion period after the talk

Dr F J Fagan, vice-president, was in charge of the business meeting in the absence of Dr Ranald E Mussey, president Committees for 1946 were announced

The meeting began with a dinner attended by all members *

• • •

Capt Olney P Smith, Troy doctor who is now stationed at Norfolk, Virginia, after nearly four years in the Pacific combat area, has been awarded a citation by Admiral Chester W Nimitz for his meritorious conduct as assistant to the Fleet Medical Officer on the staff of the Commander-in-Chief, U S Pacific Fleet The commendation covers a period from June 16 to September 1, 1945, and reads, "He displayed outstanding professional ability and sound jugment in his disposition of such matters as analysis of standard reports and necessary action thereon, in advising officers aboard ships concerning problems of administration and supply and in inspection of ships and staff supervision over hospitalization and evacuation of casualites at Guam His conduct, keen insight, and devotion to duty were at all times in keeping with the highest traditions of the Navy" Captain Smith is now at Naval Operations Base Hospital in Norfolk He served many months aboard the aircraft carrier *Essex* before his promotion to the staff of the fleet commander-in-chief *

Richmond County

Comdr Lewis D Foote, USNR, of Ward Hill, recently received his discharge from the Naval Medical Corps and has resumed practice in St George

In practice on Staten Island since 1930, he entered service January 11, 1943, and was stationed at the Brooklyn Naval Hospital He then went to the Navy Amphibious Training Center in Maryland before assuming duties as the senior medical officer at the Frontier Base, Pier 6, Tompkinsville

Leaving for overseas service in June, 1944, Commander Foote served fourteen months in the Philippine Islands He wears the Philippine Liberation ribbon with one combat star and the Asiatic-Pacific ribbon with two combat stars He was promoted to his present rank on November 1, 1945 *

Rockland County

Comdr Armand Scala returned to his home in Suffern on January 1, after spending ten months overseas in the Navy Medical Corps He has resumed his medical practice in Suffern

Commander Scala was inducted into the Navy in 1942, and served in several Naval hospitals in the United States before he went overseas Since he has been in the Navy, he has worked at hospitals on Long Island and in Florida and California

He went overseas in February, 1945, and served as Chief Surgeon in the Special Augmented Hospital No 4, on Okinawa

For his outstanding service performed there, during the typhoon just after V-J Day, Commander Scala received a special citation from the Navy *

St Lawrence County

Dr Abraham J Levine, the first Massena physician to give up his practice and enter service in World War II, will soon resume his practice in Massena

He planned to spend several weeks at the New York Polyclinic Hospital and Medical School, New York City, to take a postgraduate course He was separated from the U S Army December 14 at Camp Shelby, Mississippi, and will be on terminal leave until March 18 *

Saratoga County

Dr Walter Stuart McClellan, medical director of the Saratoga Spa since 1931, has been named president of the American Congress of Physical Medicine Dr McClellan is the author of fifty-three papers dealing with metabolism, nutrition, hydrotherapy, and balneotherapy *

• • •

Dr Melvin Boright, of Rouses Point, opened his medical practice in Schuylerville in January

From 1942 to 1945 he was a captain in the medical corps, USA, serving in the United States, France, and England *

Schenectady County

The contributions by Schenectady County physicians to the early history of medicine were told on January 8 by Dr Ellis Kellert, director of the Ellis

[Continued on page 548]



GUNPOWDER mixed with lard was a popular folklore remedy for itching among Pennsylvani ans a century ago

THE PICTURE HAS CHANGED

NOW... it's

Enzo-CAL

for ITCHING

When prompt, *positive* relief of pruritus is demanded, prescribe ENZO CAL therapeutically sound and effective combination of semi colloidal calamine, and zinc oxide with benzocaine in a flesh colored, *greaseless* cream that will not stain clothing or linens

May we send you a sample of ENZO-CAL? Write us at 305 East 45th Street, New York 17, N Y



Available in 2 oz. tubes and 16 oz. jars at any pharmacy

CROOKES Laboratories

[Continued from page 546]

Hospital laboratory He addressed members and friends of the Schenectady County Historical Association at the association's annual meeting

Dr Kellert, considered the city's outstanding historian on medicine, is author of several articles dealing with medical history of the Mohawk Valley and of the history of the Medical Society of Schenectady County

The talk was preceded by a short business session for the election of nine new trustees to succeed eight whose terms have expired and to fill the unexpired term of I A. Terry, resigned After the meeting the trustees gathered in executive session to elect a new panel of officers *

• • •

Maj Daniel H Deyoe, of Schenectady, was recently placed on inactive duty with the Army Medical Corps

Major Deyoe will return to a Senior Clinical Appointment in the student health service of Cornell University, where he was assistant professor for five years prior to entering active duty

• • •

Maj Angelo DiDonna, of Schenectady, is on terminal leave from the Army Medical Corps In service since 1942, he served at Camp Rucker, Alabama, Fort Jackson, South Carolina, and with the 306th General Hospital in Europe

• • •

Dr Samuel D Strauss, on terminal leave from the Army Medical Corps, in which he has been serving as captain, has opened an office in Scotia. He was returned to inactive status on January 12 *

Warren County

Three Glens Falls physicians have received their honorable discharges from the U S Army Medical Corps and have resumed their practice there They are Drs C Richard Barber, Arthur C Davis, and Robert Emmett Boyle *

Westchester County

Dr Anthony F Angello is the new president of the Mount Vernon Medical Society, succeeding Dr William A Kelly Dr Angello is assistant attending surgeon at Mount Vernon Hospital

Others elected at the 419th meeting of the group were Dr George A Buchow, secretary, and Dr Eugene Moskowitz, treasurer *

• • •

Dr Wilbur A Sawyer, of Hastings-on-Hudson, director of U N R R.A.'s Health Division, left on February 4 by plane for China, where he will spend a month conferring with health officials of U N R.R. A. and C N R.R A , the Chinese National Relief and Rehabilitation Administration, on plans for speeding up recruitment, training, and distribution of personnel for China's health program

• • •

Westchester physicians recently released from the armed forces who have resumed their private practice are Drs Edward A Hardy, of Pelham, and Manville W Norton, of New Rochelle Dr Francis J McMahon, formerly president of the medical board of St Joseph's Hospital, Yonkers, has received his honorable discharge but has not yet disclosed his future plans *

Necrology

John Howard Acheson, M D , of New Rochelle and formerly of New York City, died on January 18 at the age of 70 Dr Acheson was graduated from the University of Buffalo School of Medicine in 1900 He was the organizer of the ophthalmologic division of the medical department of the Workmen's Compensation Bureau of the New York State Department of Labor, and was a member of the medical societies of New York State, Westchester County, and the American Medical Association.

Dominick Francis Aloisio, M D , of Herkimer, died in August, 1945 Dr Aloisio, a graduate of the New York Homeopathic Medical College, class of 1930, was a member of the staff of the Memorial Hospital, in Herkimer

Richard Benfield, Capt.,(MC),AUS, of New York City, died on October 8, 1945 Captain Benfield was graduated from the University of Vienna medical school in 1924, and served overseas with the 181st General Hospital He was a member of the New York County and State medical societies, and the American Medical Association He was 46 years old

Abraham J Blaustein, M D , of Brooklyn, died on October 18, 1945 He received his medical degree from the Eclectic Medical College of the City of New York in 1906

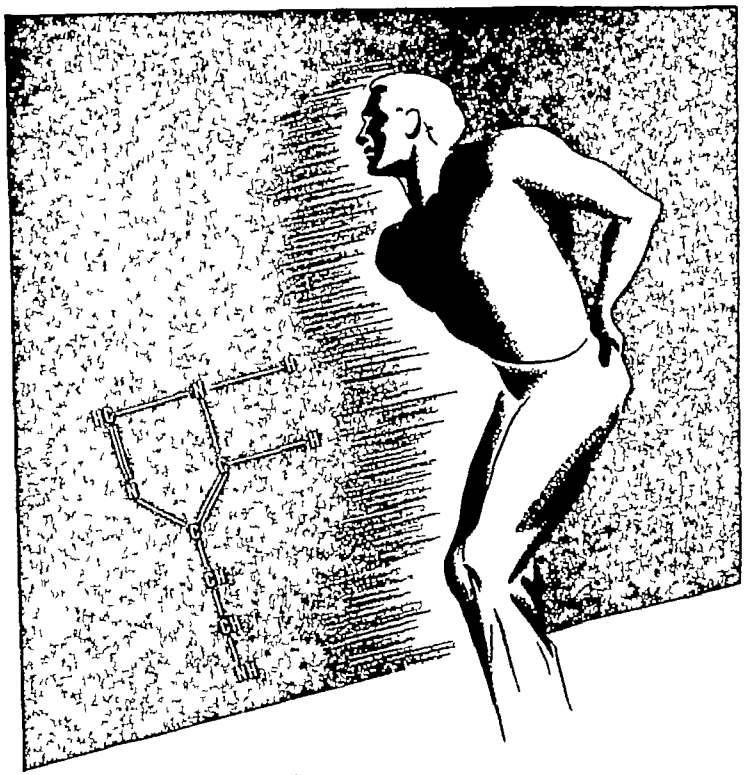
Harold Bonoff, M D formerly of Yonkers, died at his home at Lake Oscawanna on January 30 He was 69 years old A native of Russia, Dr Bonoff came to this country in his youth and was graduated from the New York University College of Medicine in 1905 He practiced in Yonkers until his retirement two years ago

Harold Thomas Booth, Maj ,(MC),AUS, of Schroon Lake, died in England on August 30, 1945 He was graduated from the University of Maryland School of Medicine in 1936, and was formerly assistant physician at the Harlem Valley State Hospital, in Wingdale He entered the Army in 1942, and served as neuropsychiatrist with the 52nd General Hospital He was 35 years old

Ruth Mack Brunswick, M D , of New York City, died on January 25 of a heart ailment She was 47 years old Dr Brunswick, a graduate of Tufts Medical College, class of 1922, for many years was associated with Dr Sigmund Freud in Vienna In this country she taught at the Psychoanalytic Society and Institute, and wrote for several psychiatric publications She was a member of the New York Psychoanalytic Society, the American Psychoanalytic Society, the American Medical Association, and the medical societies of New York State and County

Ernest Dickey, M D , of Rockville Centre, died

[Continued on page 550]



HISTAMINE THERAPY The therapeutic efficacy of histamine in rheumatoid, arthritic and neuralgic affections has been repeatedly confirmed by clinical studies. Imadyl Unction 'Roche' combines the potent vasodilating effect of histamine with the dependable analgesic action of salicylates. Its application — by simple massage — stimulates sluggish local circulation, brings a pleasant sensation of warmth to the affected area, and markedly relieves pain and discomfort This singular effectiveness of Imadyl Unction makes it a particularly valuable remedy for the relief of rheumatoid, arthritic and neuralgic aches and pains. Supplied in 1½ oz. tubes and 1 lb jars.

HOFFMANN LA ROCHE, INC • ROCHE PARK • NUTLEY 10, NEW JERSEY

FOR RELIEF OF RHEUMATOID PAIN **IMADYL UNCTION 'ROCHE'**

[Continued from page 548]

on December 23, 1945 He received his medical degree from McGill University Medical College, in Canada, in 1922 and served his internship at the Montreal General Hospital He was attending physician at the Nassau and Meadowbrook hospitals, and on the staff of the South Nassau Community Hospital and Mercy Hospital in Hempstead Dr Dickey was a member of the Nassau County Medical Society, the Medical Society of the State of New York, and the American Medical Association His age was 51

Louis Bernard Goldberger, M D, of the Bronx, died on December 2, 1945 at the age of 55 He was graduated in 1910 from the Long Island College of Medicine and was gynecologist at Bronx Hospital He was a member of the Bronx County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Gerhard William Heuser, M D, of Brooklyn, died on December 29, 1945 His age was 66 Dr Heuser was a graduate of Cornell University Medical College, class of 1904, and at the time of his death was visiting physician at Swedish Hospital A member of the medical societies of Kings County and New York State and the American Medical Association, Dr Heuser had practiced in Brooklyn for forty years

O Paul Humpstone, M D, living in retirement in Amsterdam, and formerly of Brooklyn, died on January 23 after a long illness He was in his seventy-first year A graduate of the College of Physicians and Surgeons, class of 1899, he served as an intern in the Methodist Hospital, Brooklyn, and the Sloane Hospital for Women, in Manhattan He later became chief obstetrician and gynecologist at the Methodist Hospital, in Brooklyn, and consulting obstetrician at the Jewish, Rockaway Beach, Coney Island, Wyckoff Heights, and St John's hospitals, in Brooklyn, and the North Country Community Hospital, in Glen Cove, and St Luke s, in Newburgh At the time of his death he was director emeritus of the department of obstetrics and gynecology at the Methodist Hospital He was a Diplomate of the American Board of Obstetrics and Gynecology, a Fellow of the American College of Surgeons, and a member of the New York Obstetrical Society and former President of the Brooklyn Gynecological Society, the medical societies of Kings County and New York State, and the American Medical Association. In 1926 he was elected president of the Kings County Medical Society

Ferdinand Michael Jordan, M D, of White Plains, died on August 14, 1945 at the age of 44 Dr Jordan received his medical degree from the University of Pennsylvania in 1925, and served on the staff of the Grasslands Hospital, Valhalla He was a Fellow of the American College of Physicians and a member of the National Gastroenterology Society, the medical societies of Westchester County and New York State, and the American Medical Association

Charles Aubrey Joy, M D, of Sonyea, died on July 2, 1945 at the age of 62 Dr Joy was graduated from Albany Medical College in 1914, and served as assistant physician at Craig Colony Hospital in Sonyea

Lawrence Levy, M D, of Garden City, died on December 31, 1945 He was graduated from the University of Munich in 1899, and came to this country in 1929 He was a member of the medical societies of Nassau County and New York State and the American Medical Association He was 71 years old

William A MacLeod, M D, of New York City, died on August 5, 1945 at the age of 77 Dr MacLeod received his medical degree from the New York University School of Medicine in 1896

Lily Theresa Roche, M D, of New York City, died on June 8, 1945 Dr Roche was graduated from the University of Michigan in 1905, and was at one time a member of the resident staff of Kings County Hospital.

Edwin V Ross, M D, of Rochester, died on June 6, 1945 at the age of 79 Dr Ross was graduated from the Cleveland Homeopathic Hospital College in 1890, and was a member of the New York State Homeopathic Society

Bruno Solby, M D, of Scarsdale and formerly of New York City, died on September 8, 1945 at the age of 43 Dr Solby was graduated from the University of Vienna in 1932 He was a Diplomate of the American Board of Psychiatry and Neurology and a member of the American Bacteriological Society, the medical societies of New York State and County, and the American Medical Association He was assistant neurologist and psychiatrist at the New York Post-Graduate Hospital

Thomas V Stack, M D, of the Bronx, died on January 21 at the age of 50 Graduated from the medical school of Fordham University in 1915, Dr Stack took postgraduate work and served his internship at Norwegian Hospital in Brooklyn He was associate surgeon at Harlem Hospital and director of proctology at Misericordia Hospital in Manhattan He was a member of the medical societies of Bronx County and New York State and the American Medical Association

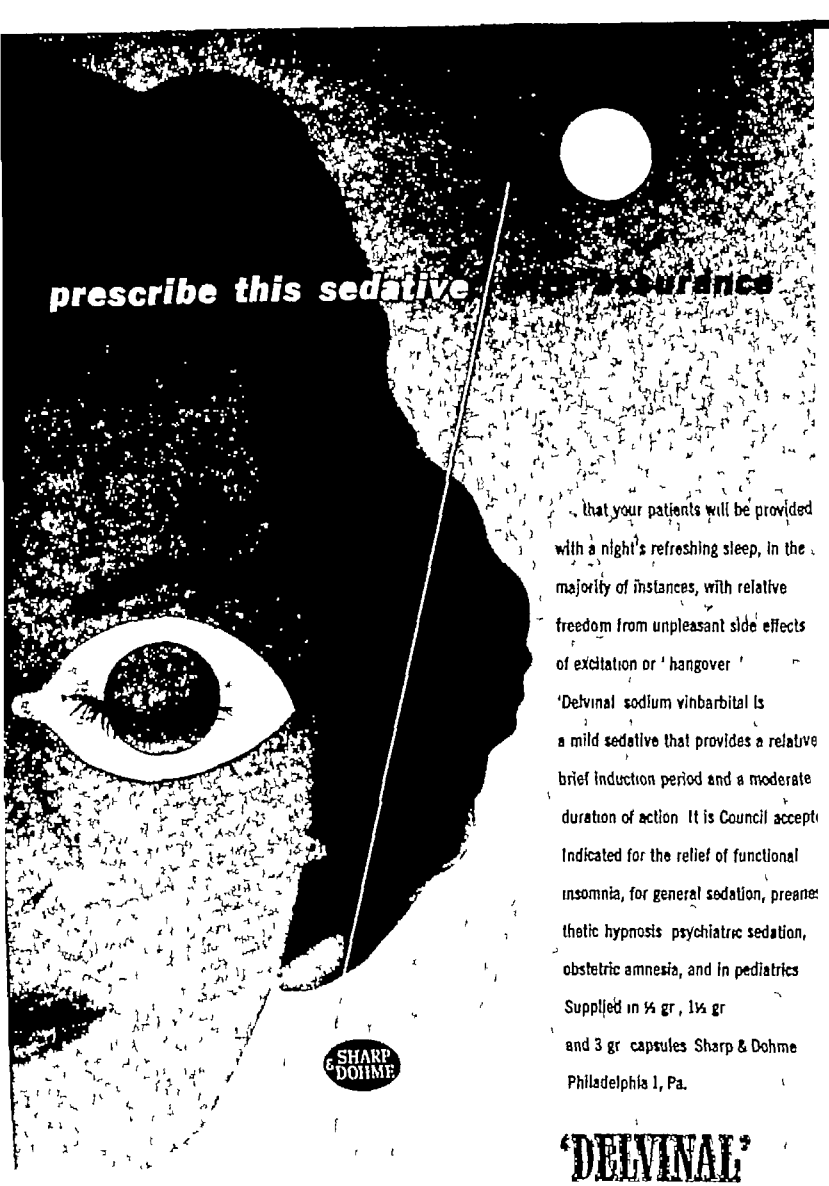
Frank Stockman, M D, of the Bronx, died on January 7 Dr Stockman received his medical degree from Long Island College of Medicine in 1905

Samuel Meredith Strong, M D, of Queens, died on February 2 at the age of 68 Dr Strong was graduated from the College of Physicians and Surgeons, Columbia University, in 1902 He was a Fellow of the New York Academy of Medicine, a member of the Queens County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Charles Ver Nooy, M D, of New York City, died on December 24 Dr Ver Nooy was graduated from the New York Homeopathic Medical College in 1888 He was 81 years old

Gilbert Heinsfurter Wolf, M D, of New York City, died on October 9, 1942 Dr Wolf was graduated from Baylor University College of Medicine, Dallas, in 1935 He was assistant adjunct of the department of dermatology and syphilology at Sydenham Hospital, and clinical assistant dermatologist and syphilologist in the outpatient department of Gouverneur Hospital and Sydenham

Scudder Johnson Woolley, M D, of New York City and New Jersey, died on January 19 He was 76 years old He received his medical degree in 1895 from the University of Pennsylvania, and was consultant physician at Monmouth Memorial and Fitkin Memorial hospitals in New Jersey He was a Fellow of the New York Academy of Medicine and a member of the New York County and State medical societies and the American Medical Association



. . . that your patients will be provided with a night's refreshing sleep, in the majority of instances, with relative freedom from unpleasant side effects of excitation or 'hangover'

'Delvinal' sodium vinbarbital is a mild sedative that provides a relative brief induction period and a moderate duration of action. It is Council accepte Indicated for the relief of functional insomnia, for general sedation, preanes thetic hypnosis, psychiatric sedation, obstetric amnesia, and in pediatrics. Supplied in ½ gr., 1½ gr. and 3 gr. capsules. Sharp & Dohme, Philadelphia 1, Pa.

'DELVINAL'

SODIUM VINBARBITAL

Hospital News

U S Hospitals Open to All Veterans

PRESIDENT Truman has rejected a Veterans Administration suggestion that hospital admission be restricted to service-disabled cases, it was announced on January 31

The Veterans Administration therefore will continue to accept all veterans for treatment of all ailments, within the limits of bed capacity

One high V A official, who plugged for the restriction, said the result may be a guarantee of life hospitalization, free, for twenty million veterans

Maj Gen Paul R Hawley, V A medical director, said the policy will be followed until such time as the Veterans Administration is instructed differently

He declined to discuss its merits or possible results Implementing the open-door policy, the V A announced that an agreement has been reached with the Michigan Hospital Association to put service-connected Michigan cases in private hospitals

V A officials said the effect of the Presidential decree is to free more bed space in veteran's hospitals for nonservice-connected cases, which, by law, are to be hospitalized only when bed space is available

The restriction was suggested by V A Administrator Gen Omar N Bradley as a temporary expedient to relieve overcrowding The 90,000-patient load is now over two thirds nonservice-connected

State Is Seeking Army Release of Four Hospitals

NEW York State needs the four hospitals it leased to the Army, including Mason and Halloran General, and is anxious to get them back as soon as possible, Dr Frederick MacCurdy, State Commissioner of Mental Hygiene, said on January 3

An increase in the number of mental patients throughout the state is straining present facilities and the only solution lies in regaining the hospitals, he said

Dr MacCurdy said the leases on the hospitals expire June 1 and he indicated that the state would be very reluctant to renew them

Particularly needed are the four thousand-bed Halloran General Hospital, at Willowbrook, Staten Island, and the twenty-three-hundred-bed Edgewood Hospital at Deer Park, Long Island Dr MacCurdy said that with the rate of patient increase the state could also use Mason General Hospital's facilities of fifteen hundred beds, at Brentwood, L I , and the twelve hundred-bed portion of the Rockland State Hospital, now being used as Camp Shanks Station Hospital in Orangeburg

The office of the Army Surgeon General in Washington would not say when any of the hospitals will be returned to the state They would say only that negotiations with this in view are proceeding and that a certain number of hospitals throughout the country would be returned by April 1

Dr MacCurdy said that the need for Army hospitals was decreasing but that the need for veterans' and state hospitals was urgent He pointed out that only Army personnel may be treated at Army hospitals, and said that once a man is discharged from the Army he must rely on the veterans' facilities or the state for medical aid

The state needs the four hospitals to meet the $120,000,000 program it has set for medical care, particularly mental treatment, Dr MacCurdy said There are now 103,000 mental patients being cared for by the state, and all state hospitals are overcrowded, he added

Dr MacCurdy said the medical program calls for medical-surgical buildings for the better treatment of acute mental cases, the special training of psychiatrists, and an effort to unsnarl the neurotic disturbances of children

Improvements

Hospital Commissioner Edward M Bernecker presided at the dedication of the new department of roentgenology at Sydenham Hospital, New York City, on January 12

Named after the late Lt Lester N Hofheimer, killed in a plane crash in the Burma-India theater in 1943, the new department has $42,000 worth of equipment purchased with funds from Lt Hofheimer's estate *

* * *

Jones Memorial Hospital, Wellsville, has received a very much appreciated gift in the form of a washing machine and foreign-body localizer outfit The two units, paid for by Wellsville and Allentown residents, have a value of $2,300

The washer, valued at $2,200, was given by James E LeSeur, Walter J McEnroe, Mrs Georgia S Cochran, L H. Richardson, all of Wellsville, and Albert L Howe, of Allentown

The foreign-body localizer, an attachment for the x-ray machine, is valued at $100 and was given by one of the above donors who wished to remain anonymous *

*

Bedridden veteran patients confined to five government hospitals in the metropolitan area will soon be able to while their time away listening to good music through portable bedside radios to be supplied by the Kings County Council of the Army and Navy Union, U S A , it was announced on January 8 by Frederick V Tener, Sr , commander of the veterans' organization

The first batch of one hundred and seventy-five portable radios was presented to the battle-scarred veterans on January 8 at ceremonies in the Borough Hall Building, Brooklyn, headquarters of the Army and Navy Union *

* Asterisk indicates that item is from a local newspaper

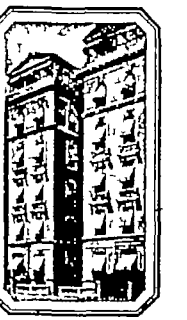
[Continued on page 554]

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment of endorsed by many physicians. Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY

COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24, N Y Tel SChuyler 4-0770

YONKERS PROFESSIONAL HOSPITAL

The Yonkers Professional Hospital has enlarged its bed capacity to meet the increasing demand for the care of convalescents, post-operative cases, invalids and patients suffering from chronic ailments
Modern Fire-proof building Excellent location.

Rates from $35.00 per week, and up
Physicians are privileged to treat their own patients.

Yonkers 3-2100
26 Ludlow St. Yonkers, N Y

No contagious or mental cases accepted.

FALKIRK
IN THE
RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg.
CENTRAL VALLEY Orange County N Y

DR. BARNES SANITARIUM

STAMFORD, CONN.
45 minutes from N. Y. via Merritt Parkway
For treatment of Nervous and Mental Disorders, Alcoholism and Convalescents. Carefully supervised Occupational Therapy Facilities for Shock Therapy Accessible location in tranquil, beautiful hill country Separate buildings.
F H BARNES M.D., Med. Supt. *Tel. 4-1143

HALCYON REST

754 BOSTON POST ROAD RYE, NEW YORK
Henry W Lloyd, M.D., Physician-in-Charge
Licensed and fully equipped for the treatment of nervous, mental, drug and alcohol patients, including Occupational therapy. Beautifully located a short distance from Rye Beach. TELEPHONE: RYE 550 *Write for illustrated booklet.*

PINEWOOD

Route 100 Westchester County, Katonah, New York
Licensed by the Department of Mental Hygiene
In addition to the usual forms of treatment (occupational therapy physiotherapy outdoor exercise etc.) we specialize in more specific techniques. All forms of shock therapy Psychological and physiological studies. Psychoanalytic approach. Group psychotherapy

DR JOSEPH EPSTEIN } Physicians in Charge
DR. LOUIS WENDER } Tel. Katonah 775

Dr Max Friedemann, Senior Psychiatrist
N Y Offices: 59 East 79th St. Tel. Butterfield 8-0790



TWIN ELMS

A Modern Psychiatric Unit
Selected drug and alcohol problems welcome.
Rates moderate
Eugene N Boudreau M D., *Phys-in-Chg*
SYRACUSE, N Y

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y

FOR MENTAL AND NERVOUS PATIENTS. An institutional atmosphere. Treatment modern, scientific, individual. Moderate rates. Licensed by dept. of Mental Hygiene. (See also our advertisement in the Medical Directory of N Y., N.J and Conn.) Address inquiries to MARGARET TAYLOR ROSS, M.D., *Physician-in-Charge*

WEST HILL

West 252nd St and Fieldston Road
Riverdale-on-the-Hudson, New York City
For nervous, mental, drug and alcoholic patients. The sanitarium is beautifully located in a private park of ten acres. Attractive cottages, scientifically air-conditioned. Modern facilities for shock treatment. Occupational therapy and recreational activities. Doctors may direct the treatment. Rates and illustrated booklet gladly sent on request.
HENRY W. LLOYD, M.D., *Physician in Charge*
Telephone: Kingsbridge 9-8440

Hospital News

U S Hospitals Open to All Veterans

PRESIDENT Truman has rejected a Veterans Administration suggestion that hospital admission be restricted to service-disabled cases, it was announced on January 31

The Veterans Administration therefore will continue to accept all veterans for treatment of all ailments, within the limits of bed capacity

One high V A official, who plugged for the restriction, said the result may be a guarantee of life hospitalization, free, for twenty million veterans

Maj Gen Paul R Hawley, V A medical director, said the policy will be followed until such time as the Veterans Administration is instructed differently

He declined to discuss its merits or possible results Implementing the open-door policy, the V A announced that an agreement has been reached with the Michigan Hospital Association to put service-connected Michigan cases in private hospitals

V A officials said the effect of the Presidential decree is to free more bed space in veteran's hospitals for nonservice-connected cases, which, by law, are to be hospitalized only when bed space is available

The restriction was suggested by V A Administrator Gen Omar N Bradley as a temporary expedient to relieve overcrowding The 90,000-patient load is now over two thirds nonservice-connected

State Is Seeking Army Release of Four Hospitals

NEW York State needs the four hospitals it leased to the Army, including Mason and Halloran General, and is anxious to get them back as soon as possible, Dr Frederick MacCurdy, State Commissioner of Mental Hygiene, said on January 3

An increase in the number of mental patients throughout the state is straining present facilities and the only solution lies in regaining the hospitals, he said

Dr MacCurdy said the leases on the hospitals expire June 1 and he indicated that the state would be very reluctant to renew them

Particularly needed are the four thousand-bed Halloran General Hospital, at Willowbrook, Staten Island, and the twenty-three-hundred-bed Edgewood Hospital at Deer Park, Long Island Dr MacCurdy said that with the rate of patient increase the state could also use Mason General Hospital's facilities of fifteen hundred beds, at Brentwood, L I , and the twelve hundred-bed portion of the Rockland State Hospital, now being used as Camp Shanks Station Hospital in Orangeburg

The office of the Army Surgeon General in Washington would not say when any of the hospitals will be returned to the state They would say only that negotiations with this in view are proceeding and that a certain number of hospitals throughout the country would be returned by April 1

Dr MacCurdy said that the need for Army hospitals was decreasing but that the need for veterans' and state hospitals was urgent He pointed out that only Army personnel may be treated at Army hospitals, and said that once a man is discharged from the Army he must rely on the veterans' facilities or the state for medical aid

The state needs the four hospitals to meet the $120,000,000 program it has set for medical care, particularly mental treatment, Dr MacCurdy said There are now 103,000 mental patients being cared for by the state, and all state hospitals are overcrowded, he added

Dr MacCurdy said the medical program calls for medical-surgical buildings for the better treatment of acute mental cases, the special training of psychiatrists, and an effort to unsnarl the neurotic disturbances of children.

Improvements

Hospital Commissioner Edward M Bernecker presided at the dedication of the new department of roentgenology at Sydenham Hospital, New York City, on January 12

Named after the late Lt Lester N Hofheimer, killed in a plane crash in the Burma-India theater in 1943, the new department has $42,000 worth of equipment purchased with funds from Lt Hofheimer's estate *

. . .

Jones Memorial Hospital, Wellsville, has received a very much appreciated gift in the form of a washing machine and foreign-body localizer outfit The two units, paid for by Wellsville and Allentown residents, have a value of $2,300

The washer, valued at $2,200, was given by James E LeSeur, Walter J McEnroe, Mrs Georgia S Cochran, L H Richardson, all of Wellsville, and Albert L Howe, of Allentown

The foreign-body localizer, an attachment for the x-ray machine, is valued at $100 and was given by one of the above donors who wished to remain anonymous *

. .

Bedridden veteran patients confined to five government hospitals in the metropolitan area will soon be able to while their time away listening to good music through portable bedside radios to be supplied by the Kings County Council of the Army and Navy Union, U S A , it was announced on January 8 by Frederick V Tener, Sr , commander of the veterans' organization

The first batch of one hundred and seventy-five portable radios was presented to the battle-scarred veterans on January 8 at ceremonies in the Borough Hall Building, Brooklyn, headquarters of the Army and Navy Union *

* Asterisk indicates that item is from a local newspaper

[Continued on page 554]

THE MAPLES INC., Rockville Center, L. I.

A sanitarium especially for invalids, convalescents, chronic patients, post-operative, special diets and body building Six acres of landscaped lawns Five buildings (two devoted exclusively to private rooms) Resident Physician Rates $21 to $50 Weekly

MRS M. K. MANNING, Supt. — Tel: ROCKVILLE CENTER 3660

LOUDEN-KNICKERBOCKER HALL, INC.

81 LOUDEN AVENUE - Tel Amityville 53 - AMITYVILLE, N Y

A private sanitarium established 1886 specializing in NERVOUS and MENTAL diseases.

Full information furnished upon request

JOHN F LOUDEN *President* JAMES F VAVASOUR, M D *Physician in Charge*

NEW YORK CITY OFFICE, 67 West 44th St., Tel. VAnderbilt 6-8782

BRUNSWICK HOME

A PRIVATE SANITARIUM. Convalescents, postoperative aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M. D., Supt.

Ywav & Louden Ave., Amityville N Y., Tel. 1700, 1 2

NO COLLECTION — NO CHARGE

20 years of friendly dealings with patients in your community have taught us how and when to collect. *Write* Our local man will do all the work of compiling the list. You just have to blue-pencil it.

NATIONAL DISCOUNT & AUDIT CO
Herald Tribune Bldg New York 18 N Y

'INTERPINES'

Goshen, N Y

Phone 117

Ethical — Reliable — Scientific
Disorders of the Nervous System
BEAUTIFUL — QUIET — HOMELIKE

Write for Booklet

FREDERICK W SEWARD M. D., *Director*
FREDERICK T SEWARD, M. D., *Resident Physician*
CLARENCE A. POTTER, M. D., *Resident Physician*

IN WHOOPING COUGH

ELIXIR BROMAURATE

Cuts short the period of the illness and relieves the distressing cough. Also valuable in BRONCHITIS and BRONCHIAL ASTHMA. In four-ounce original bottles. A teaspoonful every 3 or 4 hours.
(Contains one-half gram Gold Tribromide in one fluidounce Alcosol 21½% by volume)

GOLD PHARMACAL CO New York

THE NEW YORK POLYCLINIC

MEDICAL SCHOOL AND HOSPITAL (Organized 1881) (*The Pioneer Post Graduate Medical Institution in America*)

EYE EAR, NOSE AND THROAT

A combined full time course covering an academic year (9 months) It consists of attendance at clinics, witnessing operations, lectures, demonstration of cases and cadaver demonstrations; operative eye ear nose and throat on the cadaver head and neck dissection (cadaver); clinical and cadaver demonstrations in bronchoscopy laryngeal surgery and surgery for facial palsy; refraction; roentgenology pathology bacteriology and embryology; physiology; neuroanatomy; anesthesia physical therapy; allergy; examination of patients pre-operatively and follow-up post-operatively in the wards and clinics. Also refresher courses (3 months)

UROLOGY

A combined full-time course in Urology covering an academic year (9 months) It comprises instruction in pharmacology; physiology; embryology; biochemistry; bacteriology and pathology practical work in surgical anatomy and urological operative procedures on the cadaver; regional and general anesthesia (cadaver), office gynecology; proctological diagnosis the use of the ophthalmoscope physical diagnosis; roentgenological interpretation electrocardiographic interpretation dermatology and syphilology; neurology; physical therapy; continuous instruction in cysto-endoscopic diagnosis and operative instrumental manipulation; operativesurgicalclinics demonstrations in the operative instrumental management of bladder tumors and other vesical lesions as well as endoscopic prostatic resection.

For information address MEDICAL EXECUTIVE OFFICER: 345 West 50th St. NEW YORK CITY 19

[Continued from page 554]

lated with studies of patients made by staff physicians *

• •

Dr George C Adie was re-elected president of the New Rochelle Hospital Medical Board on December 27 This is Dr Adie's third term as president

Dr E Leslie Burwell was elected vice-president to succeed Dr Clarence Read, and Dr Sigurd Sandzen was elected secretary to succeed Dr Burwell *

•

Capt Benjamin Lewis, of Binghamton, on terminal leave from the U S Medical Corps, has been named temporary acting superintendent of the Broome County Tuberculosis Hospital, effective January 1

Dr Earl W Mungle, president of the hospital board of managers, said the Binghamton army officer, who was on terminal leave and awaiting discharge from military service, had accepted the position "on a temporary basis"

He will serve until Dr Max Eber, former assistant superintendent of the hospital who is in military service in France, receives his discharge and returns, presumably to take over the hospital superintendency, Dr Mungle said *

• •

Thomas T Murray has been engaged as administrator of the Hudson City Hospital and will assume his new duties on January 1, 1946 He succeeds Miss Julia Dougher, who submitted her resignation several weeks ago

At the present time, Mr Murray is assistant administrator of the Lenox Hill Hospital in New York City and some years ago he was associated with the Memorial Hospital in Albany

Mr Murray is thoroughly experienced in hospital administrative work and for over thirty years has engaged in such capacity in leading hospitals in Canada and eastern United States *

• • •

Capt William C Emm, former Syracuse physician, has been appointed to the staff of Rhoads General Hospital, Utica

Commissioned in October, 1942, Captain Emm served for ten months in the European theater with the 123rd Evacuation Hospital and the 195th General Hospital, returning to the States October 12 He wears the ETO ribbon with two campaign stars, the American theater ribbon and the victory ribbon *

• • •

The Keller Clinic, in Westhampton Beach, was reopened directly after Christmas, and the hospital was to reopen late in January or early in February, Dr Donald R Keller, who has just returned from three years' service in the Navy, announced Dr Keller, who practiced in Westhampton Beach for eight years before entering the service, is having the entire clinic redecorated, and hopes to begin the building of a new addition, a maternity pavilion, as soon as building conditions permit, probably late in 1946 *

Newsy Notes

Acquisition of a 35-acre tract on New Scotland Avenue, Albany, as the site of the new $10,000,000 Veterans Administration Hospital has been ordered by President Truman

The property, bounded by New Scotland, Myrtle, and Holland Avenues, is across the street from the Albany Hospital and the Albany Medical College *

• • •

A drive to raise $2,500,000 to construct a new building for Beth David Hospital, New York City, was started on January 6 at a dinner at the Waldorf-Astoria Hotel, Harry W Golding, first vice-president of the hospital and chairman of the campaign, announced that $300,000 already has been contributed.

Emphasizing the need for expanded facilities, Mr Golding said the hospital's wards and rooms *are constantly occupied to capacity*

"With the return of *millions of* servicemen and a sharply increasing use of voluntary health and insurance plans, Beth David Hospital will be called upon to play an ever-increasing part in the hospital service of our city," he declared *

• • •

Four hospitals in Albany have been awarded full approval by the American College of Surgeons, Dr Malcolm T MacEachern, associate director, has announced They are Albany, Brady Maternity, Memorial, and St Peter's hospitals *

• • •

One hundred beds in Rhoads General Hospital have been made available to patients of the U S Veterans Administration Facility, Col A J Canning, commanding officer officer, has announced

The move was made after an appeal by Charles F Sargent, manager of V A.F affairs in thirty-one counties in Central and Western New York, who said there now exists a backlog of veterans awaiting treatment

Use of Army and Navy hospitals, as well as a number of civilian hospitals, to handle this backlog is in keeping with the policy of Maj Gen Paul R. Hawley, acting surgeon of the V A.F, who said that beds for more than forty-thousand veterans would be "borrowed."

The one hundred beds at Rhoads will be loaned to the V A.F until such time as that organization is able to provide sufficient facilities for its patients Col Canning emphasized the lending of these beds does not mean that veterans in need of medical care may report directly to Rhoads Patients will be accepted there only through official transfer *

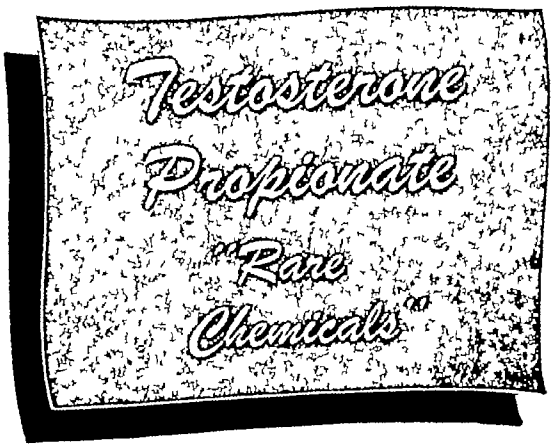
• • •

The annual meeting of Tompkins County Memorial Hospital, Ithaca, was held at 8 00 P M on January 21

Among the business to be transacted was the election of four members to the board of trustees Those named by the nominating committee were Charles Dykes, J S Barr, James Rice, and Mrs William S Starner

The nominating committee consisted of Ernest Miller, chairman, William H Burns, and Claude

Continued on page 558]



TESTOSTERONE PROPIONATE "RARE" IS NOW AVAILABLE IN MATERIALLY INCREASED QUANTITY AS A RESULT OF EXPANDED PRODUCTION FACILITIES

Supplied in 1 cc. ampules, 5, 10 and 25 mg boxes of 3, 6 and 50

Rare
CHEMICALS, INC
HARRISON NEW JERSEY



West Coast Distributors: GALEN COMPANY, Berkeley 2 Calif.

[Continued from page 556]

Kulp, trustees, and Mrs M Lovell, Floyd Springer and Clifford Morgan

At the session by-laws were revised *

• • •

The annual meeting of the Benedict Memorial Hospital Association, Ballston Spa, took place on January 14 in the hospital. At this time reports were given and three directors were elected to succeed Frank Winney, Edward Dechants, and Ralph Dunton, whose terms of office have expired *

• •

The Edgewood annex of Mason General Hospital, Brentwood, built at a cost of $9,500,000 and occupied only fourteen months, will be closed by the Army March 31, reducing the total bed capacity of the hospital to less than half

The surprise announcement was made simultaneously on January 10 by a hospital spokesman and the War Department in Washington *

• •

Utica State Hospital is among ten state hospitals in the country commended by the Starry Cross, a Humane Society for improving care of the mentally ill, with offices in Great Barrington, Massachusetts

Organizations consulted in making the lists included the American College of Surgeons, American Medical Association, American Psychiatric Association, National Committee for Mental Hygiene, and U S Public Health Service

It was pointed out that since periodic inspections of all hospitals is impossible, the lists are unofficial but based on general information and belief The Utica Hospital and Middletown State Homeopathic Hospital, Middletown, were the only ones listed from this state *

• • •

William Pond Phipps, chairman of the board of trustees of the Port Chester United Hospital, announced on January 17 that the Life Savers Corporation had contributed $100,000 to the $1,000,000 building drive being conducted by the hospital The fund will be used to enlarge the institution *

• • •

Hilton has been assured of a new hospital as the result of the drive for funds for the proposed Lakeside Memorial Hospital The total amount pledged is in excess of $146,000

Of this amount the Town of Parma turned in a total of nearly $4,675, $2,460 of which came from residents of the village, $1,287 from the section north of the village and $848 from the territory south of the village Included in the total amount received in the village is a contribution from the Hilton Fire Department of $250 *

• • •

The Wyckoff Heights Hospital building fund has been given a boost by a $1,000 contribution from the S M Frank Company, of Richmond Hill, of which Ferdinand L Feuerbach is treasurer No formal campaign for funds has been started yet by the hospital

Herman Ringe, of Ridgewood, the hospital president, recently announced the institution planned to erect a new wing with approximately one hundred and fifty additional beds The project, he said, will cost $500,000 *

• • •

Five more memorial subscriptions, totalling $43,409, have been announced by the Albany Hospital building fund committee Donors include Mr and Mrs Lewis S Greenleaf, $18,059, to dedicate a research laboratory, Mr and Mrs Alfred Renshaw, $15,000, for an examining room in the physiotherapy department, Mrs William R. Whitfield, $6,000, for an instrument room, William W Farley, $2,400, for a treatment room in the psychiatry department in memory of his wife, Marie H B Crowe Farley, and John Griffin, $1,500, to dedicate a bed in a four-bed ward

---

NEW SMALL X-RAY IS PUT ON DISPLAY

A new miniature x-ray apparatus, the development of which took three years, was demonstrated to the public for the first time on October 19 at the Museum of Science and Industry, New York City, with the aid of a dozen children sent by the Board of Education

Under the sponsorship of the United Hospital Campaign, the demonstration of the new machine, a 70-mm unit used for screening indications of disease, marked the fiftieth anniversary of the discovery of the x-ray by Wilhelm Conrad Roentgen

With the use of a recent discovery known as a phototimer by Dr Russel H Morgan and Dr Paul Hodges, of the University of Chicago, the miniature unit operates without the need for measuring the patient's chest and speeds up the process so that a thousand chest pictures may be taken in an eight-hour day

Capt Milton Birnkrant, an Army physician associated with the tuberculosis control division of the Public Health Service Department, pointed out that, while previously the cost of an x-ray picture was about sixty cents, the new smaller picture can be taken for only three cents

He said the unit was engaged in a two-month survey of Harlem—an area where the tuberculosis mortality for Negroes is approximately five times as great as the average for the white population in the city as a whole

—N Y Times, Oct 20, 1945

CLASSIFIED

SELECTION AND FITTING OF HEARING AIDS

Thomas H. Halsted, M D., F A C.S

Otologist, Specialising in the Fitting of Hearing Aids
Representative for
AUREX, BELTONE, OTRONIC, PARAVOX, RADIO-EAR, TELEX WESTERN ELECTRIC.
Hours 9.30-4.30 Saturday 9.30-1-00 By appointment.
475 Fifth Avenue, (cor 41st St.) New York City (17)
Le. 2-3427

City in New York State about 50 000 population offers unusual opportunity for medical man to locate doing Eye only or Eye, Ear, Nose and Throat. Further information write CAC N Y State Jr Med

POSITIONS WANTED

Pathologist Board Diplomate, experienced desires association with hospital group or private laboratory Address 4012 N Y St Jr Med.

WANTED

Locum tenens or assistantship to general practitioner veteran 2½ years military service; age 30 married part nership or purchase of practice considered. Box 4005 N Y St. Jr Med

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service Paine Hall graduates have character, intelligence, personality and thorough technical training. Let us help you find exactly the right assistant.

Est 1917 Paine Hall

101 W 31st St., New York
BRyant 9-2331
Licensed by State of N Y

CLINICAL AND LABORATORY COURSE IN RHINOPLASTY

From March 18 to April 18

Limited to Diplomates of the American Board of Otolaryngology

SAMUEL FOMON M D
MANHATTAN GENERAL HOSPITAL, 307 Second Ave., New York City

REAL ESTATE

REAL ESTATE FOR SALE

JAMAICA ONE BLOCK FROM SUBWAY STATION

This extremely well located solid brick dwelling readily adapts itself for a Doctor's office as well as residence There are 7 unusually spacious rooms featuring a 23 ft. living room with a woodburning fireplace which can be utilized as an inviting waiting room as well as office quarters. There are 4 bedrooms on the second floor slate roof air conditioned-oil heating. Handsomely landscaped terraced plot 40 x 100. Especially priced at $17,500 for quick sale with suitable terms Free auto service from office.

BUTTERLY & GREEN
Largest Home Sales Organization in Long Island
168-25 Hillside Ave., cor 168th Pl., Jamaica at 169th St. Station, 8th Av Subway. Open daily and Sun. to 9 p.m.
JAm. 6-7740

OFFERING

Sound Real Estate Investments in Income Producing Properties. Samuel Kramer 7 West 44th Street, New York City Murray Hill 2-0461 Member Real Estate Board of New York. Member National Association of Real Estate Boards.

PATENT ATTORNEY

Z. H. POLACHEK, Patent Attorney Engineer Specialist in patents and trademarks. Confidential advice 1234 Broadway N Y C. (at 31st) LOngacre 5-3088

COLUMBIA UNIVERSITY

In the City of New York
Faculty of Medicine

Postgraduate Course for Physicians

PHYSIOLOGICAL AND INHALATIONAL THERAPY IN BRONCHIAL ASTHMA, BRONCHIECTASIS PULMONARY FIBROSIS AND EMPHYSEMA

Given at the

Columbia-Presbyterian Medical Center

March 26-May 21 1948 Tuesday 5:00-6:30 p m. Fee: $15

To make application, or to obtain further information address

The Dean of the Faculty of Medicine
630 West 168th Street New York 32 N Y

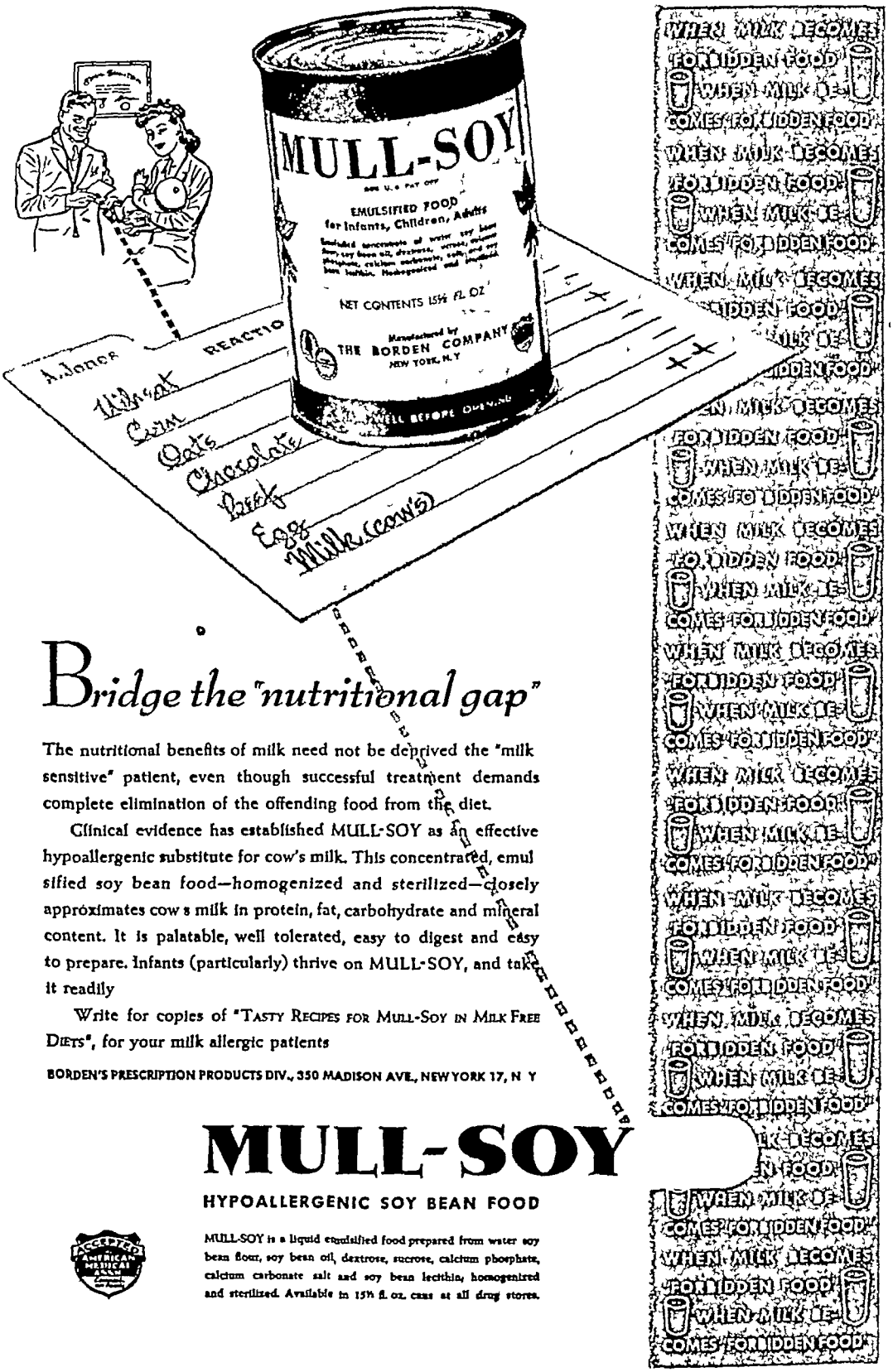
PRESCRIBE OR DISPENSE ZEMMER PHARMACEUTICALS

A complete line of laboratory controlled ethical pharmaceuticals. N Y 3-46

Chemists to the Medical Profession for 44 years.

THE ZEMMER COMPANY Oakland Station Pittsburgh 13 Pa.





Bridge the "nutritional gap"

The nutritional benefits of milk need not be deprived the "milk sensitive" patient, even though successful treatment demands complete elimination of the offending food from the diet.

Clinical evidence has established MULL-SOY as an effective hypoallergenic substitute for cow's milk. This concentrated, emulsified soy bean food—homogenized and sterilized—closely approximates cow's milk in protein, fat, carbohydrate and mineral content. It is palatable, well tolerated, easy to digest and easy to prepare. Infants (particularly) thrive on MULL-SOY, and take it readily

Write for copies of "TASTY RECIPES FOR MULL-SOY IN MILK FREE DIETS", for your milk allergic patients

BORDEN'S PRESCRIPTION PRODUCTS DIV., 350 MADISON AVE., NEW YORK 17, N. Y.

MULL-SOY

HYPOALLERGENIC SOY BEAN FOOD

ACCEPTED AMERICAN MEDICAL ASSOCIATION

MULL-SOY is a liquid emulsified food prepared from water soy bean flour, soy bean oil, dextrose, sucrose, calcium phosphate, calcium carbonate salt and soy bean lecithin, homogenized and sterilized. Available in 15½ fl. oz. cans at all drug stores.

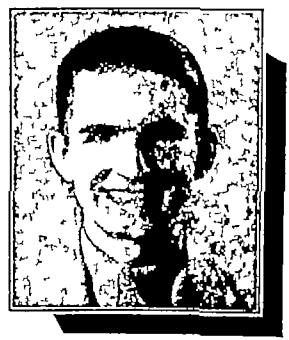
FRIED & KOHLER, Inc.

"True to Life"

Artificial Human Eyes

Especially Made to Order by Skilled Artisans





Comfort, pleasing cosmetic appearance and motion guaranteed Eyes also fitted from stock by experts Selections sent on memorandum Referred cases carefully attended

FRIED & KOHLER, Inc.

Specialists in Artificial Human Eyes Exclusively

665 Fifth Avenue
(near 53rd Street)

New York, N Y
Tel. Eldorado 5-1970

"Over Forty Years devoted to pleasing particular people"

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 MARCH 15, 1946 NUMBER 6

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK *Publication Office* 20TH AND NORTHAMPTON STS, EASTON, PA *Editorial and Circulation Office* 292 MADISON AVE, NEW YORK 17, N Y *Change of Address* NOTICE SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS Twenty-five cents per copy—$2 00 per year *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act of August 24, 1912*

CONTENTS

SCIENTIFIC ARTICLES

Community Aspects of Venereal-Disease Control in Harlem, *Gerald A Spencer, M D*, and *Roger F Gordon* 611

Proctologic Problems in a Military Hospital, *S Z Vogel, Maj, (MC), AUS* 614

Rehabilitation of the Tuberculous, *H St John Williams, M D* 616

Observations of Penicillin Therapy in Gonorrhea, *Jacob Frumkin, M D, F A C S*, and *Robert J Ruark, M D* 619

Palindromic Rheumatism in Children, *Mardoqueo I Salomon, M D* 622

(Continued on page 564)

Steady, Substantial Drop in Blood Pressure in

HYPER
HYPER



HYPERTENSION

WITH *Diurbital*

VASODILATOR •
CARDIOTONIC •
DIURETIC •
RELAXANT

AS BLOOD PRESSURE GOES DOWN in hypertension—through relaxation of blood vessels, and MYOCARDIAL TONE IS IMPROVED through removal of oppressive fluids GENTLE, SOOTHING, SEDATION relieves nervousness, fear, vertigo, headache, etc

DIURBITAL* helps provide A MORE COMFORTABLE LIFE FOR CARDIOVASCULAR PATIENTS in Hypertension Angina Pectoris Myocarditis Dropsy Arteriosclerosis with Edema

SAMPLE SUPPLY UPON REQUEST

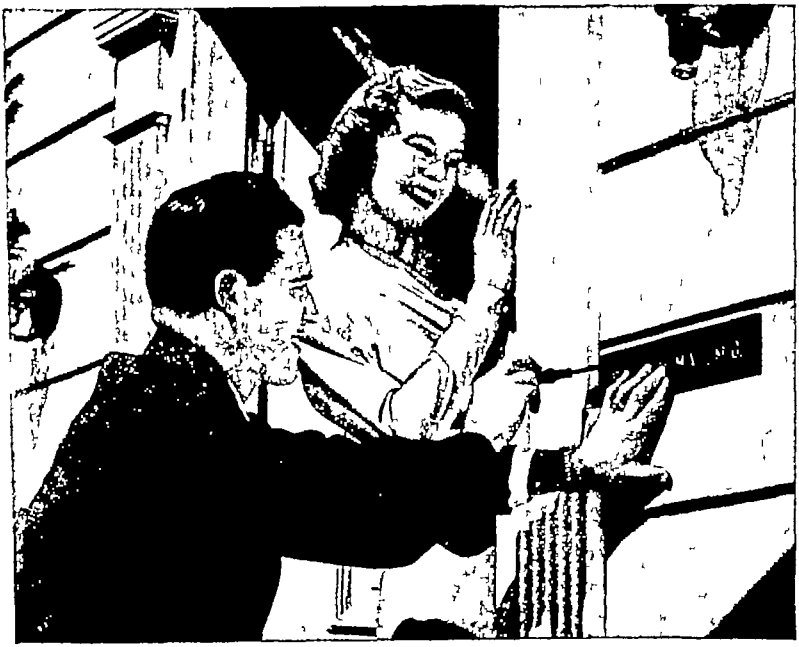
Each enteric coated DIURBITAL Tablet provides. Theobromine Sodium Salicylate 3 grs, Phenobarbital ¼gr, Calcium Lactate 1½ grs, Bottles of 25 and 100 tablets * Trademark Reg

GRANT

GRANT CHEMICAL CO., Inc.

95 Madison Ave, New York 16, N Y

Specialties for Diseases of the Heart and Blood Vessels



There is a Doctor in the House

—and it took a minimum of $15,000 and 7 years' hard work and study to get him there!

● Proudly he "hangs out his shingle," symbol of his right to engage in the practice of medicine and surgery. But to a doctor it is more than a right. It is a privilege — the privilege of serving mankind, of helping his fellow man to a longer, healthier, and happier life.



According to a recent nationwide survey

More Doctors Smoke Camels

than any other cigarette

R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 MARCH 15, 1946 NUMBER 6

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK *Publication Office* 20TH AND NORTHAMPTON STS, EASTON, PA *Editorial and Circulation Office* 292 MADISON AVE, NEW YORK 17, N Y *Change of Address* NOTICE SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS Twenty-five cents per copy—$2 00 per year *Entered as second class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act of August 24, 1912*

CONTENTS

SCIENTIFIC ARTICLES

Community Aspects of Venereal-Disease Control in Harlem, *Gerald A Spencer, M D*, and *Roger F Gordon* 611

Proctologic Problems in a Military Hospital, *S Z Vogel, Maj, (MC), AUS* 614

Rehabilitation of the Tuberculous, *H St John Williams, M D* 616

Observations of Penicillin Therapy in Gonorrhea, *Jacob Frumkin, M D, F A C S*, and *Robert J Ruark, M D* 619

Palindromic Rheumatism in Children, *Mardoqueo I Salomon, M D* 622

(Continued on page 564)

Steady, Substantial Drop in Blood Pressure in

HYPER
HYPER



HYPERTENSION

WITH *Diurbital*

VASODILATOR •
CARDIOTONIC •
DIURETIC •
RELAXANT

AS BLOOD PRESSURE GOES DOWN in hypertension—through relaxation of blood vessels, and MYOCARDIAL TONE IS IMPROVED through removal of oppressive fluids GENTLE, SOOTHING, SEDATION relieves nervousness, fear, vertigo, headache, etc

DIURBITAL* helps provide A MORE COMFORTABLE LIFE FOR CARDIOVASCULAR PATIENTS in Hypertension Angina Pectoris Myocarditis Dropsy Arteriosclerosis with Edema

SAMPLE SUPPLY UPON REQUEST

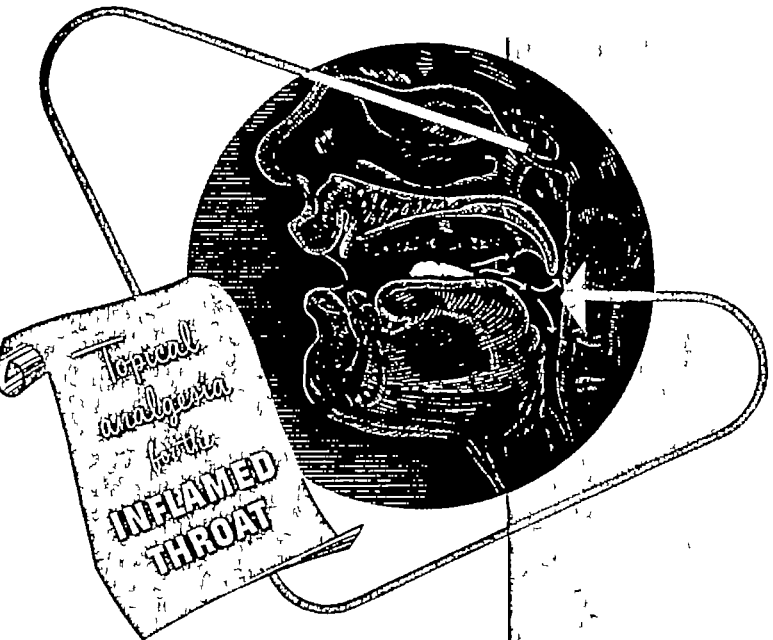
Each enteric coated DIURBITAL Tablet provides Theobromine Sodium Salicylate 3 grs, Phenobarbital ¼gr, Calcium Lactate 1½ grs, Bottles of 25 and 100 tablets * Trademark Reg

GRANT

GRANT CHEMICAL CO., Inc.

95 Madison Ave, New York 16, N Y

Specialties for Diseases of the Heart and Blood Vessels



In chewing Aspergum, the patient releases a soothing flow of saliva laden with acetylsalicylic acid—bringing the analgesic into prolonged contact with pharyngeal areas which often are not reached, even intermittently, by gargling or irrigations. The stimulation of muscular activity aids in the elimination of local spasticity and stiffness, increasing patient comfort, permitting an earlier ingestion of nourishing food hastening convalescence.

INDICATIONS: Post tonsillectomy care, acute and chronic tonsillitis, pharyngitis, scratchy throat of influenza, grippe, etc.

Ethically promoted—never advertised to the laity

Dillard's

Aspergum

is most palatable . . . readily accepted by all including children.

In packages of 16, moisture-proof bottles of 36 and 250 tablets.

Arlie Laboratories, Inc. Newark 7, N. J.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	EDWARD R. CUNNIFFE, M D , Bronx
Past-President	HERBERT H BAUCKUS, M D , Buffalo
President-Elect	WILLIAM HALE, M D , Utica
Second Vice-President	STEPHEN R MONTEITH, M D , Nyack
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR , M D , Forest Hills
Treasurer	KIRBY DWIGHT, M D , New York
Assistant Treasurer	JAMES R. REULING, JR., M D , Bayside
Speaker	LOUIS H BAUER, M D , Hempstead
Vice-Speaker	F LESLIE SULLIVAN, M D , Scotia

TRUSTEES

GEORGE W KOSMAK, M D , *Chairman* New York 28

JAMES F ROONEY, M D	Albany	WILLIAM H ROSS, M D	Brentwood
ALBERT A. GARTNER, M D	Buffalo	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

EDWARD R. CUNNIFFE, M D	Bronx	WALTER P ANDERTON, M D	New York
WILLIAM HALE, M D	Utica	KIRBY DWIGHT, M D	New York
HERBERT H BAUCKUS, M D	Buffalo	LOUIS H BAUER, M D	Hempstead

GEORGE W KOSMAK, M D New York

Term Expires 1946	*Term Expires 1947*	*Term Expires 1948*
CARLTON E WERTZ, M D Buffalo	FLOYD S WINSLOW, M D Rochester	OLIVER W H MITCHELL, M D Syracuse
RALPH T TODD, M D Tarrytown	J STANLEY KENNEY, M D New York	MAURICE J DATTELBAUM, M D Brooklyn
CHARLES M ALLABEN, M D Binghamton	HARRY ARANOW, M D Bronx	DAN MELLEN, M D Rome

[*See pages 568 and 570 for additional Society Officers*]



Two Bidupan tablets t.i d provide Extr Ox Bile 12 grs., Conc. Pancreatin 12 grs.; Duodenal Subst. 3 grs ; Charcoal 6 grs

Pure Bile Salts, concentrated Pancreatin, Duodenal Substance, Charcoal in Bidupan . . . improve biliary drainage, digestion of albumin, carbohydrates, fats; stimulate pancreatic secretion; remove fermentive factors . . . to speed relief in biliousness, intestinal indigestion, and recurrent flatulence Bottles of 50 and 100 tablets.

Send for Literature, address Dept. N

CAVENDISH PHARMACEUTICAL CORP., 25 West Broadway • New York 7

AN *Esthetic* MASTERPIECE . . .



The velvety white smoothness and esthetic appeal of Ortho-Creme Vaginal Cream have made it the contraceptive of choice for women who prefer a cream to a jelly. ORTHO-CREME Vaginal Cream, like ORTHO-GYNOL Vaginal Jelly, is effectively and promptly spermicidal, readily miscible with vaginal secretions. Yet is distinctively different in consistency . . . with the touch of a fine cosmetic cream. It is non-irritating to tissues and may be safely used over prolonged periods.

ORTHO PHARMACEUTICAL CORP., LINDEN, N. J.
Manufacturers of gynecic pharmaceuticals

ortho-creme
WHEN A CONTRACEPTIVE CREAM IS PREFERRED



ACTIVE INGREDIENTS: Ricinoleic acid 0.75%, boric acid 2%, sodium lauryl sulphate 0.28%.

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D., Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L. EDWARDS, M D , Hudson
Fourth District
FRANK T FINNEY, M D , Malone
Fifth District
DAN MELLEN, M D , Rome
Sixth District
CLIFFORD F LEET, M D , Horseheads
Seventh District
HOMER J KNICKERBOCKER, M D , Geneva
Eighth District
PETER J DI NATALE, M D , Batavia

NEW YORK STATE JOURNAL OF MEDICINE
Publication Committee
GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON, M D
[*Address all communications to above address*]

LEGAL DEPARTMENT
Counsel
WILLIAM F MARTIN, Esq Attorney
30 Broad Street, New York 4 · Telephone HAnover 2-0670
THOMAS H CLEARWATER, Esq

AUTHORIZED INDEMNITY REPRESENTATIVE
HARRY F WANVIG, 70 Pine St., New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER
ROBERT R HANNON, M D , 100 State St , Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION
DAVID J KALISKI, M D , 292 Madison Ave., New York 17 Telephone· MUrray Hill 3-9841

DIRECTOR, PUBLIC RELATIONS BUREAU
DWIGHT ANDERSON, 292 Madison Ave., New York 17 Telephone· MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE
GEORGE P FARRELL 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841



Supplied—In 7½ grains with and without Phenobarbital ½ grain, in 5 grains with Potassium Iodide 2 grains and ¼ grain, and in 3½ grains without Phenobarbital tablets, not enteric coated, the same potencies for comparison

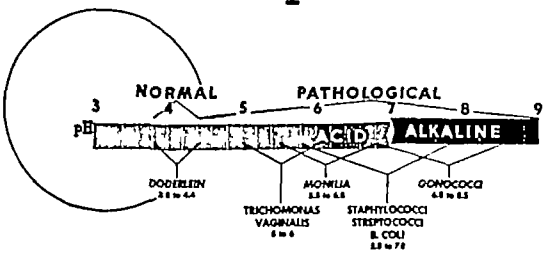
The ORIGINAL ENTERIC-COATED TABLET OF THEOBROMINE SODIUM ACETATE

to control frequency and severity of attacks in **CARDIOVASCULAR AND RENAL DISEASES** *and to prevent* **EDEMA**

Clinical experience and studies have proven the value of Theobromine Sodium Acetate in certain Cardiovascular and Renal Diseases In Angina Pectoris, used adequately, it permits more work by the individual without developing precordial pain or distress As one of the most effective Xanthine Vasodilators it helps increase the available blood supply to the heart and kidneys to increase the efficiency of these organs

It has also been found an effective aid in treating and preventing Edema of Cardiac or Renal origin The enteric coating (especially developed for Theodate) permits larger doses without the drug's contact with the Gastric Mucosa

Control the pH



In acute or chronic vaginitis, Floraquin restores the normal pH, destroys pathogenic organisms and promotes rehabilitation of the vaginal mucous membrane with respect to its glycogen content.

FLORAQUIN contains the nontoxic protozoacide, *Diodoquin*, together with lactose and dextrose. This product of Searle Research brings about the reestablishment and maintenance of the normal range of vaginal acidity (pH 3.8 to 4.4) unfavorable to vaginal infections

FOR OFFICE INSUFFLATION—Floraquin Powder in bottles of 1 oz. and 8 oz.

FOR HOME ROUTINE—Floraquin Tablets in boxes of 24.

Floraquin is the registered trademark of G. D. Searle & Co., Chicago 80, Illinois

SEARLE *Research in the Service of Medicine*

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

SECTION OFFICERS

1945–1946

ANESTHESIOLOGY

Milton C Peterson, *Chairman* — New York
Robert B Hammond, *Vice-Chairman* — White Plains
Rose M Lenahan, *Secretary* — Buffalo

DERMATOLOGY AND SYPHILOLOGY

Clarence H Peachey, *Chairman* — Rochester
E William Abramowitz, *Secretary* — New York

GASTROENTEROLOGY AND PROCTOLOGY

Stockton Kimball, *Chairman* — Buffalo
Descum C McKenney, *Vice-Chairman* — Buffalo
Harry E Reynolds, *Secretary* — Schenectady

INDUSTRIAL MEDICINE AND SURGERY

Russell C Kimball, *Chairman* — Brooklyn
Philip L Forster, *Secretary* — Albany

MEDICINE

Frederick W Williams, *Chairman* — Bronx
Harold F R. Brown, *Vice-Chairman* — Buffalo
George E Anderson, *Secretary* — Brooklyn

NEUROLOGY AND PSYCHIATRY

E Jefferson Browder, *Chairman* — Brooklyn
Burton M Shunners, *Secretary* — Brooklyn

OBSTETRICS AND GYNECOLOGY

Charles J Marshall, *Chairman* — Binghamton
Charles A Gordon, *Secretary* — Brooklyn

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Harold H Joy, *Chairman* — Syracuse
Maxwell D Ryan, *Secretary* — New York

ORTHOPEDIC SURGERY

Robert M Cleary, *Chairman* — Buffalo
Joseph Buchman, *Secretary* — New York

PATHOLOGY AND CLINICAL PATHOLOGY

Fred W Stewart, *Chairman* — New York
Ellis Kellert, *Vice-Chairman* — Schenectady
M J Fein, *Secretary* — New York

PEDIATRICS

Carl H Laws, *Chairman* — Brooklyn
Albert G Davis, *Vice-Chairman* — Utica
George R Murphy, *Secretary* — Elmira

PUBLIC HEALTH, HYGIENE, AND SANITATION

Joseph P Garen, *Chairman* — Saranac Lake
Henry B Doust, *Vice-Chairman* — Syracuse
Frank E Coughlin, *Secretary* — Albany

RADIOLOGY

Alfred L L Bell, *Chairman* — Brooklyn
Lee A Hadley, *Vice-Chairman* — Syracuse
Raymond W Lewis, *Secretary* — New York

SURGERY

Beverly C Smith, *Chairman* — New York
Stanley E Alderson, *Secretary* — Albany

UROLOGY

George E Slotkin, *Chairman* — Buffalo
John K deVries, *Vice-Chairman* — New York
Archie L Dean, Jr, *Secretary* — New York

SESSION OFFICERS

1945–1946

HISTORY OF MEDICINE

T Wood Clarke, *Chairman* — Utica
Judson B Gilbert, *Vice-Chairman* — Schenectady
Claude E Heaton, *Secretary* — New York

PHYSICAL MEDICINE

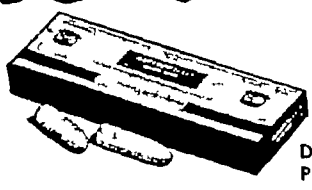
Walter S McClellan, *Chairman* — Saratoga Springs
Albert Richard Hatfield, Jr, *Secretary* — Utica

CHEST DISEASES

Nelson W Strohm, *Chairman* — Buffalo
Grant Thorburn, *Secretary* — New York

"very satisfactory in securing prompt and prolonged relief" in bronchial asthma. says Dees (J Allergy 14 492, 1943) of Aminophyllin rectal suppositories

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry



Very satisfactory are...

DUBIN AMINOPHYLLIN RECTAL SUPPOSITORIES (0.36 Gm. each)

Dubin Aminophyllin (theophylline ethylenediamine) also in Tablets, Ampuls, Powder for rapid action in many indicated cardio respiratory conditions

TABLETS, gr. 1½ (0.1 gm.); grs. 3 (0.3 gm.) AMPULES, 2cc. (7½ grs.); 10 cc (3½ grs.); 20 cc. (7½ grs.)

H. E. DUBIN LABORATORIES, Inc., 250 East 43rd St., New York 17, N.Y.



no deception here

The false sense of security engendered upon resort to narcotic or anesthetic agents in the medical management of hemorrhoids is dangerous. For these drugs may mask more serious rectal pathology by dulling the normal sensory warning mechanisms.

With Anusol'® Hemorrhoidal Suppositories effective relief is obtained without deception By means of decongestion, lubrication and protection, Anusol' Hemorrhoidal Suppositories bring comfort promptly while enhancing early reversal of the varicose process all without resort to narcotics or anesthetics styptics or hemostatics.

Schering & Glatz, Inc , *a subsidiary of*

WILLIAM R. WARNER AND CO INC 113 WEST 18TH STREET NEW YORK 11 N Y

'anusol'

Trademark Reg U S Pat Off

Available in boxes of 6 and 12 suppositories

Hemorrhoidal Suppositories



In hunger, half a loaf may be better than none, but for vitamin deficient tissues "indiscriminate administration of large amounts of individual members of the B complex, particularly thiamine, may lead to other deficiencies"[1] Solu-B* delivered by muscle or by vein brings to deficient tissues all major crystalline factors in a massive dose totaling 325 mg of B complex factors balanced to approximate the ratios in which they occur in good, nutritionally adequate diets

*Trademark Reg U S Pat Off

1 J A M.A. 129:74 (Sept 1) 1945

Each vial of Solu-B contains.			
Thiamine Hydrochloride .	10 mg	Pyridoxine Hydrochloride	5 mg
Riboflavin	10 mg	Calcium Pantothenate .	50 mg
		Nicotinamide . .	250 mg

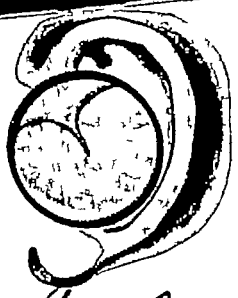
Upjohn
KALAMAZOO 99 MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

Available in packages of 5 (10 cc.) vials with 5 (5 cc.) ampoules sterile water, and in packages of 25 vials without diluent

Solu·B

Medications of Choice FOR THE SPECIFIC INVOLVEMENT



Auralgan

in ACUTE OTITIS MEDIA

Symptoms

Pain, fever edema, leucocytosis, sense of fullness and impaired hearing

Treatment

Relief of pain and inflammation—*Auralgan.*

Action

Decongestant analgesic bacteriostatic.



Otosmosan

in CHRONIC SUPPURATIVE OTITIS MEDIA

Symptoms

Persistent discharge often foul smelling, usually no toxemia, no pain no fever

Treatment

Otosmosan.

Formula

SULFATHIAZOLE 10% - UREA 10% - In GLYCEROL (DOHO)

Action

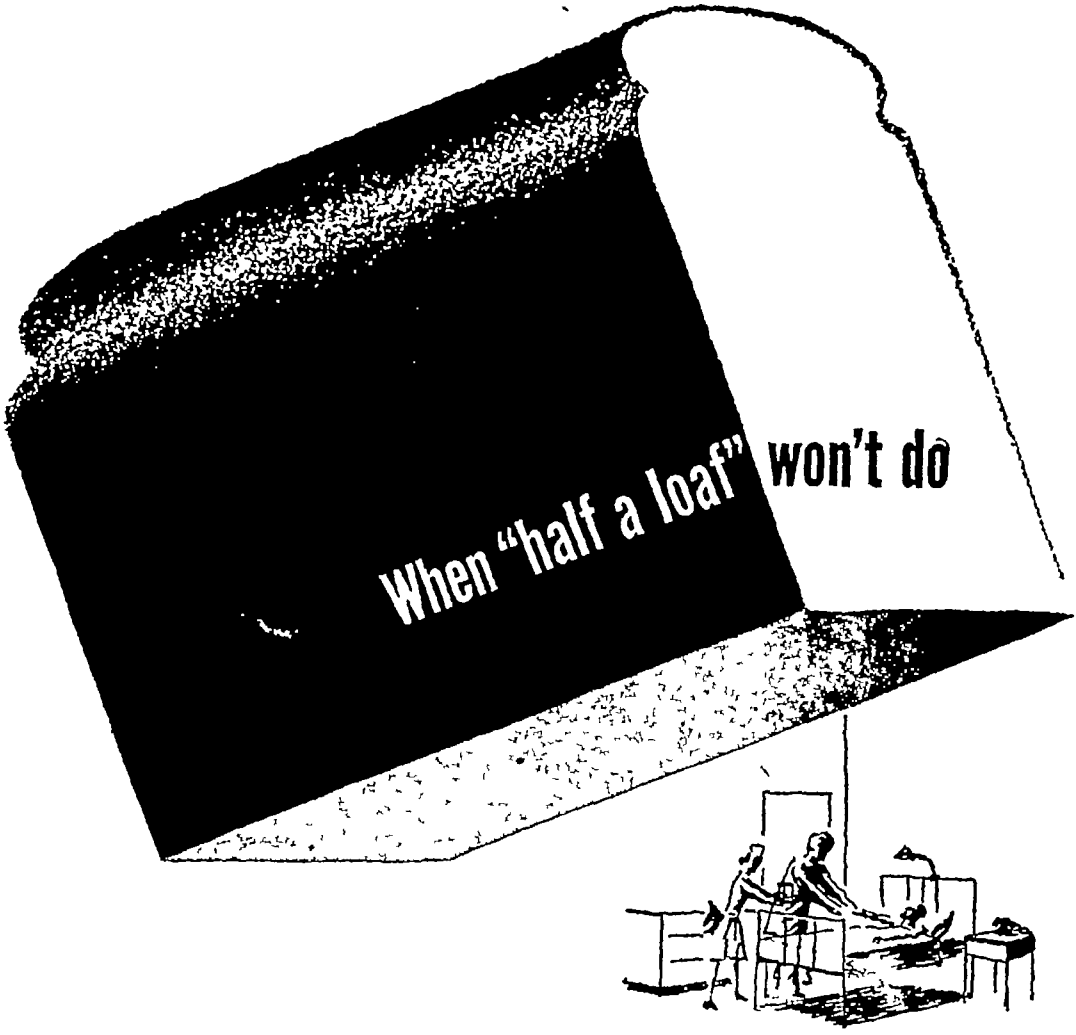
Deodorizes the discharge, liquifies unhealthy granulations bacteriostatic, permits normal epithelial lization.

Complimentary quantities for clinical trial

Scientific data and reprints of clinical studies reporting upon the use of Otosmosan available on request.

THE DOHO CHEMICAL CORPORATION

New York 13, N Y • Montreal • London



In hunger, half a loaf may be better than none, but for vitamin deficient tissues "indiscriminate administration of large amounts of individual members of the B complex, particularly thiamine, may lead to other deficiencies"[1] Solu-B* delivered by muscle or by vein brings to deficient tissues all major crystalline factors in a massive dose totaling 325 mg. of B complex factors balanced to approximate the ratios in which they occur in good, nutritionally adequate diets.

*Trademark Reg U S Pat Off

1 J A.M.A. 129:74 (Sept. 1) 1945

Each vial of Solu-B contains			
Thiamine Hydrochloride	10 mg	Pyridoxine Hydrochloride	5 mg
Riboflavin	10 mg	Calcium Pantothenate	50 mg
		Nicotinamide	250 mg

Upjohn
KALAMAZOO 99 MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

Available in packages of 5 (10 cc.) vials with 5 (5 cc.) ampoules sterile water; and in packages of 25 vials without diluent

Solu·B

A Fundamental Approach

TO SULFUR METABOLISM

HYDROSULPHOSOL



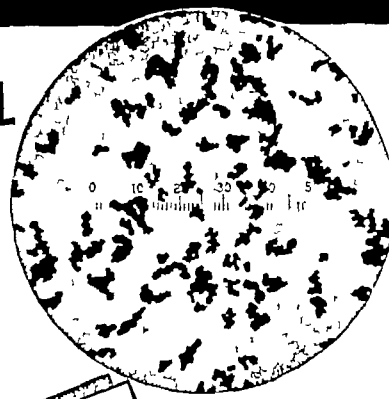


Illustration showing flowers of sulfur magnified 82X small divisions = 10 microns. The size of the colloidal sulfur particle in Hydrosulphosol is estimated at 1/1000 of a micron or 1/10,000 of the small division particle illustrated.

A true solution of sulfur bearing compounds resulting solely from the reduction of flowers of sulfur by a catalytic process. In aqueous solution, it is capable of releasing its unusually high concentration of sulfhydryl ion in readily utilizable form without evidence of toxic reaction.

Its therapeutic importance may best be evaluated by the fact that the —SH radical of the cysteine forms the active group in glutathione, alone of reported importance in connection with tissue oxidations.

Hydrosulphosol is indicated in the management of burns, ulcers and pathological conditions in which sulfur metabolism is a clinical consideration.

Reprints of scientific papers by authoritative investigators available on request

Rees-Davis Drugs, Inc.

MERIDEN, CONNECTICUT

. . . FOR THE "LET-DOWN" FEELING

THAT OFTEN COMES WITH YEARS



FREQUENTLY the lassitude and "let-down" feeling of the elderly patient is attributable in some measure to simple hypochromic anemia

In these cases, physicians find Ovoferrin a hematinic of value combating the anemia, helping to raise the hemoglobin level, without the undesirable side-effects to which elderly patients are sensitive No digestive disturbances, no constipation Ovoferrin is pleasant to take, palatable, odorless Stimulates appetite Doesn't stain teeth or injure tooth enamel.

Non-ionizing, Ovoferrin enters the gastro-intestinal tract as a fully hydrated oxide in colloid state Provides needed iron protein in readily absorbable and assimilable colloidal form.

A valuable hematinic in nutritional anemias, in convalescence, in debility states, in pregnancy, in adolescence.

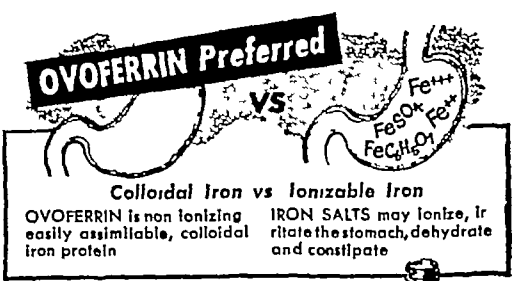
Available at drugstores in 11 oz. bottles Dosage One tablespoonful in water at mealtime and at bedtime.

HOW OVOFERRIN ACTS IN THE BODY

in the mouth Pleasant and palatable, Ovoferrin is almost tasteless Doesn't stain teeth or destroy tooth enamel

in the stomach Ovoferrin is stable, non-irritating Non-ionizable, its colloidal structure remains practically unchanged by gastric juices Passes on ready for further assimilation

in the intestine. Entering here in colloidal form, Ovoferrin iron is readily absorbed, utilized A stable hydrous oxide that has neither dehydrating nor astringent action. No distressing side-effects, no constipation



Colloidal Iron vs Ionizable Iron

OVOFERRIN is non ionizing easily assimilable, colloidal iron protein

IRON SALTS may ionize, irritate the stomach, dehydrate and constipate



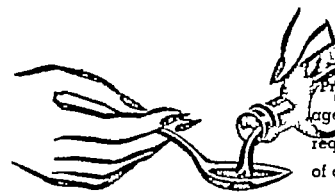
OVOFERRIN

COLLOIDAL ASSIMILABLE IRON

MADE BY A C BARNES CO , NEW BRUNSWICK, N J

"Ovoferrin" is a registered trademark, the property of A C Barnes Co

FITTING ESTROGENIC THERAPY TO THE CASE



"Premarin" Liquid, No. 869 for greater flexibility of dosage and to provide a graduated estrogenic intake where required. Each teaspoonful is the equivalent, in potency, of one "Premarin" Half-Strength Tablet, No 867



"Premarin" Tablet, No. 866 for severe estrogenic deficiencies requiring a highly potent yet essentially safe and well tolerated preparation. Full therapeutic doses of "Premarin" induce a prompt response as judged by vaginal smears and by relief of subjective symptoms.



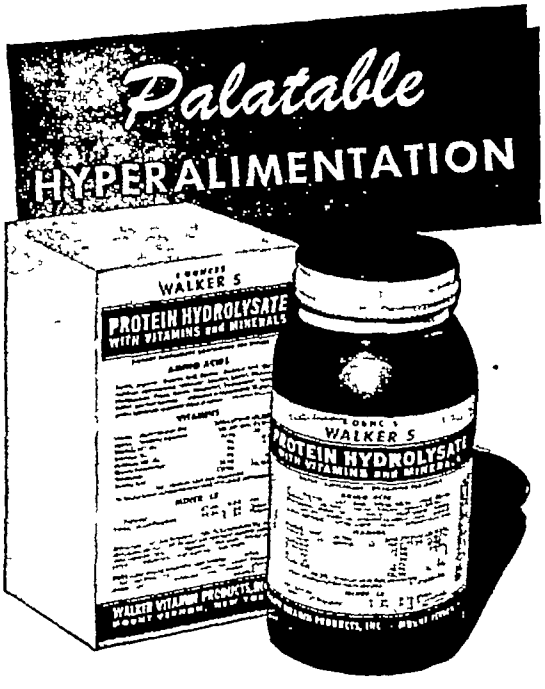
"Premarin" Tablet, Half-Strength, No 867 for average cases which can be controlled with less than full therapeutic doses. It is recognized that, in the menopause the smallest effective dose of an estrogen is the *optimal* dose

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Highly Potent • Orally Active • Water Soluble • Naturally Occurring • Essentially Safe • Well Tolerated • Imparts a Feeling of Well-Being

"Premarin"
Reg. U. S. Pat. Off.

AYERST, McKENNA & HARRISON LIMITED 22 East 40th Street New York 16, N. Y.



WALKER'S PROTEIN HYDROLYSATE

with VITAMINS *and* MINERALS

There's growing emphasis on hyperalimentation as an adjunct to therapy. **WALKER'S PROTEIN HYDROLYSATE WITH VITAMINS AND MINERALS** has the pleasant savor of fine bouillon assuring patient acceptance when prescribed in: Pre- and postoperative dietary therapy, peptic ulcer and certain other gastrointestinal diseases, nutritional edema and anemia, pregnancy and lactation, febrile disease, periods of active growth and aging, and wherever protein hydrolysate-vitamin supplementation is indicated. Available through prescription pharmacies. Professional literature on request.

Walker

VITAMIN PRODUCTS, INC.

MOUNT VERNON, NEW YORK

INDEX TO ADVERTISERS

The Alkalol Co	594
Anglo-French Laboratories Inc	655
Ar-Ex Cosmetics Inc	594
Arlington Chemical Co	661
Ayerst McKenna & Harrison Limited	577
A C Barnes Company	576
Dr Barnes Sanitarium	667
George A Breon & Company	586
Brewer & Company Inc	568
Brigham Hall Hospital	667
Brunswick Home	667
Burroughs Wellcome & Co	574
S H Camp & Company	596
Campbell Soup Company	645
Carnation Company	672
Cavendish Pharmaceutical Corp	566
G Ceribelli & Co	655
Ciba Pharmaceutical Products Inc	3rd cover
Crane Discount Corporation	669
Doho Chemical Corporation	573
Drug Products Co Inc	588
H E Dubin Laboratories Inc	570
Endo Products Inc	651
Falkirk in the Ramapos	669
Fried & Kohler, Inc	561
General Electric X-Ray Corporation	592
Gold Pharmacal Co	669
Gradwohl Laboratories	669
Grant Chemical Co, Inc	562
Haley on Rest	667
Holland-Rantos Co, Inc	600
Interpines	667
Knox Gelatine Co Inc	653
Eli Lilly & Company	604
Louden-Knickerbocker Hall Inc	667
M & R Dietetic Laboratories Inc	599
McNeil Laboratories Inc	597
Maltbie Chemical Company	587
The Maltine Company	2nd cover
Manhattan General Hospital	671
S E Massengill Company	590
Mead Johnson & Company	4th cover
Merck & Co Inc.	601
National Confectioners Association	582
New York Medical Exchange	671
Numotizine Inc	649
Nutrition Research Laboratories	583
Ortho Pharmaceutical Corp	587
Paine Hall	671
Pediforme Shoe Co	598
Z H Polachek	671
Prodol Company	655
Rees-Davis Drugs, Inc	575
R J Reynolds Tobacco Company	563
Wm S Rice, Inc	594
Riedel-de Haen Inc	595
Riverlawn Sanitarium	669
J B Roerig & Company	580–581
Sandoz Chemical Works, Inc	564
Saratoga Springs Authority	591
Schering Corporation	589
Schieffelin & Co	598
Julius Schmid Inc	657
G D Searle & Co	569
Sinclair Pharmacal Co, Inc	669
Specific Pharmaceuticals Inc	579
E R Squibb & Sons	602
The Tarbonis Company	659
Charles B Towns Hospital	667
Upjohn Company	572
Van Patten Pharmaceutical Co	663
Walker Vitamin Products Inc	578
William R Warner & Co, Inc	571
West Hill	667
Westwood Pharmacal Corp	593
White Laboratories Inc.	585, 585
Whittaker Laboratories Inc	655
Winthrop Chemical Company, Inc	647
Wyeth Incorporated	603 665



THE BOTTLE-NECK

Spastic bottle-necks in the gastrointestinal, biliary and urinary tracts are rapidly resolved with . . .

profenil*

Reg. U.S. Pat. Off.

NEW SYNTHETIC • NON-NARCOTIC

Antispasmodic

*bis-gamma-phenylpropylethylamine

0.06 Gm. of the Citrate per Tablet
0.045 Gm. of the HCl per Ampoule

SPECIFIC PHARMACEUTICALS INC 331 FOURTH AVE, NEW YORK 10, N Y

Kindly send Profenil samples and literature . . . . . .

M. D. _____

STREET _____

CITY & STATE _____

Multiphasic Therapy

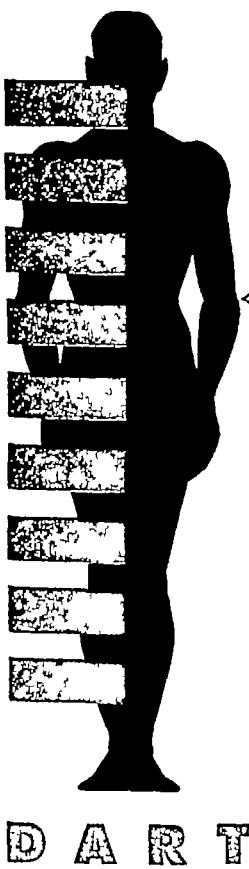
in the SYSTEMIC APPROACH TO ARTHRITIS

EACH CAPSULE OF DARTHRONOL CONTAINS:

- Vitamin D (1
- Vitamin A
- Vitamin E
- Vitamin B
- Vitamin B
- Vitamin C
- Niacinamide
- Calcium Pan
- Mineral Nonu

* Equivalent in biological activity to 3 mg of Alpha Tocopherol





"Rheumatoid arthritis is a systemic disease, the patient must be treated as a whole, rather than have local treatment to his joints alone"*

THIS statement by the American Rheumatism Association Committee is the keynote of the present successful method of treating arthritic patients To produce the best results anti arthritic therapy must combat not only the joint changes, but also the systemic disturbances so frequently encountered in chronic arthritis This systemic approach requires a multiphasic therapeutic regimen which must include correction of disturbed physiologic functions, optimal nutrition, elimination of foci of infection, mental and physical rest, supervised exercise, physical therapy, and orthopedic measures

Because of its rational composition, Darthronol merits inclusion in every anti-arthritic program The combined pharmacodynamic and nutritional influence of its nine active ingredients makes it an efficacious therapeutic measure whenever the chronic arthritides must be combated

*The Primer on Arthritis prepared by a Committee of The American Rheumatism Association and published in The Journal of the American Medical Association, volume 119 page 1089, August 1 1942.

Complete bibliography on request

J. B. ROERIG & COMPANY
536 Lake Shore Drive
Chicago 11, Illinois

DARTHRONOL

A ROERIG PREPARATION

CANDIES AND THE TREND IN *Nutrition*

SOME few kinds of candy confine their contribution to rapidly available energy. But the majority of candies now marketed and consumed in the United States are really complex confections In their manufacture many basic food substances are employed—milk, cream, butter, eggs, fruits, nuts, peanuts.

The trend in nutrition is for the use of good quality natural foods in the dietary and inclusion of these in candy helps follow this trend.

Such candies therefore make their appropriate contribution, small as it may be, of good protein, rapidly available carbohydrate, fat, vitamins, and minerals

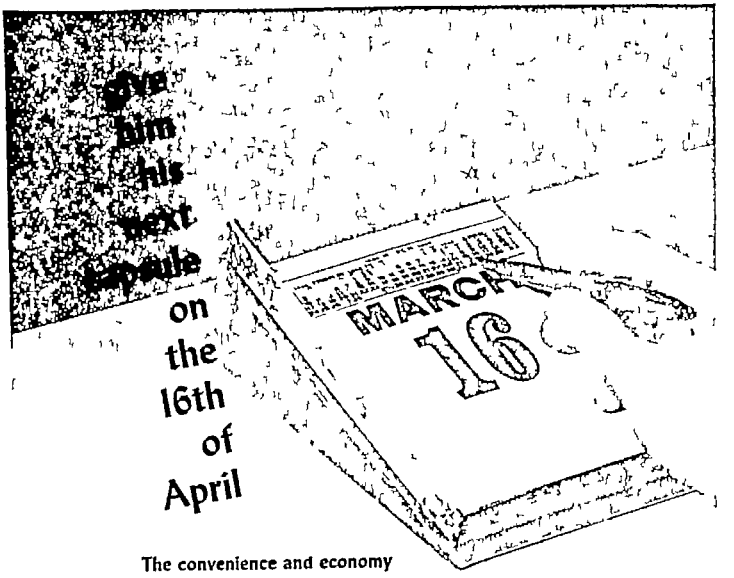
THE NUTRITIONAL PLATFORM OF CANDY

1. Candies in general supply high caloric value in small bulk.
2 Sugar supplied by candy requires little digestive effort to yield available energy
3 Those candies, in the manufacture of which milk, butter, eggs, fruits, nuts, or peanuts are used, to *this* extent also—
   (a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids;
   (b) present appreciable amounts of the important minerals calcium, phosphorus, and iron;
   (c) contribute the niacin, and the small amounts of thiamine and riboflavin, contained in these ingredients
4. Candies are of high satiety value; eaten after meals, they contribute to the sense of satisfaction and well-being a meal should bring; eaten in moderation between meals, they stave off hunger
5 Candy is more than a mere source of nutriment—it is a morale builder, a contribution to the joy of living
6. Candy is unique among all foods in that it shows relatively less tendency to undergo spoilage, chemical or bacterial

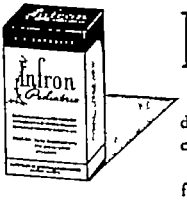
This Platform is Acceptable for Advertising in the Publications of the American Medical Association

COUNCIL ON CANDY OF THE NATIONAL CONFECTIONERS' ASSOCIATION

1 NORTH LA SALLE STREET
CHICAGO 2, ILLINOIS



The convenience and economy of once-a month dosage—for prophylaxis against and treatment of rickets—cannot be over-emphasized.



Infron

Pediatric provides effective antirachitic protection during the critical periods of infancy, childhood and prepubescency through the administration of *only one capsule each month*

Infron Pediatric is readily miscible in the infant's feeding formula, milk, fruit juices, or water, and can also be spread on cereal. Each capsule contains 100 000 U. S. P. Units of vitamin D—Whittier Process—especially prepared for pediatric use.

Infron Pediatric is clinically effective as shown in the published work of Wolf, Rambar, Hardy and Fishbein.

Supplied in packages of 6 capsules—sufficient dosage for 6 months. Available at prescription pharmacies.

Infron is the registered trade mark of Nutrition Research Laboratories

Ethically Promoted

REFERENCES

Rambar, A. C., Hardy, L. M., and Fishbein, W. I.: J. Ped. 23:31-38 (July) 1943.

Wolf, J. J.: J. Ped., 22:707-718 (June) 1943.

Wolf, J. J.: J. Ped., 22:396-417 (April) 1943.

Wolf, J. J.: J. Med. Soc. New Jersey 38:435-440 (Sept.) 1941

NUTRITION RESEARCH LABORATORIES • CHICAGO

CANDIES AND THE TREND IN Nutriti

SOME few kinds of candy confine their contribution available energy But the majority of candies now marl consumed in the United States are really complex confec their manufacture many basic food substances are employed cream, butter, eggs, fruits, nuts, peanuts

The trend in nutrition is for the use of good quality natura in the dietary and inclusion of these in candy helps follow this

Such candies therefore make their appropriate contribution, as it may be, of good protein, rapidly available carbohydrate vitamins, and minerals.

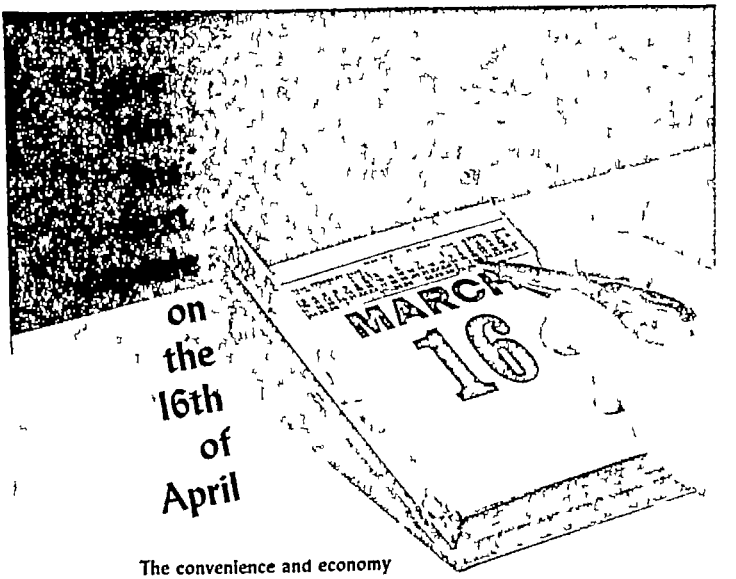
THE NUTRITIONAL PLATFORM OF CANDY

1. Candies in general supply high caloric value in small bulk.
2. Sugar supplied by candy requires little digestive effort to yield available energy
3. Those candies, in the manufacture of which milk, butter, eggs, fruits, nuts, or peanuts are used, to *this* extent also—
   (a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids,
   (b) present appreciable amounts of the important minerals calcium, phosphorus, and iron;
   (c) contribute the niacin, and the small amounts of thiamine and riboflavin, contained in these ingredients
4. Candies are of high satiety value; eaten after meals, they contribute to the sense of satisfaction and well-being a meal should bring; eaten in moderation between meals, they stave off hunger
5. Candy is more than a mere source of nutriment—it is a morale builder, a contribution to the joy of living
6. Candy is unique among all foods in that it shows relatively less tendency to undergo spoilage, chemical or bacterial

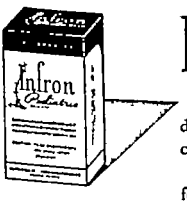
This Platform is Acceptable for Advertising in the Publications of the American Medical Association

COUNCIL ON CANDY OF THE NATIONAL CONFECTIONERS' ASSOCIATION

1 NORTH LA SALLE STREET
CHICAGO 2, ILLINOIS



The convenience and economy of once a month dosage—for prophylaxis against and treatment of rickets—cannot be over-emphasized



Infron

Pediatric provides effective antirachitic protection during the critical periods of infancy, childhood and prepubescency through the administration of *only one capsule each month*

Infron Pediatric is readily miscible in the infant's feeding formula, milk, fruit juices, or water, and can also be spread on cereal Each capsule contains 100 000 U S P Units of vitamin D—Whittier Process—especially prepared for pediatric use.

Infron Pediatric is clinically effective as shown in the published work of Wolf Rambar, Hardy and Fishbein.

Supplied in packages of 6 capsules—sufficient dosage for 6 months. Available at prescription pharmacies.

Infron is the registered trade-mark of Nutrition Research Laboratories

Ethically Promoted

REFERENCES

Rambar A. C., Hardy L. M. and Fishbein, W. I. J. Ped. 23:31-38 (July) 1943.

Wolf I. J. J. Ped., 23 707 718 (June) 1943

Wolf I. J. J. Ped., 22 396-417 (April) 1943

Wolf I. J. J. Med. Soc. New Jersey 38:436-440 (Sept.) 1941

NUTRITION RESEARCH LABORATORIES • CHICAGO



Let your HEAD take you

(The average American today has a choice of just going where "his feet take him", or choosing wisely the course to follow Let's skip ahead 10 years, and take a look at John Jones—and listen to him .)

"SOMETIMES I feel so good it almost scares me.

"This house—I wouldn't swap a shingle off its roof for any other house on earth This little valley, with the pond down in the hollow at the back, is the spot I like best in all the world.

"And they're mine. I own 'em Nobody can take 'em away from me.

"I've got a little money coming in, regularly Not much—but enough. And I tell you, when you can go to bed every night with nothing on your mind except the fun you're going to have tomorrow—that's as near Heaven as man gets on this earth!

"It wasn't always so.

"Back in '46—that was right after the war and sometimes the going wasn't too easy—I needed cash. Taxes were tough, and then Ellen got sick. Like almost everybody else, I was buying Bonds through the Payroll Plan—and I figured on cashing some of them in But sick as she was, it was Ellen who talked me out of it.

" 'Don't do it, John!' she said '*Please* don't! For the first time in our lives, we're really saving money It's *wonderful* to know that every single payday we have *more* money put aside! John, if we can only keep up this saving, think what it can mean! Maybe someday you won't have to work. Maybe we can own a home. And oh, how good it would feel to know that we need never worry about money when we're old!'

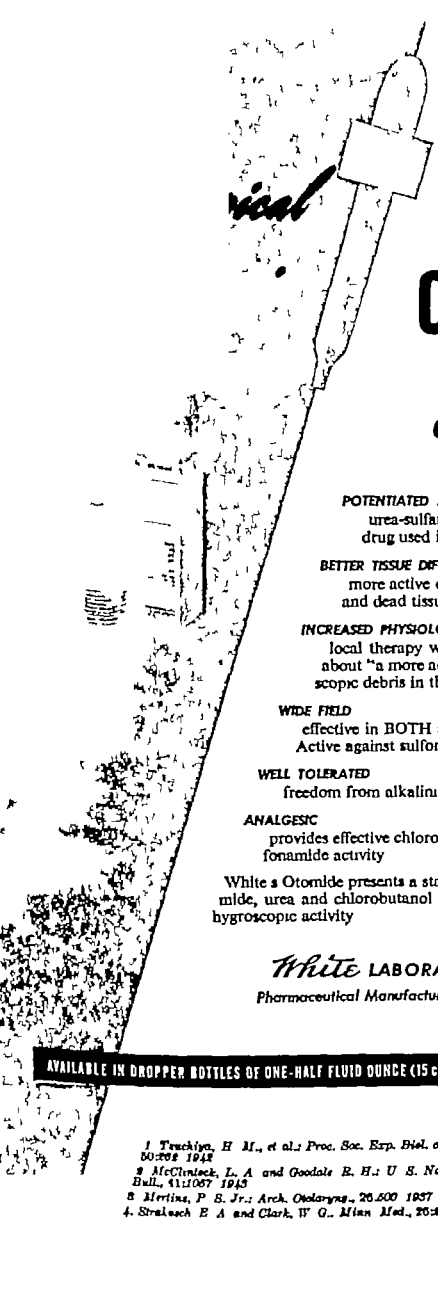
"Well, even after she got better, I stayed away from the weekly poker game—quit dropping a little cash at the hot spots now and then—gave up some of the things a man feels he has a right to We didn't have as much fun for a while but we paid our taxes and the doctor and—we didn't touch the Bonds.

"What's more, we kept right on putting our extra cash into U S Savings Bonds And the pay-off is making the world a pretty swell place today!"

The Treasury Department acknowledges with appreciation the publication of this advertisement by

★ ★

NEW YORK STATE
JOURNAL OF MEDICINE



White's OTOMIDE

offers these unique clinical advantages

POTENTIATED ANTIBACTERIAL POTENCY
urea-sulfanilamide mixture more effective than either drug used independently [1] Not inhibited by pus.

BETTER TISSUE DIFFUSION
more active diffusion of sulfanilamide through living and dead tissues due to urea content [2]

INCREASED PHYSIOLOGIC DEBRIDEMENT
local therapy with urea in chronic otitis media brings about "a more adequate removal of the gross and microscopic debris in the recesses of the middle ear" [3]

WIDE FIELD
effective in BOTH acute AND chronic otologic infections. Active against sulfonamide resistant bacteria [4]

WELL TOLERATED
freedom from alkalinity virtually obviates local irritation.

ANALGESIC
provides effective chlorobutanol analgesia without impaired sulfonamide activity

White s Otomide presents a stable, non-irritating solution of sulfanilamide, urea and chlorobutanol in a glycerin vehicle of unusually high hygroscopic activity

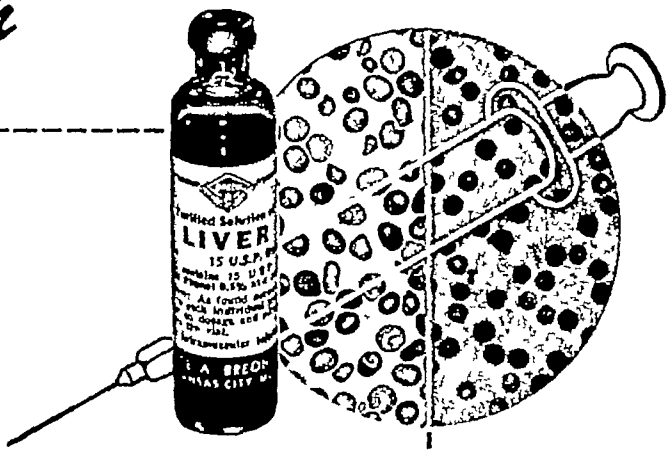
White LABORATORIES, INC
Pharmaceutical Manufacturers Newark 7, N J

AVAILABLE IN DROPPER BOTTLES OF ONE-HALF FLUID OUNCE (15 cc) ON PRESCRIPTION ONLY



1 Trachtyn, H M., et al.: Proc. Soc. Exp. Biol. and Med., 50:298 1942
2 McClintock, L. A and Goodale R. H.: U S. Naval Med. Bull., 41:1067 1943
3 Mertins, P S. Jr.: Arch. Otolaryng., 26:500 1937
4. Stralsach E A and Clark, W G.. Minn Med., 26:876 19

So Many owe so much to----------



Blood cells from pernicious anemia patient in state of relapse

Blood cells after adequate therapy

Liver feeding has already given 19 years of life to many pernicious anemia patients who in 1926 were facing certain death

Because of the insight and labor of such men as Minot, Murphy, Castle and Cohn, there is material to replace the deficient hematopoietic principle, thus, this condition can now be treated successfully.

Purified Solution of Liver-Breon, a uniform, dependable solution, standardized on man, is released for general use only when the hematopoiesis of pernicious anemia patients in relapse has responded to its injection under conditions specified by the Anti-Anemia Preparations Advisory Board of the U S P The efficiency and economy of Purified Solution of Liver-Breon is suggested in the fact that when injected, material derived from but 1/30 as much liver need be given as when administered by mouth

Supplied:

15 U S P (Injectable) Units per cc in 10 cc vials.

10 U S P (Injectable) Units per cc in 10 cc vials and 30 cc vials

5 U S P (Injectable) Units per cc in 10 cc vials.

PURIFIED SOLUTION OF LIVER • Breon

MADE FOR MEN OF SKILL BY SKILLED MEN

George A Breon & Company

Pharmaceutical Chemists

New York Atlanta KANSAS CITY MO Los Angeles Seattle

Extinguish the Pillars of Fire . . .



Fed by psychosomatic "fuel" in the form of hypersecretion vagus irritation and intestinal spasticity many cases of hyperkinetic intestinal disease may often be effectively "quenched" by Lusyn — newly created in the research laboratories of The Maltbie Chemical Company to satisfy the most modern concepts of rational therapy in spastic gastro-enteropathies and hyperchlorhydria with least disturbance of physiologic processes. • At once *antispasmodic* (by virtue of its homatropine methylbromide content) *adsorbent* (through the alukalin component) and *sedative* (because of the phenobarbital incorporated) Lusyn brings prompt relief yet is non narcotic and will not produce secondary acid rebound • *Indicated* in the treatment of hydrospasm—cardiospasm—unstable colon—biliary dyskinesia—biliary colic—and as an adjunct in the management of peptic ulcer *Supplied* in bottles of 100 tablets each.

THE MALTBIE CHEMICAL COMPANY (Founded 1868) NEWARK, N. J.

LUSYN TABLETS



A New APPROACH TO MYOPATHIES

Basic Relief of

MYOSITIS
FIBROSITIS
FIBROMYOSITIS
AND KINDRED CONDITIONS



A NEW RATIONALE, quite different from the previous approach with rubefacients and counterirritants, places Myopone therapy in a field by itself.

Formulated to the new concept that myopathies are etiologically of local metabolic origin, topically applied Myopone apparently supplies a deficiency in affected muscular tissue Utilization of the special solvent-extracted wheat germ oil contained in Myopone puts into action not only essential vitamin E but also phospholipids and other therapeutically active factors*.

FORMULA: Solvent-extracted wheat germ oil in a special absorption base

Topical application of Myopone Ointment relieves soreness, eases tension, reduces swelling and stiffness.

Available in 1 oz. and 1 lb jars at ethical pharmacies



*Ant. M., N Y State Jour Med Sept. 1, 1945

REPRINT, SAMPLE AND LITERATURE ON REQUEST

THE DRUG PRODUCTS CO., INC. NYS
19 West 44th St., New York 18, N Y

Please send sample of Myopone Ointment, reprint and literature to—

Dr Street

City State

(Please attach Rx blank)

MYOPONE
(DRUGPROD)
A DRUG PRODUCTS COMPANY Specialty



A firm position in the therapy of rheumatoid arthritis

Gold has proved its worth during the fifteen years it has been used for rheumatoid arthritis and today, holds a firm position among chemotherapeutic drugs Clinical reports indicate that improvement may be expected in eighty per cent or more of patients receiving adequate amounts of gold

SOLGANAL-B OLEOSUM

SOLGANAL-B OLEOSUM is a special preparation of organic gold, aurothioglucose It is water soluble, but suspended in oil to prolong its absorption and enhance its safety Being an *organic* gold compound, SOLGANAL-B OLEOSUM is less toxic than the *inorganic* gold salts and yet equally efficient.

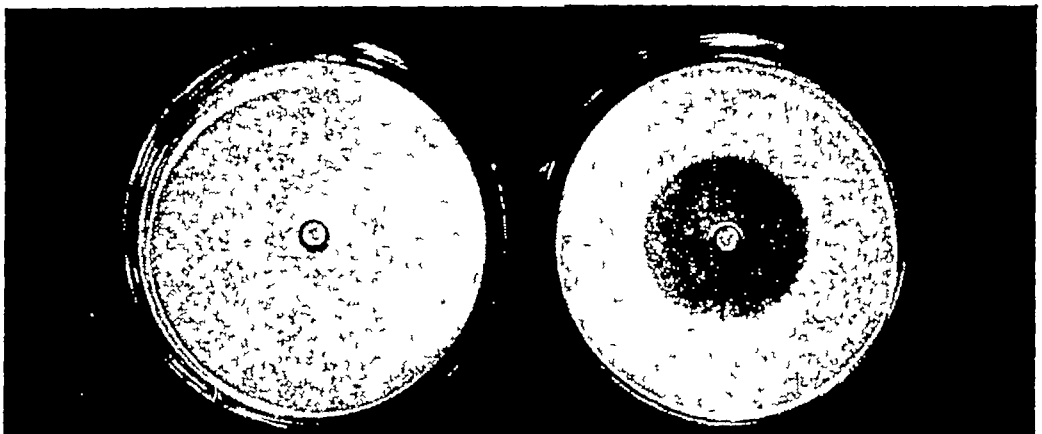
SOLGANAL-B OLEOSUM (aurothioglucose, $C_6H_{11}O_5SAu$) containing approximately 50 per cent gold, is administered by intramuscular injection in repeated courses with intervening rest periods It is available in several strengths to permit flexibility of dosage

The Medical Research Division welcomes inquiries and will supply literature on SOLGANAL-B OLEOSUM dealing with its manner of use, dosage, precaution and toxicity

Trade-Mark SOLGANAL-B OLEOSUM—Reg. U S Pat. Off

Schering CORPORATION BLOOMFIELD N J

In Canada: Schering Corporation Limited, Montreal



24-hour cultures. *Left*—Sterile water in cup; *Right*—Phe-Mer-Nite in cup. Phe-Mer-Nite dilutions of 1:125,000 to 1:1,000,000 inhibit the growth of streptococci, staphylococci, B. coli, B. typhosus, etc. Dilutions of 1:12,500 to 1:37,500 destroy spore-formers such as B. welchii, B. tetani, and B. chauvei.

High Bactericidal Power - Minimal Tissue Toxicity

Phe-Mer-Nite is powerfully bactericidal and fungicidal, yet nonirritating and harmless to tissue in the recommended dilutions It does not hemolyze red blood cells, does not precipitate tissue proteins, has no offensive odor, does not stain It maintains its bactericidal and fungicidal powers in the presence of blood, pus or exudates It is stable to light and high temperatures, long standing does not reduce its potency

Both on intact surfaces and in open wounds, Phe-Mer-Nite fulfills every need for dependable antisepsis It may be applied to burns or other lesions requiring antisepsis, and is useful as a douche, nasal spray, gargle, and for the sterilization of instruments and rubber gloves Phe-Mer-Nite is particularly useful in the treatment of ringworm infestations

PHE-MER-NITE PREPARATIONS



Phe-Mer-Nite, a brand of phenylmercuric nitrate, is an organic salt of mercury of low toxicity and high germicidal power

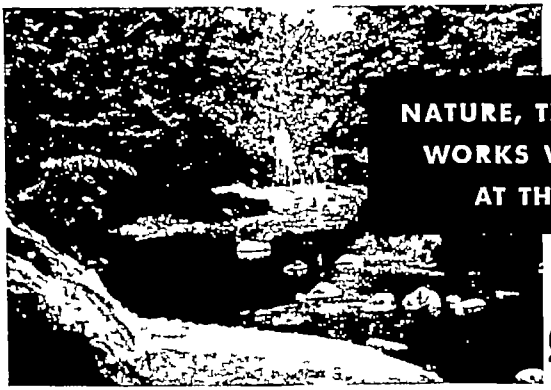
Available as a tincture, solution, in cholesterinized or greaseless base, in throat tablets, and in foot powder

THE S. E. MASSENGILL COMPANY

Bristol, Tenn -Va

NEW YORK • SAN FRANCISCO • KANSAS CITY

SEMCO



NATURE, THE HEALER, WORKS WONDERS AT THE SPA



The superb man made facilities at the Saratoga Spa are placed in a setting of great natural beauty In this serene environment a sick person is ideally prepared for the full benefit of medical care

Here your patient is relaxed in both mind and body, so that the therapeutic values of the Spa's naturally carbonated mineral waters are enabled to exert their maximum efficacy

Your patient suffering from such conditions as cardiac, vascular or rheumatic disorders receives the benefit of the Spa's restorative powers under a regimen of treatment which you yourself recommend

Well trained physicians are available in Saratoga Springs for consultation with your patient on the details of the program

With your patient at the Spa, you find needed relief from postwar strain in the knowledge that your directions for his continuing care will be faithfully carried out

THE SARATOGA SPA

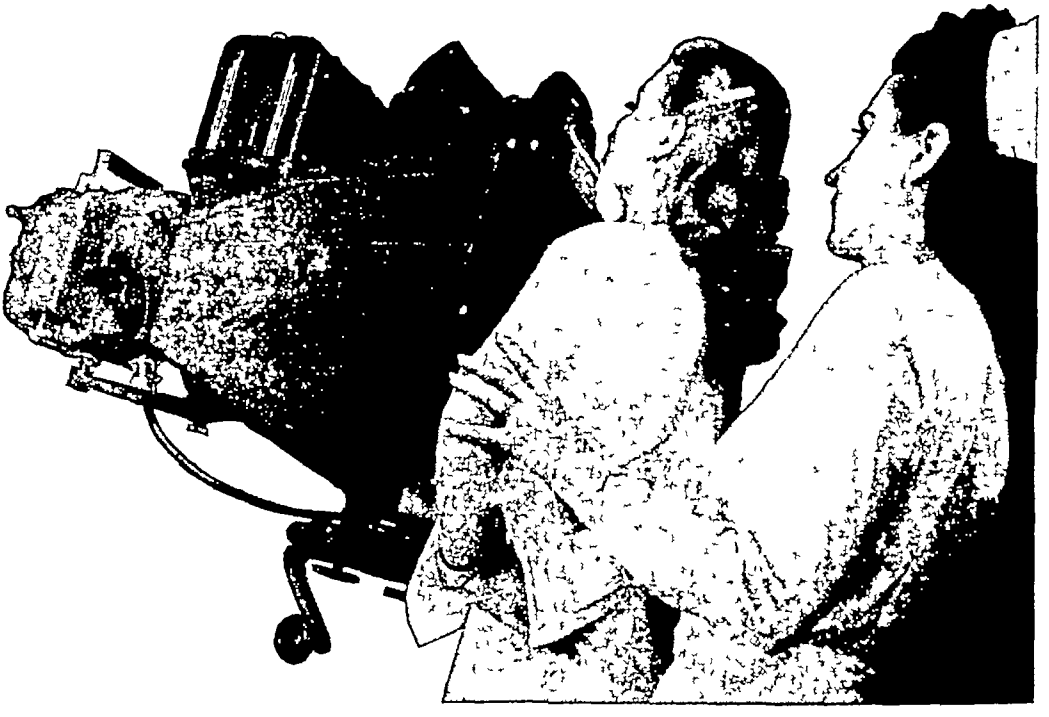
"PHYSICIAN GIVE HEED TO THINE OWN HEALTH"

Many physicians have recently come to the Spa for the same kind of treatments that helped their patients here After a restorative "cure" at the Spa, you too would return to your practice refreshed—revitalized—ready for the busy days that still lie ahead.

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION

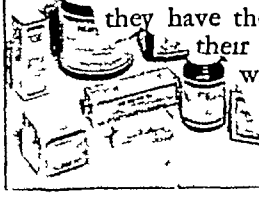
For professional publications of the Spa, and physician's sample carton of the bottled waters, with their analyses, please write W S. McClellan, M.D. Medical Director Saratoga Spa, 155 Saratoga Springs, N Y.

Is Your Community Awaiting an X-Ray Chest Survey?



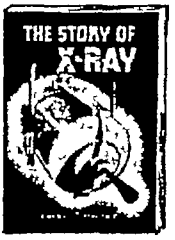
Through well-directed educational campaigns sponsored by tuberculosis organizations throughout the nation, men, women, and children have been learning about technological developments which today make it economically feasible to conduct x-ray chest examintaions of large groups of people for the purpose of detecting unsuspected tubercular infections in apparently healthy individuals

Public interest having been so thoroughly
sed, many communities have adopted
idually planned x-ray chest survey
ms as a most effective measure for
losis control—for screening out and
individuals who, "ignorant of the
they have the disease, unknow-
their own lives and the
whom they come in



uch a survey is sug-
nity, and your pro-
ly sought by the
we shall be glad

to help you prepare a summary which would evaluate the various methods and facilities used for different types of chest surveys These evaluations, may we assure you, will be unprejudiced, as G-E photoroentgen apparatus is not limited to but one model, nor restricted to the use of one size of film Address General Electric X-Ray Corporation, 175 W Jackson Boulevard, Chicago 4, Ill



For Your Reception Room — this booklet will prove of absorbing interest to waiting patients It commemorates the 50th Anniversary of the discovery of x-ray, and recounts the notable contributions of x-ray science, not only to medicine but also to many important phases of industry Send for your complimentary copy Ask for Pub. C13

GENERAL ELECTRIC X-RAY CORPORATION

NEW YORK • SAN

NEW . . . EFFECTIVE THERAPY in

VAGINITIS - CERVICITIS

with

Westhiazole Vaginal

In Single Dose Disposable Applicators

for CONVENIENCE SIMPLICITY DAINTINESS

Please Write for Literature and Sample



FORMULA
10% Sulfathiazole
3% Lactic Acid
1% Acetic Acid
in Polyethylene Glycol Base

Westwood PHARMACAL CORP.

BUFFALO 2, N. Y.

WHEN YOU NEED A GOOD SUPPORT FOR REDUCIBLE HERNIA—may we suggest the advantages of "custom-made" Protection, designed to meet the described needs of each particular case? Physicians, who know from experience, can tell you that Rice "custom-made" Supports for reducible HERNIA are truly different and that our methods are dependable With dozens of different styles, shapes and types of pads at our disposal and with a full realization of our responsibility to those who put their faith in us —we respectfully offer our services for your approval Descriptive literature and measurement charts on request.

WILLIAM S. RICE, Inc., (Lock Box 101), ADAMS, NEW YORK
BRANCH SUPPLY AND FITTING OFFICES
BUFFALO, N. Y.—ROCHESTER, N. Y.—PITTSBURGH, PA.

INDEX TO ADVERTISED PRODUCTS

Aminophyllin (H E Dubin Laboratories, Inc) 570
Amphojel (Wyeth Incorporated) 603
Anti-Rh (Gradwohl Laboratories) 669
Anusol (William R Warner & Co , Inc) 571
Aspergum (White Laboratories, Inc) 565
Auralgan (Doho Chemical Corp) 573
Benzestrol (Schieffelin & Co) 598
Bidupan (Cavendish Pharmaceutical Corp) 566
Boroleum (Sinclair Pharmacal Co) 699
Calcibronat (Sandoz Chemical Works, Inc) 564
Cholmodin (Riedel-de Haen Inc) 595
Cooper Creme (Whittaker Laboratories, Inc) 655
Darthronol (J B Roerig & Co) 580–581
Diurbital (Grant Chemical Co , Inc) 562
Elixir Bromaurate (Gold Pharmacal Co) 669
Elixir Gabail (Anglo-French Labs , Inc) 655
Empirin (Burroughs Wellcome & Co) 574
Erythrol Tetranitrate (Merck & Co , Inc) 601
Floraquin (G D Searle & Co) 569
Hepatinic (McNeil Laboratories Inc) 597
Hydrosulphosol (Rees-Davis Drugs, Inc) 575
Infron (Nutrition Research Labs) 583
Irrigol (Alkalol Co) 594
Kaomagma (Wyeth Incorporated) 665
Koromex Jelly (Holland-Rantos Co) 600
Lusyn (Maltbie Chemical Company) 587
Myopone (Drug Products Co , Inc) 588
Numotizine (Numotizine, Inc) 649
Ortho-Creme (Ortho Pharmaceutical Corp) 567
Otomide (White Laboratories, Inc) 585
Otosmosan (Doho Chemical Corp) 573
Ovoferrin (A C Barnes Company) 576
Pendil (Endo Products Inc) 651
Phe-Mer-Nite (S E Massengill Company) 590
Pollen Tests (Arlington Chemical Co) 661
Premarin (Ayerst, McKenna & Harrison Ltd) 577
Privine (Ciba Pharmaceutical Prods , Inc) 3rd cover
Prodol (Prodol Company) 655
Profenil (Specific Pharmaceuticals Inc) 759
Proloid (The Maltine Company) 2nd cover
Protein Hydrolysate (Walker Vitamin Prods) 578
Ramses (Julius Schmid, Inc) 657
Salyrgan-Theophylline (Winthrop Chemical Company, Inc) 647
Sodascorbate(Van Patten Pharmaceutical Co) 663
Solganal-B Oleosum (Schering Corporation) 589
Solu-B (Upjohn Company) 572
Solution of Liver (George A Breon & Co) 586
Sulmefrin (E R Squibb & Sons) 602
Tarbonis (The Tarbonis Company) 659
Thesodate (Brewer & Company, Inc) 568
Westhiazole Vaginal (Westwood Pharmacal Corp) 593

Dietary Foods

Candy (National Confectioners' Association) 582
Carnation Milk (Carnation Company) 672
Knox Gelatine (Knox Gelatine Co) 653
Pablum (Mead Johnson & Co) 4th cover
Similac (M & R Dietetic Laboratories, Inc) 599
Strained Baby Soups (Campbell Soup Co) 645

Medical and Surgical Equipment

Artificial Eyes (Fried & Kohler, Inc) 561
Orthopedic Shoes (Pediforme Shoe Co) 598
Supports (S H Camp & Campany) 596
Supports (Wm S Rice, Inc) 594
X-Ray Equipment (General Electric X-Ray Corp) 592

Miscellaneous

Ar-Ex Soap (Ar-Ex Cosmetics, Inc) 594
Brioschi (G Ceribelli & Co) 655
Cigarettes (R J Reynolds Tobacco Co) 563
Spring Water (Saratoga Springs Authority) 591

IRRIGOL
Samples and Literature at your request

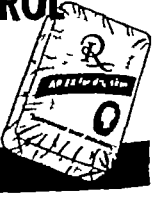
in solution has proved to be a practical answer to the physician's frequent need for a simple Vaginal Douche, or Colonic Irrigator

THE ALKALOL CO., TAUNTON, MASS.

FREE SAMPLE
DRESS
Y
ATE

AR-EX SOAP

Superfatted with CHOLESTEROL
Contains No Lanolin
Prescribed by many dermatologists and allergists in sensitive, dry skin, and contact dermatitis
YOUR DRUGGIST HAS IT OR CAN GET IT FOR YOU



AR-EX COSMETICS, INC., 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

Cholmodin

Reg U S Patent Off.

THE COMPLETE APPROACH TO HABITUAL CONSTIPATION

Although many substances are available for promoting bowel evacuation, they cannot be regarded as corrective agents in habitual constipation. Most cathartics act solely upon the lower colon, temporarily relieving fecal stasis or accumulation without overcoming the disturbed physiologic mechanisms involved in constipation.

Cholmodin

containing deoxycholic acid (1½ gr.) and extract of aloes (¾ gr.) — exerts its stimulating action upon the *entire* intestinal tract. Deoxycholic acid, a normal constituent of human bile, promotes peristaltic activity in the small intestine, and aids in the digestion of fat as well. Extract of aloes is promptly hydrolyzed under the influence of deoxycholic acid, and promptly exerts a continuous but moderate action upon the colon. Thus the entire tract is activated, producing evacuations of normal consistency without discomfort or undue water loss. Cholmodin is especially advantageous in habitual constipation encountered in elderly and bedridden patients, when re-education of the gastro-intestinal tract is required. It is also an excellent cathartic for occasional use.

Available through all pharmacies in bottles of 50 tablets.

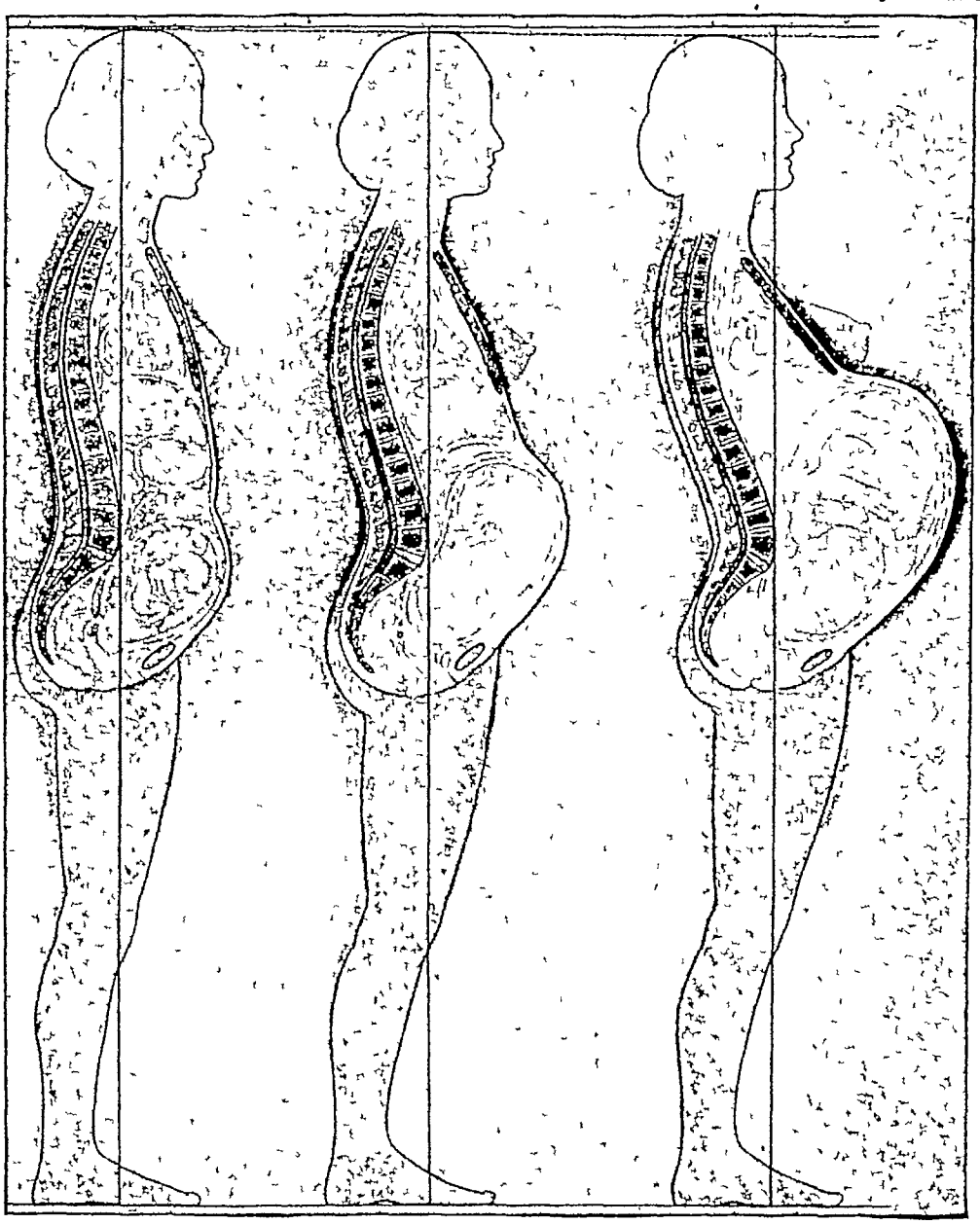
Riedel-de Haen

DIVISION OF AMES COMPANY INC

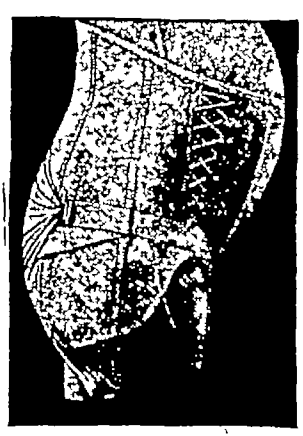
NEW YORK 13 N Y.

BODY MECHANICS OF PREGNANCY

STUDIES FROM LIFE MODELS DURING PREGNANCY • Illustration by Charlotte S Holt



4 LUNAR MONTHS 7 LUNAR MONTHS 10 LUNAR MONTHS



The postural changes during pregnancy are due to the compensatory backward shift of the center of gravity caused by forward pull of the load of the pregnant uterus.

Note the retracted shoulders, carriage of head (pride of pregnancy), and the accentuation of the natural lumbar lordosis which relieves abnormal tension on back and leg muscles.

Camp Supports aid in reducing this forward traction and assist the mother in maintaining better balance

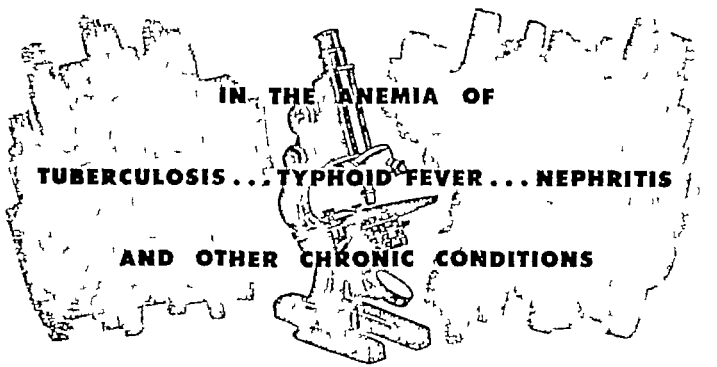
CAMP

S. H. CAMP & COMPANY

World's Largest Manufacturers of Scientific Supports

Jackson, Michigan • *Offices in* Chicago • New York • Windsor, Ontario • London, England

Number 4 of a Series



HEPATINIC

Two factors function in chronic infections to produce the usually concomitant hypochromic anemia—

(a) Increased destruction or increased utilization of red cells due to the infection

(b) Impaired intake or utilization of diet.

Consequently one phase of medical management of chronic infections includes eradication of the coexisting anemia. Hepatinic presents iron in preferred form, together with crude (unfractionated) liver concentrate, enhanced by the addition of the B complex. The crude (unfractionated) liver concentrate is subjected in manufacture to a special process of enzymatic digestion", assuring maximum assimilation

Taste Appeal!

Taste is important in hemopoietic tonics. Hepatinic—pleasantly palatable—is readily accepted even by finicky taste-conscious patients. Samples will be sent to physicians on request

FORMULA:

Each fluidounce contains Ferrous Sulfate 12 gr. Crude Liver Concentrate (equivalent to 660 gr. fresh liver) 60 gr., fortified to represent Thiamine Hydrochloride 2 mg. Riboflavin 4 mg. Niacinamide 20 mg. together with pyridoxine, pantothenic acid, choline, folic acid, vitamin B_{10}, vitamin B_{11}, biotin, inositol, para-amino-benzoic acid and other factors of the vitamin B complex.

Elixir Hepatinic is supplied in bottles of one pint and one gallon

McNeil Laboratories
INCORPORATED



Schieffelin
BENZESTROL
(2, 4-di (p-hydroxyphenyl) -3-ethyl hexane)



Schieffelin BENZESTROL Tablets:
Potencies of 0 5 1 0, 2 0 and 5 0 mg
Bottles of 50 100 and 1000
Schieffelin BENZESTROL Solution:
Potency of 5 0 mg per cc in 10 cc
Rubber Capped Multiple Dose Vials
Schieffelin BENZESTROL Vaginal Tablets:
Potency of 0 5 mg Bottles of 100

Pertinent Facts

• Exerts a full estrogenic effect . Very well tolerated . . . Highly effective either orally or parenterally . . Costs just a fraction of the "natural" estrogens.

• This synthetic estrogen is indicated in menopause disorders, in suppressing lactation, senile vaginitis, infantile gonorrheal vaginitis, and hypo-ovarian conditions in which there is an estrogen deficiency

Literature and sample on request

Schieffelin & Co.

20 COOPER SQUARE NEW YORK 3, N. Y.

Pharmaceutical and Research Laboratories

FOR THE MOTHER-TO-BE

Clothing assumes significant importance in pregnancy, and as every physician knows today should receive early and careful attention

Shoes particularly should have the approval of the physician in order that they conform to the generally accepted features of broad toes, low heels, and be adaptable to any orthopedic requirement

In Pediforme shoes, you will find the right type to meet your prescription for the mother-to-be

℞ **Pediforme**
FOOTWEAR



A SHOE FOR EVERY MEMBER OF THE FAMILY A SHOE FOR EVERY INDIVIDUAL REQUIREMENT

MANHATTAN, 34 West 36th St **NEW ROCHELLE,** 545 North Ave
BROOKLYN, 288 Livingston St **EAST ORANGE,** 29 Washington Pl.
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, L I , 241 Fulton Ave **HACKENSACK,** 289 Main St.



No food (except breast milk) is more highly regarded than Similac for feeding the very young, small twins, prematures, or infants who have suffered a digestive upset. Similac is satisfactory in these special cases simply because it *resembles breast milk so closely*, and normal babies thrive on it for the same reason. This similarity to breast milk is definitely desirable — *from birth until weaning*

A powdered modified milk product especially prepared for infant feeding made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil coconut oil, corn oil and cod liver oil concentrate.

One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

SIMILAC } SIMILAR TO BREAST MILK

M & R DIETETIC LABORATORIES INC.

COLUMBUS 16, OHIO





Schieffelin BENZESTROL Tablets:
Potencies of 0 5 1 0, 2 0 and 5 0 mg
Bottles of 50 100 and 1000
Schieffelin BENZESTROL Solution:
Potency of 5 0 mg per cc in 10 cc
Rubber Capped Multiple Dose Vials
Schieffelin BENZESTROL Vaginal Tablets:
Potency of 0 5 mg Bottles of 100

Pertinent Facts

• Exerts a full estrogenic effect . . Very well tolerated . . . Highly effective either orally or parenterally . . . Costs just a fraction of the "natural" estrogens.

• This synthetic estrogen is indicated in menopause disorders, in suppressing lactation, senile vaginitis, infantile gonorrheal vaginitis, and hypo-ovarian conditions in which there is an estrogen deficiency

Literature and sample on request

Schieffelin & Co.

20 COOPER SQUARE NEW YORK 3, N. Y.

Pharmaceutical and Research Laboratories

FOR THE MOTHER-TO-BE

Clothing assumes significant importance in pregnancy, and as every physician knows today should receive early and careful attention

Shoes particularly should have the approval of the physician in order that they conform to the generally accepted features of broad toes, low heels, and be adaptable to any orthopedic requirement

In Pediforme shoes, you will find the right type to meet your prescription for the mother-to-be

℞ Pediforme FOOTWEAR



A SHOE FOR EVERY MEMBER OF THE FAMILY A SHOE FOR EVERY INDIVIDUAL REQUIREMENT

MANHATTAN, 34 West 36th St **NEW ROCHELLE,** 545 North Ave
BROOKLYN, 288 Livingston St **EAST ORANGE,** 29 Washington Pl.
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, L. I., 241 Fulton Ave **HACKENSACK,** 289 Main St.



ERYTHROL TETRANITRATE MERCK in Angina Pectoris

It is generally agreed that the acute attack of anginal pain is most readily relieved by the prompt removal of the provocative factor and by the use of nitrites. For this purpose, the rapidly acting nitrous and nitric acid esters, amyl nitrite and nitroglycerin, are considered most useful

For prophylactic purposes—to control anticipated paroxysms—the *delayed but prolonged action* of erythrol tetranitrate is more effective Erythrol tetranitrate, because of its slower *and more prolonged action*, is also considered preferable for the purpose of preventing nocturnal attacks.

The vasodilatation produced by Erythrol Tetranitrate Merck begins 15 to 20 minutes after administration, and lasts from 3 to 4 hours.

The properly timed administration of a vasodilator having a sustained effect may prevent the following episodes of angina pectoris:

- The man who finds it necessary to stop and rest when he walks to the train in the morning
- The man who suffers "indigestion" and "gas" on exertion, or after a heavy meal.
- The man who has pain in his chest and arms, and weakness upon any anxiety, anger, or nervous strain.

ERYTHROL TETRANITRATE MERCK
(Erythrityl Tetranitrate)

For Prolonged Vasodilatation

COUNCIL ACCEPTED

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.



And protection too...

To the *coryza* patient, relief from nasalcongestion is paramount. To the physician, however, protection against serious complications is also a concern. With Sulmefrin, both comfort and protection may be assured during colds.

Sulmefrin, a local antibacterial sulfonamide which may help to prevent common complications of sinusitis, bronchitis and mastoiditis is also an effective but gentle decongestant, relatively free from the undesired side-effects of over vasoconstriction.

By spray, drops or tamponage, Sulmefrin affords the benefits of sodium sulfathiazole anhydrous 1.25% and sodium sulfadiazine 1.25% with the safe decongestant properties of 0 125% *dl*-desoxyephedrine hydrochloride in a stabilized aqueous vehicle

Sulmefrin
TRADEMARK

SQUIBB

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



a troublesome symptom . . .

"All patients with peptic ulcer eventually develop constipation."[1] Low residue diet, inactivity and worry are responsible. But the troublesome symptom can be controlled by development of "habit time" and administration of emulsified mineral oil

AMPHOJEL* the standard antacid for the management of peptic ulcer, is also supplied with emulsified mineral oil as a convenient dosage form for ulcer patients with a tendency to constipation.

1 PAUL, W.D., and C. RECKENBEG, J Iowa State M.A. 35:167 (May) 1945.



Alumina Gel with Liquid Petrolatum 10% Wyeth

Bottles of 12 fl oz.

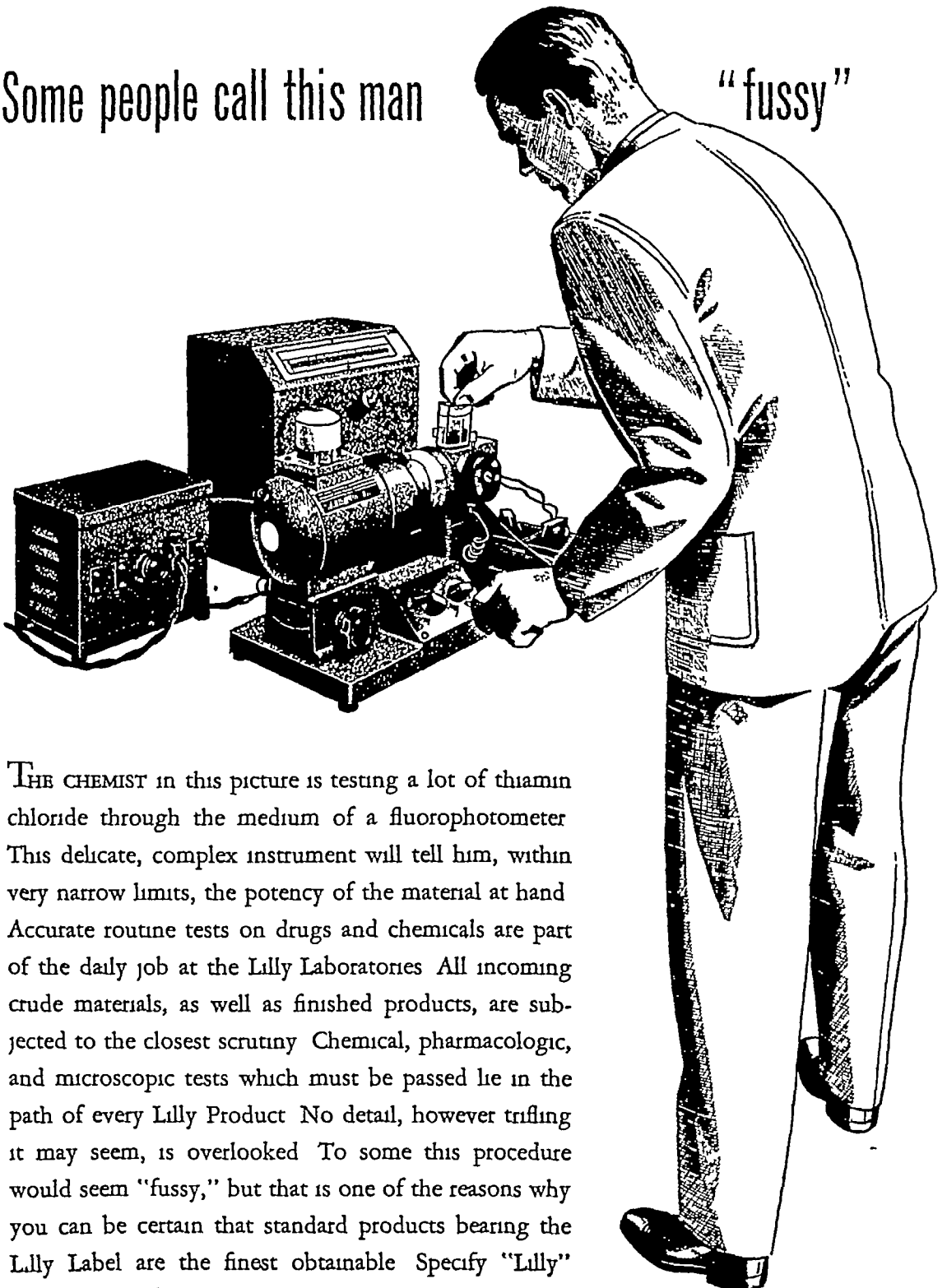
AMPHOJEL

WITH MINERAL OIL

Wyeth

WYETH INCORPORATED • PHILADELPHIA 3 • PA

Some people call this man "fussy"



THE CHEMIST in this picture is testing a lot of thiamin chloride through the medium of a fluorophotometer This delicate, complex instrument will tell him, within very narrow limits, the potency of the material at hand Accurate routine tests on drugs and chemicals are part of the daily job at the Lilly Laboratories All incoming crude materials, as well as finished products, are subjected to the closest scrutiny Chemical, pharmacologic, and microscopic tests which must be passed lie in the path of every Lilly Product No detail, however trifling it may seem, is overlooked To some this procedure would seem "fussy," but that is one of the reasons why you can be certain that standard products bearing the Lilly Label are the finest obtainable Specify "Lilly" through your favorite prescription pharmacy.

MANUFACTUR

OMPANY • INDIANAPOLIS 6, INDIANA, U. S. A.

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1946 by the Medical Society of the State of New York

GEORGE W KOSMAK, M.D., *Managing Editor*
LAURANCE D REDWAY, M.D., *Assistant Managing and Literary Editor*
NORMAN S MOORE, M.D., Ithaca, *Assistant Literary Editor*
DWIGHT ANDERSON *Business Manager*
WILLIAM L. SIMMONS, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M.D., *Chairman*
KIRBY DWIGHT, M.D
DWIGHT ANDERSON
LAURANCE D REDWAY, M.D
WALTER P ANDERTON, M.D

VOLUME 46 MARCH 15, 1946 NUMBER 6

Editorial

The Annual Meeting

The Annual Meeting of the Medical Society of the State of New York will be held this year at the Hotel Pennsylvania, New York City, April 29 to May 3 It will be the first full assembly with scientific sessions and meeting of the House of Delegates since V-J Day

We urge that all members of the Society plan to attend. It will be the first available opportunity to greet old friends returned from duty with the armed forces, to view the latest developments in new instruments, methods of treatment, and to attend the general and special sessions

At the General Session the principal attraction will be Dr Alfred Blalock, professor of surgery at Johns Hopkins University Medical School, who will speak on "The Surgical Treatment of Congenital Pulmonary Stenosis" He will present a motion picture as well as his address. His paper will be one of four on vascular diseases scheduled for the afternoon of May 3, the others being by Dr Hinton on the surgical treatment of hypertension, and by Drs. Irving Wright and Gerald Pratt, discussing the management of phlebothrombosis

At the Wednesday meeting of the General Session there will be a paper by Dr Alvan Barach on "Penicillin Aerosol with Special Reference to its Use with Intermittent Pressure in the Treatment of Sinusitis." Not too much has been written on this method of administering penicillin, and Dr Barach has apparently employed it successfully in bronchopulmonary infections as well as in sinusitis. He will have a scientific exhibit as well. Dr Arthur DeGraff, of New York University, will also be a speaker on the "Clinical Comparison of the Cardiac Glycosides."

Medicine and surgery will meet as a group at one of their Sessions and discuss nutritional problems in the surgical patient

This year, for the first time, the History of Medicine Section will be held in the evening and will be open to laymen as well as doctors.

This meeting will also welcome the Chest Section.

This, in general outline, is the preview of the Annual Meeting based upon available information at the moment. More details will be published as final plans are completed. The JOURNAL urges all members to set aside now the time for attendance at the meeting and to write for reservations at the earliest possible time, since hotel accommodations are still limited in New York City

Federal Medicine?

If any one *still* thinks that it would be a good idea to have Federal control or Federal management of the affairs of medicine, now is a truly excellent time for such a one to cast an eye about, to incline the ear, and to survey the scene of American life as it is being currently directed from above

Would anyone in even partial possession of his senses care to see the institutions and practice of medicine under the control and direction of such persons as are currently capering, sounding off, filibustering, and "politicking" about the national Capitol? A sad picture

Perhaps it made sense to fiddle while Rome burned in Nero's time We wouldn't know But at that time there was no question of the Federal control and direction of medicine

Since then, however, a serious, scientific, and responsible profession has builded upon the foundations laid down by Hippocrates and Galen an institution and practice of medicine unreservedly and unqualifiedly dedicated to the sole interest of the sick, to the promotion of the public health, and now to the advancement of preventive medicine

The very foundations of such a structure are facts and scientific experiment to develop and uncover more facts, to create better public health, more effective preventive measures

It should be apparent to anyone who has watched and followed the blundering, red-tape-ridden and logorrheic attempts of the Federal government to supervise the current food, housing, transportation, and production muddle that here is no agency to be trusted with direction of the affairs of medicine. To go no deeper into the question Why should such a blundering government undertake to muddle up something *more* when it cannot now even unmuddle the things it is supposed to know and do something about?

Consider the picture Shortages of nearly everything but oratory Whole cities at times without fuel, basic communications systems tied up, national labor relations deteriorating in indecision, ineffectiveness, and appeasement for political purposes, insufficient housing, little fuel for existing homes—to mention only a few of the things which might be enumerated

Is this a government on the record, to be entrusted with the affairs of sick people as the Wagner-Murray-Dingell bill proposes? A government that cannot or at least does not assure to well people even the basic necessities for living?

The picture is different if the objective sought is to bring all living standards down to the level of the lowest common denominator of a bare, cold, cheerless, and haphazard existence Then, perhaps, it would be at least consistent that even the sick should be subjected to the same measure of inefficiency, wants, lacks, and deprivations as the well must now endure

The picture is too dismal to contemplate A government apparently too much concerned with its own perpetuation, seemingly reluctant to secure the welfare of the whole people against the baronial raids of stubborn organized minorities, indecisive, hesitant, does not seem to us qualified by virtue of these characteristics to be the ideal mentor of medicine and guardian of the sick

National Service Life Insurance

To those medical officers who are returning to civilian practice there may arise the temptation to drop or allow to lapse their National Service Life Insurance We urge that no consideration be permitted to interfere or to contribute to such folly

Premium rates on National Service Life Insurance are exceptionally low The Government pays all operating expenses, and assumes excess mortality due to military action Dividends will probably be paid in future years which will reduce the cost of the protection

Included without extra cost is a valuable provision for waiver of payment of premiums during continuous total disability

for six or more consecutive months on account of "any impairment of mind or body which continuously renders it impossible for the insured to follow any substantially gainful occupation"

If you allow your policy to lapse, you may be unable, later on, to pass a physical examination for new life insurance. If you have been physically impaired by war service, it is especially important to keep this point in mind.

Settlement provisions on your National Service policy are unusually favorable for the beneficiary Although lump-sum payments are not now available, the Government may later permit at least a part of the proceeds to be paid in cash. The payments to your dependents may be increased by Social Security benefits and possibly by a Government pension

By keeping the low-cost protection you now have, you guard against the danger that you may fail, through inertia, to obtain the insurance you will need at some future time

Don't give up your Government insurance. If anyone advises you to do so, have him give you his reasons in writing If you have already let your Government insurance lapse, consult the nearest office of the Veterans Administration about reinstating it

After your discharge, you should forward to the Collections Subdivision, Veterans Administration, Washington 25, D C, within thirty-one days from the end of the period for which premiums were last paid, a remittance for the amount of the premium Thereafter, continue your direct payments each month (or on the due dates if you have arranged to pay quarterly, semiannually, or annually)

Within eight years of the date you took out your original policy, you may convert all or part of it into straight life, twenty-payment life, or thirty-payment life. Rates are exceptionally low because the Government will continue to pay all operating expenses. No physical examination is required Application should be made on insurance form 358, available from the Veterans Administration

Do not be in a hurry to convert Allow enough time to find out what your earning power and expenses as a civilian will be

If you find it difficult to maintain the full face value of your insurance at the increased premium rates following conversion, remember that you can reduce the amount to $1,000 or any larger total that is a multiple of $500 Such application should be made by letter, addressed to the Veterans Administration, Washington 25, D C, signed by you and stating the exact amount to be continued in force

We cannot too strongly urge that all veteran medical officers maintain in force, at whatever sacrifice, as much of their National Service Life Insurance as possible To those who already may have allowed their policies to lapse we advise immediate consultation with the nearest office of the Veterans Administration Do not let indifference, carelessness, or forgetfulness deprive you of a valuable asset and your family of the best life-insurance protection at the lowest cost you can ever obtain.

Do it *now*

Early Rising after Childbirth

It had become accepted practice in this as well as many other countries to keep women in bed for at least from nine to twelve days, even after normal labor But now that dictum is being changed and the change has been accelerated by war conditions, for the demand on hospital maternity beds has compelled the earlier discharge of patients to make room for others Apparently, judging by reports emanating from various observers, the practice has been of benefit and has not done any harm. Notwithstanding these favorable reports it will take some time to change accepted customs and individual discrimination must still be exercised in the individual case.

Consideration must be given to the hitherto prevailing objections Doctors will have a fear of medicolegal consequences, that perineal wounds would break down, that prolapse and retroversion would be more likely, that postpartum bleeding would be excessive, and that the patient would not approve As for the patients, the procedure

was unfamiliar and they doubted whether it was good, believing that they needed rest after the efforts of labor and were too weak to walk, and that their "stitches would not heal." But physicians who favored early ambulation found these objections more theoretic than actual and apparently have proved their point by statistical evidence For example, Rosenblum, Melnkoff, and Fist, at the Cedars of Lebanon Hospital, in Los Angeles, have recently presented (*J A M A.*, Nov 24, 1945) their observations made on a consecutive series of 229 unselected patients who were kept in bed more than five days and were used as controls for a series of 247 patients who were allowed up and about on their first and second postpartum days In all of these women there were no changes made in delivery or operative technic All of the patients with vaginal deliveries were kept in the hospital from six to eight days, while those who had cesarean deliveries were kept in from eight to twelve days Only 12 patients stayed a few days beyond these limits because of minor complications

These constitute very interesting data and the conclusions are supported in similar reports from other sources Early rising would mean less nursing care Bowel and bladder functions are more quickly restored, convalescence more quickly restored, with less asthenia and less postoperative and postpartum depression

By the adoption of these departures from accepted custom, there is indicated a return to first principles, to the stories of the peasant women who gave birth to their babies in the fields and then resumed their labors It may not all be so simple at the present time with our more complicated civilization and in the face of the teaching for adequate antepartum and proper labor care

These principles necessarily must remain in force and the propaganda for early rising should not serve to develop a laissez faire attitude toward pregnancy itself The latter still calls for responsibility from both the prospective parents and the doctor In every case of labor individual discretion must continue to be exercised

Current Editorial Comment

Of This and That

Phobias in Aviation Pilots. Shortly, civilian physicians will encounter as patients many of the young men who have been trained as pilots The knowledge of the occurrence and the genesis of phobias in these young men may be of assistance [1]

"Phobias are known to all psychiatrists and most other medical men as specific fears As a plurality, and with separate Greek-sounding names to denote each individual phobia, they have been regarded largely as separate entities of mental disorder, and it has been this conception which primarily determined the trend of study The effort brought few results of importance, as it is now known that the phobia is only a surface manifestation of an underlying anxiety, or, as will be shown from the study of pilots, it may act in the place of a conflict or problem, and its repetition in thinking may keep the individual from worrying about the original painful idea

"The tendency for obsessive-compulsive states to appear in adolescence and gradually progress constitutes another differentiating characteristic, phobias may appear at any period in life and after a varying course disappear entirely Recent writers are insistent that all phobias, except the phobias of early childhood, are merely manifestations of anxiety states

"In any consideration of phobias a technical distinction should be made between types of common fears and morbid fears Almost everyone has a fear of illness, death, or snakes, but only the mentally ill have any great fear of open spaces, heights, or closed spaces

"The object of this paper is to demonstrate the nature of various phobias as they occur in pilots so that they may be recognized early and adequate psychiatric treatment instituted Furthermore, it will emphasize the importance of studying the more serious and far-reaching personality disorder which may be present Otherwise the phobia alone, or the phobia and a complex personality disorder, may incapacitate the pilot for flying

"One of the primary instincts in the newborn is

[1] Davis, David B , Mil. Surg , p 105 (Aug) 1945

a fear of falling, a fear that usually remains with the individual throughout life. This basic fear is one of the pilot's most important psychological problems Much has been done to improve safety measures designed to help overcome this specific fear Mechanical parts of planes have been gradually improved, fliers have been instructed repeatedly regarding safety measures, and it is well known that parachutes are being studied constantly for the purpose of increasing safety

"Most pilots flying within the United States have developed such a sense of security because of the wearing of the modern parachute that they have little fear of having to 'bail out.' They feel that if it is necessary to leave the plane and float to earth in a parachute they will land in comparative safety and soon be found"

Four cases are cited and treatment outlined The author concludes,

"1 The importance of recognizing phobias in the various complaints of pilots has been stressed.

"2 Phobias are usually associated with an underlying and moderately severe anxiety state and at other times are the most apparent findings of a more far-reaching personality disorder such as of psychosis

"3 In the major number of cases phobias act as psychologic protective mechanisms.

"4. The early recognition of these problems in pilots will permit early treatment and prevent the pilots being grounded for indefinite periods of time.

"5 All phobias thus far observed in the A.A.F have been connected with specific situations."

Federal Support of Scientific Research. In view of the wide interest shown by the introduction of several congressional measures, the following report by the Committee on Public Health Relations of the New York Academy of Medicine, is worthy of note This was presented by the President of the Academy at the hearings held in Washington and is as follows

In the considered judgment of the Committee on Public Health Relations of the New York Academy of Medicine the following general principles should govern proposals to enlarge the area of financial participation by government in scientific research work.

1 Support of research in medicine and public health by federal funds is necessary and desirable.

2 Such support should be supplementary to that from private sources. It should not aim to supersede, diminish, or discourage private support.

3 The primary function of the proposed National Research Foundation should be to develop and finance and not to operate or control research activities. The paramount importance of fellowships and scholarships in the field of medicine and public health should be stressed

4 The activities of the proposed Foundation should not be construed as supplanting the scientific work which is being carried on by certain branches of the Federal government

5 Freedom of the individual worker and of the participating institutions should be assured through proper safeguards.

The Committee is somewhat apprehensive lest the present tendency to emphasize combined or group research may jeopardize initiative and opportunities for individual creative expression The position of those engaged in research without an immediate and practical objective may become insecure. Therefore, it is recommended that the policy pursued be clearly formulated to insure the availability of support both for combined or group research and for independent research by individuals

6 The governing authority of the proposed National Research Foundation should be vested in a board appointed by the President of the United States. Its functions should be similar to a board of trustees of an educational or benevolent organization There should be no ex officio members on such a board The board should have the sole authority and responsibility for the determination of policy The executive officer of such a Foundation should not be a member of the board, and his functions should be to carry out the policies of the board

Of all the pending bills which deal with government support of scientific research the Magnuson bill comes nearer than any other to being in accord with the above principles The following changes, however, are suggested

1 The Magnuson bill provides that a National Research Foundation be established "to develop and promote a national board for scientific research and scientific education" (Sec 2a) and "to initiate and support basic scientific research and scientific development in the medical, natural, and social sciences through contracts grants, or other forms of assistance" (Sec. 2b)

The above subsections should be modified in order to clarify the primary purpose of the Foundation, which is to support and integrate rather than to initiate or operate research. Substitution of the word "develop" for the word

"initiate" would eliminate the implied domination of scientific research by the Foundation

2 Another purpose of the bill is "to discover and develop scientific talent, particularly in American youth" (Sec 2d) In the judgment of the Committee it is not the task of the Foundation to make discoveries of scientific talent, such discoveries should be left to educational agencies It is suggested that the phrase "to discover and develop" should be changed to read "to encourage scientific talent by adequate grants"

3 The Foundation is also "to foster the interchange of scientific information among scientists in this country and abroad, and to correlate the Foundation's scientific research and scientific development programs with those undertaken by public and private research groups" (Sec 2f, g) The Committee is of the opinion that Sections 2f and g should be reworded so that a possessive spirit on the part of the Foundation will not be implied

The following phraseology is preferred "To foster the interchange of scientific information among scientists in this country and abroad, and to correlate the scientific research and scientific development programs *sponsored by the Foundation* with those undertaken by public and private research groups"

4 The Magnuson bill provides for the establishment of "a National Science Reserve" in which those who receive scholarships and fellowships in science and medicine from the Foundation shall be available for call into the service of the government for scientific and technical work in time of war or other national emergency (Sec 7i) The Committee does not consider this provision necessary or desirable, since the Congress has the power to draft all men in time of war and since the provision makes the scholarships and fellowships conditional rather than free grants made solely in the interests of scientific research

5 In the judgment of the Committee close liaison should be maintained between the Division of Medical Research and the Division of Scientific Personnel and Education with regard to the granting of fellowships and scholarships (Sec 5a)

6 For purposes of clarity the Section which provides that the members of the committees within each division "shall be appointed by the Board *after receiving* recommendations from the National Academy of Sciences" (Sec 6a) should be changed to read that the members "shall be appointed by the Board *upon* the recommendation of the National Academy of Sciences"

1946 House of Delagates

The regular annual meeting of the House of Delegates of the Medical Society of the State of New York will be called to order at 10 00 A M on Monday, April 29, 1946, in the Keystone Room, Balcony Floor of the Hotel Pennsylvania, New York City

In accordance with Chapter II, Section 3, of the revised Bylaws, the House will assemble according to the following schedule

Monday, April 29, 1946, 10 00 A M
Tuesday, April 30, 1946, 9 00 A M and 2 00 P M
Wednesday, May 1, 1946, 9 00 A M

At the last adjourned session (9 00 A M , Wednesday, May 1) the election of officers, councilors, trustees, and delegates will occur in accordance with Chapter III, Section 1, of the revised Bylaws

It will be noted that the House will meet this year on three days instead of two, to permit more time for the Reference Committees to work and make it unnecessary for the members of the Committees to be absent during the sessions of the House To avoid further conflict, the section meetings will not start until Wednesday morning instead of Tuesday morning as heretofore, and the Annual Dinner will be held Wednesday evening instead of Tuesday evening

LOUIS H BAUER, M D , *Speaker*
W P ANDERTON, M D , *Secretary*

COMMUNITY ASPECTS OF VENEREAL-DISEASE CONTROL IN HARLEM

GERALD A SPENCER, M D , and ROGER F GORDON, New York City

NOWHERE in all the world is there a better known community than New York's Harlem With a larger population than the total population of Louisville, Minneapolis, New Orleans, Cincinnati, or each of six states of the union, its infectious laughter, its gay nightlife, its picturesque language distortions and modes of dress, its characters, real and legendary, its educational facilities, its sociologic assets and liabilities have been the subjects of reams of studies descriptions, surveys, and caricatures

Unfortunately, that colorful Harlem has been more vividly described and more widely read of than the Harlem of economic handicaps and dreaded diseases In the latter is an appallingly high venereal-disease rate

The Problem

Representing 11 per cent of the Manhattan population, Harlem has by disease, 33 per cent of all cases of syphilis, and 44 per cent of all cases of gonorrhea, by age groups, 57 6 per cent of all infection in teen-age girls, and 45 4 per cent of all infection in teen-age boys

Similar disparities continue up through all ages.[1]

Selective Service reveals venereal disease rates that are ten times higher in negro men than in white men This situation exists on a nation wide basis

TABLE 1.—POSITIVE SEROLOGIC TESTS FOR SYPHILIS[2]

Age Group	White Men Per Cent	Negro Men, Per Cent
21-25 years	1 0	10 0
26-30 years	2 1	29 4
31-35 years	3 0	35 7
Total for all ages	1 7	25 2

The venereal diseases are not peculiar to any racial group or geographic location White and black are equally susceptible, whether they live in urban or rural communities, inland, or on the seacoast In Harlem, therefore, the high incidence of venereal infection is but one of the socially undesirable by-products created by segregation and denials of opportunity, lack of employment, poor housing, limited recreational facilities, and inadequate medical services

[1] Bureau of Records and Statistics Department of Health City of New York Service and Vital Statistics, 1943. Tables # 44 V-3 and 44-V-4

[2] Smillie W G., J.A.M.A (June 5) 1943

The Harlem Council on Social Hygiene

In Harlem as elsewhere, the Negro is at the bottom of the economic and educational scales, hence his rate of syphilis and gonorrhea infection is disproportionately high

Traditionally the major educational efforts at venereal disease control in Harlem have come from three sources, viz

The Department of Health—It has provided free clinics, conducted city-wide educational campaigns, offered seminars and free medicine to physicians, and has made literature, exhibits, and films available to organizations

The New York Tuberculosis and Health Association—It has provided similar social hygiene education as an adjunct to its major focus

The American Social Hygiene Association—It offers consultation services, literature, exhibits, and studies Its campaign among druggists has achieved notable results

The attitude of each of these organizations has been cooperative, their programs well presented, yet the community's venereal disease rate continues to rise Certainly the war and its accompanying relaxation of moral standards has been a contributing factor That has been true of the entire country Nevertheless, the prewar incidence in Harlem was sufficiently alarming to point up the need for a social agency within the community to devote its full time energies to venereal-disease control As a result, in 1943 representatives of those organizations most concerned with the health of the community met and formed the Harlem Council on Social Hygiene

The aim of the Council is to inaugurate and maintain a venereal-disease control program of community organizations and community education representing all types of groups It operates under the direction of the paid staff and is divided into Health Education, Medical Care, and Social Protection sections

The Sections of the Council

1 Health Education—The purpose of this section is twofold first, to stimulate public understanding and support of social hygiene as a permanent community activity, second, to disseminate information to all age groups about sex hygiene and healthy human relationships, with particular emphasis on the prevention, diagnosis, and treatment of venereal disease

In order to achieve these objectives the section hopes to make extensive use of all approved methods of public-health education, utilizing whatever materials are already available through other sources, and supplementing them with additional material to be produced by the Council as the need arises Such media will include motion pictures, both for theater use and for showing before special audiences, pamphlets, posters, and exhibits, both stationary and mobile, newspaper campaigns, carefully prepared courses conducted for parents, group leaders, young people, ministers, and other community groups whose understanding and cooperation are vital to the success of the effort

The Section will work closely with those who represent various community interests business firms, *trade unions*, *labor organizations*, the local chamber of commerce, churches, schools, fraternal organizations, women's clubs, housewives' leagues, young people's groups, social and athletic clubs, sororities and fraternities, social, health, and group-work agencies, medical, nursing, dental, and pharmaceutic organizations, hospitals, and health-department clinics

Concerned as it is with the problem of reaching as many individuals as possible through every available point of contact, the working committee of the Section on Health Education is made up of people from as many walks of life as possible Its membership includes members of health and welfare agencies, both public and private, of youth-serving organizations, doctors, ministers, educators, labor leaders, representatives from fraternal and benevolent societies, and lay leaders It is literally a "total community effort"

2 Medical Care—The Medical Care Section was established with four objectives in mind (1) to promote the cooperation of all community groups in order to locate sources of infection more effectively, (2) to seek constant improvement of clinical services as indicated by the needs of the community, (3) to provide additional opportunities for physicians for observation and demonstration of recent advances in the diagnosis and treatment of venereal disease, and (4) to aid in the publication of research findings in the area of venereal-disease control

The Section will work toward these goals by offering seminars and clinical demonstrations for physicians, group discussions for nurses, dentists, pharmacists, and other medical technicians to broaden their knowledge of existing facilities for treatment, and to persuade them of the necessity for immediate referral The Section will also undertake to make surveys and studies at periodic intervals to check on the effectiveness of the total campaign through statistical changes in incidence, use of treatment facilities, etc

Since it deals primarily with the medical features of the Council's program, the makeup of this Section's working committee is almost entirely professional It includes doctors, hospital administrators, health officers, nurses, social workers, dentists, and pharmacists

3 Social Protection—The basic aim of the Social Protection Section is to give the community more effective protection against sexual delinquency, prostitution, quackery, and illicit medical practices carried on through the neighborhood drug stores.

In order to do this it will (1) cooperate with law-enforcement agencies and seek to enlist widespread citizen support in the task of rooting out conditions which contribute to sex delinquency, such as unwholesome places of recreation, dance halls, pool rooms, juke-box candy stores, bars, unsupervised clubs, and movie houses, as well as the publication of obscene literature, and (2) it will work actively, together with the Section on Health Education, toward the establishment of healthy and attractive recreational opportunities and youth programs It will also encourage and support passage of additional legislation for social protection

Focused on the legal and social phases of the control program, the working committee for this Section has a strong enrollment of lawyers, judges, probation officers, and other court officials It also includes ministers, health and welfare representatives, newspaper editors, educators, and labor leaders, who will work together to eradicate the old, vicious practices and to substitute a healthier pattern

It is still virtually impossible to evaluate methods in venereal-disease education, for there exists no large reservoir of experience upon which judgments may be based It is felt, however, that most educational efforts have been lacking in three large areas First, they have failed in their attempts to have syphilis and gonorrhea discussed with the frankness that tuberculosis, smallpox, cancer, and other communicable diseases are It is believed that much can be done in this area Certainly, the usual method of venereal-disease infection is as normal and natural to human processes as are the circumstances involved in the other infections

Second, lectures, films, and literature have, for the most part, been directed at groups which need them least, i e , church, community centers, organizations of citizens who have interest in the community's best influences However, the pool

rooms, taverns, street corners, and public lavoratories are popular sources of miseducation We will take our educational program to them in their own locale, using their own language We will use book matches, posters, films, and pamphlets to stimulate discussion

Third, it is all well and good to appeal for higher moral standards, however, the sex urge is fundamental and will be with us always By the same token there will always be those who will seek promiscuous outlets Unless those persons know preventative measures and take them, there will always be a large reservoir of venereal disease The Army has faced this problem realistically, on the premises that the soldier who practices abstinence will practice it notwithstanding his knowledge of prophylactics We hope to help dissenting groups and influences in Harlem to accept a similar realism For materials we will draw upon existing resources, supplementing them with some of our original design and production [8]

Community Facilities

The Council's program will, no doubt, result in a wider use of Harlem's medical facilities for diagnosis and treatment The question of their adequacy rises. There are a sufficient number of physicians in the community Free clinics, while admittedly understaffed could accommodate many more than their present load Rapid Treatment Centers, although still in their infancy, have justified their existence In Manhattan, however, there is but one (Bellevue), far distant from Harlem, the city's largest venereal-disease-infested area. We recommend the immediate development of a Rapid Treatment Center in Harlem

Summary and Conclusions

The venereal-disease problem has outgrown the proportions of its combination with other health-education programs The inevitable result of such alliances is muting of the venereal diseases in favor of other more "socially acceptable" diseases Venereal-disease education is most acceptable when presented by those best known to groups, ideally their own members who have been carefully indoctrinated

The program of the Harlem Council on Social Hygiene embodies both of these philosophies. Our operations, at this stage of the game, indicate that we are headed in the right direction. Sustained, continuous community-education programs virtually eliminated the venereal diseases from Scandinavian countries In spite of the more heterogeneous composition of the American population, the same can be accomplished here Growing out of a community's awareness of its own problem, the Harlem Council on Social Hygiene is firing an opening volley

2238 Fifth Avenue

[8] The Harlem Council on Social Hygiene, Its Background and Future, A Brochure, 1945.

SOCIAL WELFARE DEPARTMENT CREATES COMMISSION FOR THE BLIND

All cases of legal blindness in New York State must be reported to the Commission for the Blind of the State Department of Social Welfare in accordance with a recent amendment to the act creating the New York State Commission for the Blind. It is now the duty of every health and social agency, attending or consulting physician or nurse to report to the State Commission for the Blind, in writing, the name, age, and residence of persons who are blind within the definition of blindness and to furnish such additional information as the Commission shall request for registration or prevention of blindness.

This law supplements the mandated responsibility of the Commission for the Blind, Section 8774, Title 24, Chapter 3, of the Unconsolidated Laws to maintain a complete register of the blind in the State of New York which shall describe the condition, cause of blindness, capacity for education, and industrial training of each

Data as required by the Commission for the Blind will further the State's effort to prevent blindness through a comprehensive knowledge of the facts relative to the causes of blindness This information will also aid in the earlier recognition and detection of cases where remedial measures for restoration of vision are still possible. Likewise, those who may desire the services of the Commission for the Blind will be benefited through acquaintance with the opportunities available to which they are entitled

Legal blindness is defined as total blindness or impaired vision of not more than 20/200 visual acuity in the better eye and for whom a diagnosis and medical findings show that vision cannot be improved to better than 20/200, or who has loss of vision due wholly or in part to impairment of field vision or to other factors which affect the usefulness of vision to a like degree.

Apparent blindness should also be reported even though not based on an eye examination

For reporting blanks, please address the Commission for the Blind, 205 East 42nd Street, New York 17, New York.

In order to achieve these objectives the section hopes to make extensive use of all approved methods of public-health education, utilizing whatever materials are already available through other sources, and supplementing them with additional material to be produced by the Council as the need arises Such media will include motion pictures, both for theater use and for showing before special audiences, pamphlets, posters, and exhibits, both stationary and mobile, newspaper campaigns, carefully prepared courses conducted for parents, group leaders, young people, ministers, and other community groups whose understanding and cooperation are vital to the success of the effort

The Section will work closely with those who represent various community interests business firms, trade unions, labor organizations, the local chamber of commerce, churches, schools, fraternal organizations, women's clubs, housewives' leagues, young people's groups, social and athletic clubs, sororities and fraternities, social, health, and group-work agencies, medical, nursing, dental, and pharmaceutic organizations, hospitals, and health-department clinics

Concerned as it is with the problem of reaching as many individuals as possible through every available point of contact, the working committee of the Section on Health Education is made up of people from as many walks of life as possible Its membership includes members of health and welfare agencies, both public and private, of youth-serving organizations, doctors, ministers, educators, labor leaders, representatives from fraternal and benevolent societies, and lay leaders It is literally a "total community effort"

2 *Medical Care*—The Medical Care Section was established with four objectives in mind (1) to promote the cooperation of all community groups in order to locate sources of infection more effectively, (2) to seek constant improvement of clinical services as indicated by the needs of the community, (3) to provide additional opportunities for physicians for observation and demonstration of recent advances in the diagnosis and treatment of venereal disease, and (4) to aid in the publication of research findings in the area of venereal-disease control

The Section will work toward these goals by offering seminars and clinical demonstrations for physicians, group discussions for nurses, dentists, pharmacists, and other medical technicians to broaden their knowledge of existing facilities for treatment, and to persuade them of the necessity for immediate referral The Section will also undertake to make surveys and studies at periodic intervals to check on the effectiveness of the total campaign through statistical changes in incidence, use of treatment facilities, etc

Since it deals primarily with the medical features of the Council's program, the makeup of this Section's working committee is almost entirely professional It includes doctors, hospital administrators, health officers, nurses, social workers, dentists, and pharmacists

3 *Social Protection*—The basic aim of the Social Protection Section is to give the community more effective protection against sexual delinquency, prostitution, quackery, and illicit medical practices carried on through the neighborhood drug stores

In order to do this it will (1) cooperate with law-enforcement agencies and seek to enlist widespread citizen support in the task of rooting out conditions which contribute to sex delinquency, such as unwholesome places of recreation, dance halls, pool rooms, juke-box candy stores, bars, unsupervised clubs, and movie houses, as well as the publication of obscene literature, and (2) it will work actively, together with the Section on Health Education, toward the establishment of healthy and attractive recreational opportunities and youth programs It will also encourage and support passage of additional legislation for social protection

Focused on the legal and social phases of the control program, the working committee for this Section has a strong enrollment of lawyers, judges, probation officers, and other court officials It also includes ministers, health and welfare representatives, newspaper editors, educators, and labor leaders, who will work together to eradicate the old, vicious practices and to substitute a healthier pattern

It is still virtually impossible to evaluate methods in venereal-disease education, for there exists no large reservoir of experience upon which judgments may be based It is felt, however, that most educational efforts have been lacking in three large areas First, they have failed in their attempts to have syphilis and gonorrhea discussed with the frankness that tuberculosis, smallpox, cancer, and other communicable diseases are It is believed that much can be done in this area Certainly, the usual method of venereal-disease infection is as normal and natural to human processes as are the circumstances involved in the other infections

Second, lectures, films, and literature have, for the most part, been directed at groups which need them least, i e , church, community centers, organizations of citizens who have interest in the community's best influences However, the pool

rooms, taverns, street corners, and public lavoratories are popular sources of miseducation We will take our educational program to them in their own locale, using their own language. We will use book matches, posters, films, and pamphlets to stimulate discussion

Third, it is all well and good to appeal for higher moral standards, however, the sex urge is fundamental and will be with us always By the same token there will always be those who will seek promiscuous outlets Unless those persons know preventative measures and take them, there will always be a large reservoir of venereal disease. The Army has faced this problem realistically, on the premises that the soldier who practices abstinence will practice it notwithstanding his knowledge of prophylactics We hope to help dissenting groups and influences in Harlem to accept a similar realism For materials we will draw upon existing resources, supplementing them with some of our original design and production.[1]

Community Facilities

The Council's program will, no doubt, result in a wider use of Harlem's medical facilities for diagnosis and treatment The question of their adequacy rises There are a sufficient number of physicians in the community Free clinics, while admittedly understaffed could accommodate many more than their present load Rapid Treatment Centers, although still in their infancy, have justified their existence In Manhattan, however, there is but one (Bellevue), far distant from Harlem, the city's largest venereal-disease-infested area We recommend the immediate development of a Rapid Treatment Center in Harlem

Summary and Conclusions

The venereal-disease problem has outgrown the proportions of its combination with other health-education programs The inevitable result of such alliances is muting of the venereal diseases in favor of other more "socially acceptable" diseases Venereal-disease education is most acceptable when presented by those best known to groups, ideally their own members who have been carefully indoctrinated

The program of the Harlem Council on Social Hygiene embodies both of these philosophies. Our operations, at this stage of the game, indicate that we are headed in the right direction. Sustained, continuous community-education programs virtually eliminated the venereal diseases from Scandinavian countries. In spite of the more heterogeneous composition of the American population, the same can be accomplished here Growing out of a community's awareness of its own problem, the Harlem Council on Social Hygiene is firing an opening volley

2238 Fifth Avenue

[1] The Harlem Council on Social Hygiene, Its Background and Future, A Brochure, 1945

SOCIAL WELFARE DEPARTMENT CREATES COMMISSION FOR THE BLIND

All cases of legal blindness in New York State must be reported to the Commission for the Blind of the State Department of Social Welfare in accordance with a recent amendment to the act creating the New York State Commission for the Blind. It is now the duty of every health and social agency, attending or consulting physician or nurse to report to the State Commission for the Blind, in writing, the name, age, and residence of persons who are blind within the definition of blindness and to furnish such additional information as the Commission shall request for registration or prevention of blindness.

This law supplements the mandated responsibility of the Commission for the Blind, Section 8774, Title 24, Chapter 3 of the Unconsolidated Laws to maintain a complete register of the blind in the State of New York which shall describe the condition, cause of blindness, capacity for education, and industrial training of each.

Data as required by the Commission for the Blind will further the State s effort to prevent blindness through a comprehensive knowledge of the facts relative to the causes of blindness This information will also aid in the earlier recognition and detection of cases where remedial measures for restoration of vision are still possible Likewise, those who may desire the services of the Commission for the Blind will be benefited through acquaintance with the opportunities available to which they are entitled.

Legal blindness is defined as total blindness or impaired vision of not more than 20/200 visual acuity in the better eye and for whom a diagnosis and medical findings show that vision cannot be improved to better than 20/200 or who has loss of vision due wholly or in part to impairment of field vision or to other factors which affect the usefulness of vision to a like degree.

Apparent blindness should also be reported even though not based on an eye examination.

For reporting blanks, please address the Commission for the Blind, 205 East 42nd Street, New York 17, New York.

In order to achieve these objectives the section hopes to make extensive use of all approved methods of public-health education, utilizing whatever materials are already available through other sources, and supplementing them with additional material to be produced by the Council as the need arises Such media will include motion pictures, both for theater use and for showing before special audiences, pamphlets, posters, and exhibits, both stationary and mobile, newspaper campaigns, carefully prepared courses conducted for parents, group leaders, young people, ministers, and other community groups whose understanding and cooperation are vital to the success of the effort

The Section will work closely with those who represent various community interests· business firms, trade unions, labor organizations, the local chamber of commerce, churches, schools, fraternal organizations, women's clubs, housewives' leagues, young people's groups, social and athletic clubs, sororities and fraternities, social, health, and group-work agencies, medical, nursing, dental, and pharmaceutic organizations, hospitals, and health-department clinics

Concerned as it is with the problem of reaching as many individuals as possible through every available point of contact, the working committee of the Section on Health Education is made up of people from as many walks of life as possible Its membership includes members of health and welfare agencies, both public and private, of youth-serving organizations, doctors, ministers, educators, labor leaders, representatives from fraternal and benevolent societies, and lay leaders It is literally a "total community effort"

2 *Medical Care*—The Medical Care Section was established with four objectives in mind (1) to promote the cooperation of all community groups in order to locate sources of infection more effectively, (2) to seek constant improvement of clinical services as indicated by the needs of the community, (3) to provide additional opportunities for physicians for observation and demonstration of recent advances in the diagnosis and treatment of venereal disease, and (4) to aid in the publication of research findings in the area of venereal-disease control

The Section will work toward these goals by offering ·seminars and clinical demonstrations for physicians, group discussions for nurses, dentists, pharmacists, and other medical technicians to broaden their knowledge of existing facilities for treatment, and to persuade them of the necessity for immediate referral. The Section will also undertake to make surveys and studies at periodic intervals to check on the effectiveness of the total campaign through statistical changes in incidence, use of treatment facilities, etc

Since it deals primarily with the medical features of the Council's program, the makeup of this Section's working committee is almost entirely professional It includes doctors, hospital administrators, health officers, nurses, social workers, dentists, and pharmacists

3 *Social Protection*—The basic aim of the Social Protection Section is to give the community more effective protection against sexual delinquency, prostitution, quackery, and illicit medical practices carried on through the neighborhood drug stores

In order to do this it will (1) cooperate with law-enforcement agencies and seek to enlist widespread citizen support in the task of rooting out conditions which contribute to sex delinquency, such as unwholesome places of recreation, dance halls, pool rooms, juke-box candy stores, bars, unsupervised clubs, and movie houses, as well as the publication of obscene literature, and (2) it will work actively, together with the Section on Health Education, toward the establishment of healthy and attractive recreational opportunities and youth programs It will also encourage and support passage of additional legislation for social protection

Focused on the legal and social phases of the control program, the working committee for this Section has a strong enrollment of lawyers, judges, probation officers, and other court officials It also includes ministers, health and welfare representatives, newspaper editors, educators, and labor leaders, who will work together to eradicate the old, vicious practices and to substitute a healthier pattern

It is still virtually impossible to evaluate methods in venereal-disease education, for there exists no large reservoir of experience upon which judgments may be based It is felt, however, that most educational efforts have been lacking in three large areas First, they have failed in their attempts to have syphilis and gonorrhea discussed with the frankness that tuberculosis, smallpox, cancer, and other communicable diseases are It is believed that much can be done in this area Certainly, the usual method of venereal-disease infection is as normal and natural to human processes as are the circumstances involved in the other infections

Second, lectures, films, and literature have, for the most part, been directed at groups which need them least, i e , church, community centers, organizations of citizens who have interest in the community's best influences However, the pool

TABLE 1.—Operative Procedures with Anesthetic Dosage

Operation	Number	Anesthetic Spinal 5 Per Cent Procaine	Mortality
Excision of pilonidal cyst	93	100–125 mg.	0
Hemorrhoidectomy	806	50–100 mg.	0
Excision of fistula in ano	53	75–100 mg	0
Excision of anal fissure	63	50–75 mg.	0
Total	1017		

ters Where necessary, the external sphincter was severed at more than one site at the same operation, and the severed muscle fibers were subsequently sutured together after excision of the tract. There have been no recurrences, and primary closure has brought the patient morbidity rate down to an average of three weeks The additional advantage obtained in primary closure is the prevention of the formation of a hard rigid cicatrix, which often may occur when an extensive wound in the anal and perianal soft tissues is allowed to remain open Preoperatively, the fistula is injected with an aqueous methylene-blue solution, and operation is postponed until the internal opening of the tract is definitely visualized These patients received sulfadiazine both before and after operation

Anal Fissure and Ulcer

A true anal fissure is an infection and is best treated by surgical excision The application of silver nitrate merely seals over the top of the fissure and allows the infection to remain at the bottom of the crevice In the same way, the injection of one of the procaine derivatives in oil solution gives temporary relief, but does not eradicate the infection In this series, all anal fissures and ulcers were excised down to the external sphincter and the healthy mucosal edges sutured together These results have been uniformly good, and the postoperative morbidity period has ranged between ten to fifteen days The practice of anal divulsion when performing anorectal surgery should be severely condemned Stretching the anal sphincters with consequent trauma to the muscle fibers and mucosa, can only result in postoperative edema of the tissues and accompanying pain Divulsion should not be necessary if adequate anesthesia is obtained and if good exposure of the operative field is managed Excellent relaxation has been accomplished with low spinal anesthesia (between the fourth and fifth lumbar vertebrae), using 50 to 125 mg of 5 per cent procaine solution After administration of the anesthetic the patient is placed in a prone position, the operating table is broken and the buttocks are separated by wide adhesive straps This routine has been followed in all operations, and there have been no anesthetic complications

Conclusions

1 An attempt has been made to present some of the proctologic problems encountered in a military hospital

2 It has been our experience, after a fairly large series of operative procedures, that pilonidal disease is best treated conservatively in the army If excision of the cyst and sinuses is decided upon because of repeated abscess formation recurring within a short time interval, the following technic should be observed (*a*) complete excision of the infected tissue with the minimal sacrifice of healthy surrounding tissue, (*b*) complete hemostasis and the use of fine ligature material, (*c*) primary closure of the wound without tension, (*d*) the application of a good pressure dressing

3 Hemorrhoidectomy is the method of choice in the treatment of internal hemorrhoids, and the use of cotton suture material in anal operations is recommended

4 Excision of fistula in ano with primary closure of the wound has given excellent results in this series of cases

5 Anal divulsion as part of any operative procedure around the anal canal is strongly condemned

6 Low spinal anesthesia, using 5 per cent procaine solution, has given gratifying results, because of the excellent relaxation obtained and the freedom from anesthetic complications.

Technical Exhibits

Physicians attending the Annual Meeting of the Medical Society of the State of New York April 29–May 3 are urged to visit the Technical and Scientific Exhibit Hall located in the Grand Ball Room of the Pennsylvania Hotel

PROCTOLOGIC PROBLEMS IN A MILITARY HOSPITAL

S Z Vogel, Maj ,(MC),AUS, Queens, New York

(From the Station Hospital, Camp Gordon, Augusta, Georgia)

ANORECTAL disorders are quite common in the army because of the rigors of military life It is for this reason that hemorrhoids, pilonidal disease, anal fissures, and fistulas, which usually occur in young men, have such a high rate of incidence in the armed forces

The author has, for three years, been in charge of the proctology section of the department of surgery at a large station hospital A rectal surgery ward containing thirty-three beds has been maintained, together with a rectal clinic These beds have usually been filled to capacity The clinic has been used for examining inpatients and outpatients and for carrying out minor surgical procedures From October 23, 1942 until October 22, 1945, 1,017 major anorectal operations have been performed Table 1 is presented to show the types of operations performed and the anesthetic used

Pilonidal Disease

From the beginning of this study, pilonidal cyst and sinus infection presented a difficult problem Soldiers in training could not be expected to hike and carry out their vigorous training programs while wearing a dressing, and with the limited toilet facilities present in the field, a soldier had to have complete wound healing before leaving the hospital The procedure of excising the cyst and sinuses and allowing the wound to granulate without primary closure gave a high patient morbidity extending over four to six months Obviously, with the acute manpower shortage then existing, this was too much of a time lag Therefore, a procedure was sought which would eradicate the cyst and allow for primary closure of the wound Various methods, including the flap incisions, the "sliding graft," and marsupialization procedures were tried Our results were not good, and recurrences with failure of wound healing were frequent In the latter part of 1943, the routine treatment of pilonidal disease was altered Uninfected cysts and sinuses were not operated upon Infected cases were treated with sulfadiazine and hot sitz baths, and incision and drainage were performed when indicated Only those cysts were excised which presented repeated episodes of acute infection within a relatively short period of time The time of operation was fixed at two weeks after the complete subsidence of the infection With the institution of these methods our results improved Morbidity and lost man-hour rates greatly decreased, and the over-all problem of pilonidal disease became less perplexing

We ran a small control series of infected pilonidal-cyst cases treated conservatively, half of which received 25,000 units of penicillin every three hours for a total dosage of 1,000,000 units The other half of this control series received adequate sulfadiazine therapy for the same number of days The results indicated that penicillin had no particular advantage over sulfadiazine in the treatment of pilonidal disease

Hemorrhoids

It has been the firm belief of most proctologists and qualified surgeons that the only adequate treatment of internal hemorrhoids is their surgical excision by one of the recognized methods In this series, surgical excision of all internal and combined hemorrhoids of moderate to marked degree has been performed and a ligation-excision-suture technic followed It has proved satisfactory, because of the operative speed and the freedom from worry over postoperative hemorrhage Anal stricture is prevented by removal of as narrow a strip of mucosa as is compatible with the complete excision of hemorrhoidal tissue Cotton suture material (size 24) has been used exclusively in all our anorectal surgery It has seemed that there has been less postoperative edema and infection than with the use of chromic catgut These cotton sutures are removed without difficulty on the eighth postoperative day, and digital dilatation is performed every other day until the patient leaves the hospital Frequent digital dilatation, together with hot sitz baths and the rapid restoration of normal bowel function, form the basis of our postoperative care The average hospital stay following hemorrhoidectomy is fifteen days, after which the soldier is ready to perform full field duty

Fistula in Ano

The operative treatment of anal fistula has presented a problem almost as difficult as that of pilonidal disease An attempt was made to do a primary closure after excision of the tract, rather than to allow the wound to remain open The results proved so successful with primary closure that all subsequent fistulas were treated in this manner, including the difficult cases of branched and "horseshoe" fistulas In a good percentage of cases the fistulous tract had burrowed between the external and internal sphinc-

patient as rest, sunshine, food, and surgical treatment Other hospitals are stressing the manual arts One hospital is running a printing press and teaching patients who show interest and skill the trade of printing Another old and well-established hospital specializes in the work of the silversmith. Custom made jewelry is another field used by some hospitals

Some years ago occupational therapy was the vogue in the tuberculosis hospital, but with the tuberculous this was not successful for, while it kept the patient's hands and mind occupied while in the hospital, it had little, if any, financial return and it rarely led to a future occupation for the patient Today we speak of vocational therapy which really means treatment of the patient's mind, and the development of a hopeful and peaceful spirit through teaching him a vocation which he can utilize when he is ready to return to the competitive world of mankind

Men and women with tuberculosis are not essentially different from men and women who are not ill But their disease imposes upon them certain restrictions and problems from which the well man is free It is with these problems and restrictions that the rehabilitation of the tuberculous works

Rehabilitation may be defined as a process of education through which the patient goes to arrive at the best adjustment to his own future, his own health, to his family, to his friends, to society as a whole While this adjustment may be achieved alone, it is an adjustment which is achieved more easily and much better with help and direction.

Rehabilitation of the tuberculous is something, as I have already shown that need not and should not wait until complete cure has been accomplished, but should be started along with curing as part of the treatment of the patient. Therefore, in considering rehabilitation of the tuberculous, we must take into account not only the condition of the lungs of the patient, but the patient himself The lungs may be sick but this is no reason why the circulatory and digestive system should not be good, why the eyesight and hearing should not be good, why there should not be good arms and legs, skilled hands and intellects. In other words, in rehabilitating the patient, we must consider his total assets and what to do with them If his spirit is not broken and his disease not too far advanced, there is no reason why the tuberculosis patient should not leave the hospital better equipped to fight his battle with life than before he entered the hospital.

Problems in the rehabilitation of the tuberculous may be separated into four divisions medical, psychologic, social, and economic. The most difficult of these, and probably the most important, is the psychologic problem. Many patients realize that tuberculosis is a recurrent disease, that one attack does not protect them from other attacks, as in the case with measles or scarlet fever or whooping cough, on the contrary, one attack of tuberculosis makes a recurring attack more probable. This knowledge often frightens the patient, as he does not have enough health education to understand it fully

Patients also think of tuberculosis as something to be feared and soon learn that others fear it also People begin to avoid contact with him Former companions, fellow workers, even members of his own family may be the first to make this fear of the patient evident. Finding that he is a possible source of danger to others does not add to his peace of mind If the patient tries to remain at home while he is being cured, he has to be more or less isolated from the normal lives of the rest of the family, he worries about being a care to his family and he becomes preoccupied with his own misfortune On the other hand, if he is in the sanatorium where he should be, he is cut off from normal daily contact with his family, and in the course of the many months and sometimes even years of his cure, there is a tendency for a gulf to develop between himself and his family

One of the most important factors in the cure of tuberculosis is the long time it takes for treatment. That is why it is so very important that this time should not be empty of incentive, plans, and hopes Bed rest alone will not result in relaxation when a man is afraid that sometime in the future he will not even get his old job back again or one equally good And when he feels fairly well and his friends and family tell him that he looks well, when he can eat a good meal, and has put on some weight, there is a strong temptation to leave the hospital and return to work before he is well enough to return But the road back to health is not walked in a day, it requires an endless amount of courage, perseverance, and understanding, otherwise it means another breakdown at some time in the future which will probably be a more serious breakdown than the first.

Among the social problems which must be met and solved for each individual are the temporary or permanent loss of the family wage earner, the case of the boy or girl who must leave school or college, the worker who is ill and does not realize it or who has such a good job that he is unwilling to give it up until he becomes so seriously ill that he must give up, the patient who desires to go into the hospital but is unable to go because

there are no empty beds available Added to these problems, which we have always had with us, will now be the servicemen and women who are returning and who will continue to return with tuberculosis developed during their war service

Lessened earning power is costly not alone to the individual but also to the community Expenses mount with illness, hospitals bear a tremendous share of the costs but society as a whole pays the bills Then the skill of a patient in any line of work grows rusty during long periods of illness and these are investments which business and the community can ill afford to lose

These are some of the questions to which we must try to give answers and in which rehabilitation plays a big part They are problems which have not been completely answered but they are being worked out so that the patient can be rereturned to his old job or to a better one by beginning his training while still curing his lungs

So far as the medical problem is concerned, a patient should have an intelligent idea of his own disease He should know about cavities, he should know that even a small amount of infection means a large amount of care The patient must have a knowledge of things necessary for his cure, and he must learn to cooperate with his physicians and nurses in order to regain his normal mode of living Many of these problems are being worked on by others than the tuberculosis specialist Educators, social workers, occupational therapists, and rehabilitation directors supplied by the communities are trying to work out solutions

While the doctor may be doctor, lawyer, priest, or friend, he must not forget that other than medical problems continue to exist in the lives of men, and that these problems in men's lives are important to their health The physician, realizing that these other problems exist, must call in the specialists from these fields to help solve the social problems

The social specialists must work in cooperation with the doctor The doctor will understand that men and women wish to be active as soon as it is possible to be active, and he must guard the patient against too rapid rehabilitation Rehabilitation, or this process of education, is an orderly process in which the patient is the central figure and his physician the central guide

Rehabilitation considers all the foregoing problems and many others It works with the individual and with the community to convert ill-founded fear into well-founded hope It works under medical advice and on the basis of total physical, mental, and emotional capacities, building a practical program of activity It makes use of all available community resources toward an eventual life plan compatible with the patient's health, interests, abilities, and ambitions

The community itself must be taught that rehabilitation of the patient is as important to the patient and to the community as is the treating of his disease For without it, the chances are that the patient will break down again Rehabilitation does cost money but a lack of it costs more, not alone in illness, but in dollars and cents

---

Annual Meeting

Hotel Pennsylvania, April 29–May 3, 1946

THE attention of members attending the meeting is called to the fact that all scientific and commercial exhibitions will be available for inspection on Monday and Tuesday of that week, although the meetings of the sections do not begin until Wednesday The motion pictures will also be shown on these days

OBSERVATIONS OF PENICILLIN THERAPY IN GONORRHEA

JACOB FRUMKIN, M D , F A C S , Lt Col ,(MC),AUS, Schenectady, New York, and
ROBERT J RUARK, M D , Maj ,(MC),AUS, Raleigh, North Carolina

THE value of penicillin therapy in the treatment of gonorrhea is definitely established Numerous reports in the literature have demonstrated the glowing results of this miraculous drug

Thousands of cases have been quoted with astonishing percentages of cures The pendulum is swinging high in the early enthusiasm for the drug but in time, with more careful analysis of the statistics, the pendulum will swing back and level off to its true value An analogy can be drawn with the sulfonamides, the "stardust" of a few years ago The enthusiastic reception accorded these drugs waned with time until the true status of its efficiency was demonstrated. The early reports glowed brilliantly in the darkened sky of specific therapy, until the dawn of cold facts and figures was followed by the daylight of proved experience.

It should be emphasized that penicillin, although a most powerful antibacterial substance, is bacteriostatic and not bactericidal The exact manner of its action is still in the realm of conjecture, but evidence is accumulating which points to the interruption of cell division of bacteria. Experiments have demonstrated that susceptible organisms will resume growth with the removal of the drug Regardless of the degree of concentration of penicillin the bacteria, although temporarily inhibited, take up oxygen at a normal rate Consequently, it is of utmost importance that the infection be exposed to the inhibitory influence of the drug for a considerable period of time, while the defense mechanisms of the body actually destroy the invaders Since penicillin is rapidly excreted, usually in four to five hours, with the highest concentration within two to three hours, repeated doses will insure a continuous bacteriostatic effect, while the humoral factors can deliver the "knockout" blow

The following report is based on 1,349 unselected cases of acute gonorrhea treated at a U.S Army General Dispensary in Paris, France All the patients were ambulatory One thousand eighty-six cases were treated with 100,000 units of penicillin divided into five doses given intramuscularly, 210 cases were treated with penicillin and sulfathiazole combination, 10 cases were treated with 150,000 units of calcium penicillin in a gelatin capsule by mouth, 18 cases with 150,000 units of penicillin in beeswax and peanut oil injected intramuscularly in one dose, and similarly, 25 cases were treated with 200,000 units in beeswax and peanut oil in one dose

There are certain disadvantages which are encountered in the study of the results at a dispensary A large number of the patients were "casuals" or in Paris for only a few days, consequently adequate follow up studies could not be ascertained for our records. Those soldiers were instructed to contact their own medical officers for further checks upon return to their units The patients, who were assigned to the command that the dispensary serviced, were ordered to return the third day after treatment was administered and weekly thereafter for two weeks The entire period of follow up was seventeen days Although various means were taken to insure the follow-up visits, many did not return to the dispensary for one or more check-up visits, due to exigencies which arise in military operations

All patients were requested to refrain from use of alcoholic beverages and from intercourse for the duration of the seventeen days Although strict supervision was an impossibility, it is our impression that in the vast majority cooperation was given in this matter

In regard to the remaining group of 573 so-called "casuals" there is no doubt that the greater proportion was cured. It is unfortunate that this number could not be studied in order to give us a more complete picture and probably raise our percentage of cures somewhat. At least our observations impart definite impressions, which may be valuable in the true estimation of the drug

The diagnosis of gonorrhea was made by smears, in which the typical gram-negative intracellular diplococci were found Cultures were not done A brief history was obtained, with special emphasis placed on the period of exposure, appearance of discharge, previous venereal background, and treatment received Occasionally the diagnostic smears were not typical of the gonococcus even after repeated examinations, consequently that type of case was not computed in the statistics. There was no attempt to segregate the cases into anterior and posterior urethritis. Complications, such as acute prostatitis and epididymitis, were noted as such on the record

The follow-up examination consisted of microscopic urine analysis and smears by Gram stain, if the discharge persisted Relevant questions

were asked as to the time of the disappearance of the discharge, general state of health, and the development of unfavorable complications Prostatic massages were done on the first 74 cases

Treatment was routine and consisted of 20,000 units of penicillin administered intramuscularly every two hours until a total of 100,000 units was given The sodium penicillin was mixed with 10 cc of sterile distilled water, 2 cc of the solution contained 20,000 units There were no unfavorable results noted in the administration of the drug

In the first group of 1,086 cases of acute gonorrhea 418 completed three follow-up examinations An additional 95 completed two follow-up examinations, which were negative, and the patients were included in the results as cured Those patients who were only examined once were disregarded for the statistics In the total of 513 cases there were eighty-seven failures, or 16 per cent The authors are convinced that the number of failures is above the average as reported in the literature and that this, in all probability, is due to the large number of patients who did not return for subsequent checkups

A detailed analysis of the eighty-seven failures revealed a few interesting facts Thirty-five cases, or 40 per cent, became positive within three days after treatment Twenty-three, or 26 per cent, were positive during the fourth and fifty day Fifteen, or 17 per cent, were manifest between the sixth and tenth day Fourteen, or 16 per cent, became positive between the tenth and seventeenth days Of the latter 52 cases, 33, or 63 per cent, demonstrated negative microscopic examination or occasional pus cells per high-power field on the third checkup There were 16 cases of relapse not considered, as they occurred between seventeen and thirty days following the treatment Although the three follow-up examinations were negative, it was felt that they were reinfections

Prostatic massages were performed on the first 74 patients following the examination of the urine on the third follow-up visit All cases revealed a negative microscopic urine and were considered "cured" There were no symptoms referable to the disease The smears of the prostatic fluid, which were stained, were negative for the gonococcus Of the 74 unselected cases 50 revealed no pus cells or occasional pus cells, 9 showed 10 to 20 pus cells per high-power field, 8 manifested 20 to 40 pus cells, and 7 cases showed numerous or loaded pus cells per high-power field In spite of penicillin treatment and the apparent cure of the gonorrhea, 24 cases, or 32 per cent, demonstrated infection of some degree present in the prostate Whether the infection was present before the disease was contacted or incurred as a complication is difficult to ascertain In all probability repeated smears and culture would have disclosed interesting findings

Unfortunately, accurate scientific data are not always obtained during periods of stress in total warfare

Fortunately, we have had the opportunity to examine the prostatic secretion of penicillin-treated cases weeks and months later for various reasons, some not related to lower-urinary-tract symptomatology Occasionally the gonococcus has been discovered in the smear or culture Although the number of cases in this category is too small for definite opinion, it is our impression that more will be detected as time goes on The gram-negative diplococcus may be concealed by the fortification of penicillin security, a formidable barrier that only keen diagnostic acumen will blast

In the vast majority of the cases the discharge stopped the same day or the following day after treatment The microscopic urines were usually negative, although a few patients in the "cured" category did have signs of infection, which disappeared on subsequent examinations

TABLE 1 —RESULTS OF TREATMENT WITH 100,000 UNITS OF PENICILLIN

Author	No of Cases	Unit Dose	Total Doses	Per Cent Failures
Murphy, R. J [1]	65	20,000	5	1 6
Riba, L. W., Schmidlapp, C J., and Bosworth, N L.[2]	112	10,000	10	9 8
Sternberg, T H., and Turner, T B [3]	261	20,000	5	3 4
	172	10,000	10	3 5
Thompson, G J [4]	500	20,000	5	2 0
Scarcello, N S [5]	100,000	Units in divided doses		9 0
Robinson, J N [6]	1,000	10,000 or 20,000	10 or 5	5 3

The average percentage of failures of the above authors is 4 9 per cent It is felt that in our series of cases the percentage of cures would have been greater if a larger number of patients had returned for checkup It is doubtful, however, whether we would have arrived at the excellent over-all figure as quoted above

In the second group of 210 cases the treatment consisted of 1 Gm. of sulfathiazole, four times a day for ten days, and 100,000 units of penicillin divided into five doses injected intramuscularly every two hours The diagnosis was made by smear As in the first group of cases, treatment was routine regardless of the duration, severity, or drugs received, unless a definite contraindication to sulfonamides was

perceived The follow-up visits were carried out in the same manner as previously stated

Of the 210 patients, 153 returned to complete all three follow-up visits There were thirteen failures, or 8 per cent, which occurred within twenty days of the treatment. The earliest failures were on the third day with only 2 cases, whereas the majority relapsed between ten and twelve days The discharge in practically all of the 153 patients in this series ceased the same day as the penicillin treatment or on the following day Negative microscopic urines were found in all except 7 patients on the first follow-up examination. In addition, 13 patients revealed two negative urines but failed to return for the final checkup These could not be considered in the final results, as the recurrence for the sulfonamide-penicillin group was manifested on the average of the eleventh day The cure rate of 92 per cent concurs with other authors who employed this method of treatment.

The third group of patients was treated with 150,000 units of penicillin in a gelatin capsule administered by mouth in one dose Of the 10 cases there were eight immediate failures within three days. It was thought inadvisable to continue this method of attack and it was consequently abandoned.

The fourth group of patients was treated with 150,000 units of penicillin in beeswax and peanut oil injected intramuscularly in one dose Of the 18 patients treated, 16 returned for complete follow-up There were four failures, or 25 per cent, which were manifested after one or two days or the discharge continued unabated

In the last group of cases, 200,000 units of penicillin in beeswax and peanut oil was administered intramuscularly in one dose. There were 17 complete follow-up cases of the 25 who received the treatment. The failures were immediate and numbered five, or 29 per cent.

Penicillin Reactions

There were no severe reactions due to the administration of penicillin in any of the methods described A few patients developed chills and fever, which passed off by the following day In 5 patients after the first or second intramuscular injection of penicillin, the penis became markedly edematous, reddened, and tender with an abundance of purulent discharge. The picture presented was somewhat similar to the hyperacute stage of gonorrhea that was often seen during the "sandalwood oil-protargol era." The condition cleared rapidly within a day or two and was not considered an indication to cease treatment The probable explanation for the phenomena is in the same category as the Herxheimer reaction

One case of an acute abdominal flareup was observed in a patient who related a definite peptic-ulcer history The cramps, pain, nausea, and heartburn began during the penicillin treatment and continued throughout the night Point tenderness and some spasm in the epigastrium were elicited The patient was sent to a hospital for observation and was discharged on the second day, as all the symptoms cleared up

Complications

There was one case of a small periurethral abscess on the shaft of the penis, which gradually resolved after five days Surgical interference was not necessary

Acute epididymitis was observed in 4 cases. Penicillin treatment appeared to have no effect on the resolution, although the disease process did not progress and the pain abated earlier than usual Although many more cases of epididymitis were seen, it was deemed advisable to hospitalize because of the acute symptomatology

Conclusions

1 In a series of 513 cases of unselected acute gonorrhea there were eighty-seven, or 16 per cent, failures with 100,000 units of penicillin divided into five doses at two-hour intervals.

2 The relapse occurred within five days in 66 per cent of the eighty-seven failures.

3 Negative microscopic urines were found after three days in 37 per cent of the eighty-seven failures.

4 The combination of sulfathiazole and penicillin was successful in 92 per cent of 153 cases

5 There were no severe toxic reactions to penicillin noted in over 1,300 cases

6 In 5 cases an acute flareup of the discharge, accompanied by marked redness and swelling of the penis, was noted during treatment.

7 There was no dramatic response to penicillin in cases of epididymitis and periurethral abscess.

8 Some degree of prostatic infection was found in 32 per cent of 74 unselected and apparently cured cases of gonorrhea

References

1. Murphy, R. J: Bull. U.S. Army Med. Dept. 79: 101 (Aug.) 1944
2. Riba, L. W., Schmidlapp, C. J., and Bosworth, N. L.: War Medicine 6: 72 (Aug.) 1944
3. Sternberg, T. H., and Turner T. B.: J.A.M.A. 126: 187 (Sept. 16) 1944.
4. Thompson, G. J.: J.A.M.A. 126: 403 (1944)
5. Scarcello, N. S.: New England J. Med. 231: 609 (1944).
6. Robinson, J. N.: Brit. J. Surg. 32: 211 (1945)

PALINDROMIC RHEUMATISM IN CHILDREN

MARDOQUEO I SALOMON, M D , Bronx, N Y

BESIDES the "orthodox" forms of rheumatoid diseases there are some rare, but nevertheless very interesting clinicopathologic conditions in the joints and in the peri- and para-articular tissues that do not fit into the classic morbid entities established for the more common arthropathies For one of those syndromes the term palindromic rheumatism[1] has been coined Although the cases described by Hench and Rosenberg seem to be a fairly coherent, well-defined group (the case described lately by Cain[2] seems also to "belong" with reasonable certainty to the same group), there appears to be a less "airtight" frontier between the above-named syndrome and some other syndromes described by *Solis-Cohen*[3] under the name of angioneural arthroses and by Kahlmeter,[4] as allergic forms of rheumatism

The case or cases described in this paper differ somewhat from the classic type of palindromic rheumatism, first of all, by the fact that they concern children, all under 12 years of age, and in the second place by the very slight febrile movement at the beginning, at least in cases 1 and 3

Case Reports

Case 1 —A 9-year-old white South American girl in usually perfect health one day awoke with pains, slight swelling, and tenderness on the lateral aspect of the right shoulder joint and adjacent deltoid region The family history was noncontributory as far as her parents were concerned, but her younger brother suffered four years ago, at the age of 2 years, in Bolivia, South America, from an exactly similar condition in his right wrist I treated him at that time and made now in retrospect the same diagnosis as for the girl The personal past of the latter is completely irrelevant and could be summarized as follows whooping cough at the age of 3, tonsillectomy at the age of 5 on account of supposedly large tonsils, measles at the age of 6½ (shortly after arriving at this country), and chicken pox one year later Absolutely no history of allergic manifestations or vasomotor instability could be elicited The physical examination revealed a well-nourished, healthy-looking girl of the asthenic type No discoloration could be detected on the affected area, and the edema was inconspicuous, although it extended from the lateral border of the acromial zone to about the upper of the middle third of the right arm While the patient, an extraordinarily intelligent and alert child, complained of pains rather in the deltoid mass, deep palpation of the lateral aspect of the interarticular zone was only slightly less painful than the aforementioned deltoid muscular mass Motion aggravated the pains, but they did not subside entirely at rest There was no itching, and no analogy with angioneurotic edema or dermatositis. The general physical examination was negative, except for an inconstant typically nonorganic slight systolic murmur in the apical region Incidentally, I happened to notice occasionally that murmur in this child during the routine checkups that I performed on her every six months *before* her joint condition It had none of the characteristics of an organic murmur, and as a matter of fact, it disappeared on the next day X-ray examination of the joint and adjacent region was entirely normal, so, too, was her urinalysis, complete blood count, electrocardiogram, and sedimentation rate The rectal temperature was, however, 37 3 C , it became and remained normal on the next day There was no evidence of allergy or vasomotor instability Both the edema and the pains lasted for about six hours, but they reappeared next day, and lasted about the same time, after a period of complete remission for two days, they reappeared once more for several hours On the following day the left ankle became affected, then the left hip joint, and a few days later again, the right shoulder joint was attacked These attacks kept coming back a few times, almost always to right shoulder joint, but sometimes to the left ankle I would like to call attention, however, to the fact that both subjective and objective phenomena of the attack were by far more accentuated in the para-articular than in the articular regions, indeed, there was always in this child an intermediary zone, situated between the very painful para- and the mildly painful peri-articular region than was devoid of painful sensations altogether

No relation to food, weather, emotional disturbances, or, as a matter of fact, to any unusual or changing events, could be suspected or established After a few weeks of recurrences, the "attacks" disappeared without any objective or subjective traces

Now, then, we have here in résumé, a history, in a 9-year-old child, of painful mild swellings, appearing suddenly around and at some distance from the joints, mostly in the right shoulder joint, lasting several hours each, separated from each other by distances ranging from eighteen hours to two to three days and disappearing with complete *restitutio ad integrum* Except for the slight elevation of temperature at the beginning, no general systemic repercussions could be observed

Case 2 —A 10-year-old Jewish girl of the asthenic type came under observation after about three weeks of recurrent attacks, exactly similar to the ones described in Case 1, but localized in the knees, mostly the right one More exactly, the para-articular zones above the knee were definitely more involved than the knees themselves There was no abnormal temperature in that child, at least

after she was under my care Once again, the most painstaking general examination of the child was negative and remained so five months after the last attack took place, bringing to an end a period of three months of extremely frequent almost daily 'spells." A very careful orthopedic survey was negative

Case 3—A six year-old Irish American girl also started her "attacks" suddenly and with some fever (37 6 C), the only joint involved was the left ankle and the para-articular tissues above it, while the fever disappeared on the same evening, never to reappear again, the remaining signs and symptoms kept on coming back and disappearing for about two weeks. Incidentally in this particular patient the swelling was fairly conspicuous, much more than in the remaining patients.

Case 4—A 4-year-old Puerto Rican boy came under observation only after several weeks of very frequent recurrent attacks similar to Case 2 he had not been treated before for that condition, and when I saw him there was no fever No reliable data could be obtained as far as his temperature at the beginning of the disease was concerned In this boy all major joints were involved, again never more than one at a time, the seat of 'predilection" was his left ankle, however Otherwise the same general and particular pathologic patterns described for Case 1 were observed in this child, after another four weeks of frequent (about every other day) attacks, the child remained in perfect health

Comments

I believe that all four cases can and should be brought under one common clinicoanatomic denominator, and that notwithstanding some minor differences between these cases and those described by Hench and Rosenberg and later by Cain, a common denominator could and should be found for all of them, viz, that they all belong to the syndrome called palindromic rheumatism This belief is based on the following criteria (1) a practically similar clinical pattern, (2) the little constitutional reaction, (3) absence of relation to weather, food etc, (4) normal laboratory findings, especially blood count and sedimentation rate, (5) the para-articular involvement, a point to which we like to call particular attention, (6) the negative x-ray findings, and (7) the complete *restitutio ad integrum* without any cardiac or other sequelae Unfortunately, no biopsy material could be secured in any of our cases, this of course was also the case in the great majority of cases described so far It would be interesting to excise a small fragment of the diseased tissue both during and after the clearing up of the pathologic condition, in order to have a definite histologic picture of the organic substratum of the syndrome

Another point of importance is, obviously, the differential diagnosis. While the diverse forms of infective arthritis (gonococcic, pneumococcic, etc) could be readily ruled out, the differential elimination of rheumatic fever could, in the beginning at least, cause considerable, not to say insurmountable, difficulties, a concomitant murmur in the precordium would still enhance those difficulties While the characteristic features of typical rheumatic polyarthritis are well known, and too easily found to be overlooked, in many cases, probably, the differentiation must await the element of time to make certain, the same refers, also, to some cases of rheumatoid arthritis We believe that the aforementioned features of the palindromic syndrome make the differential diagnosis possible, once more, we would like to stress the importance of the para articular involvement.

As for the forms described by Solis-Cohen and by Kahlmeter, we believe that there should be no special difficulty in distinguishing them from a typical case of palindromic rheumatism, their character has been skillfully brought into evidence by the above-named authors Angioneural arthroses and *formes de nature réellement allergique*, when well pronounced, will certainly hardly, if ever, be mistaken on careful analysis for palindromic rheumatism, whose nature seems to us to be infectious, but "borderline cases" could easily mislead But would not their differential diagnosis be a matter of academic concern?

One final word about "treatment" of palindromic rheumatism Its prognosis being excellent not only *quoad vitam*, but also *quoad functionem*, we systematically used only mild analgesics of the acetylsalicylic type

References

1 Hench P S., and Rosenberg, E. F: Proc. Staff Meet. Mayo Clin. 16: 808 (Dec. 17) 1941
2. Cain, James C J.A.M.A. 125: 16 1037 (Aug. 12) 1944.
3 Solis-Cohen, S. Am J M Sc. 147 228 (Feb) 1914
4 Kahlmeter G: Acta Med. Scandinav 102 432 (1939)

1450 Bryant Avenue

DIAGNOSIS

While the diagnosis of the patient who had eaten rather generously, was proceeding, the sick man said 'Doctor, do you think the trouble is in the appendix?"

Oh, no said the doctor, "not at all. The trouble is with your table of contents '

—*Canadian Doctor*

TREATMENT OF SUBACUTE BACTERIAL ENDOCARDITIS WITH PENICILLIN

Report of Ten Cases

LOUIS H SIGLER, M D , THOMAS J LONGO, M D , and HAROLD H FELDMAN, M D , Brooklyn, New York

(From the Departments of Medicine and Cardiology, Coney Island Hospital)

THOSE of us who have had experience in the treatment of subacute bacterial endocarditis know how helpless we were to save the life of the afflicted patient The various antiseptics used by mouth, intramuscularly, and intravenously, such as gentian violet, mercurochrome, the various arsenicals, vaccines, and sera, all have had their day and have brought with them discouraging disappointments Repeated transfusions were temporarily effective in improving the condition of the patient, only to end in death

With the advent of the sulfonamide drugs and their curative effect on some blood infections, we hopefully began to use those drugs, but with similar disappointments Kelson and White[1] suggested the combined use of sulfanilamide and heparin, the former purporting to kill the infection and the latter to prevent the deposit of fibrin at the site of the infection Although in their first enthusiasm they reported apparently good results in 3 out of 6 patients so treated, it was soon found to be valueless Thus, Katz and Elk,[2] Lynch and coworkers,[3] and others found absolutely no effect from this method of treatment on the course of the disease or on the pathologic process, *as determined by postmortem examination* Heparin alone has been suggested and used with complete failure McLean[4] collected 67 cases from the literature that received this treatment without any effect On the contrary, in 9 of these cases, death was apparently caused by the treatment itself, which induced cerebral hemorrhage

The ineffectiveness of the sulfonamides alone or combined with heparin in the treatment of this disease is well illustrated in the review of the literature by Lichtman[5] up to 1943, covering 704 cases The total average recovery rate was 5 5 per cent Of this group, 489 patients were treated with sulfonamide alone, with a recovery rate of 4 per cent, and 215 patients received both sulfonamide and heparin, with a recovery rate of 8 5 per cent The "estimated" incidence of spontaneous recovery, according to Libman and Friedberg,[6] is 3 to 5 per cent We can, therefore, see how the "cures" attributed to those methods of treatment may well be cases of spontaneous recovery In a series of 67 patients reported by Galbreath and Hull,[7] 42 of whom received the sulfonamide drugs, all died We likewise have never seen any "cures" that could be definitely attributed to these drugs

Because of the failure in all previous methods of treatment of subacute bacterial endocarditis, it is gratifying to note the excellent results obtained by various authors by the use of penicillin in this disease We have had the opportunity to use this product in 10 cases of subacute bacterial endocarditis with successful outcomes paralleling reports by other authors Because the total number of cases so far reported is small and there is some divergence of opinion as to the best methods of the use of this product in this disease, we are reporting our experiences

Case Reports

Case 1 —F K., a woman, 32 years old, was admitted to the hospital on July 5, 1944, with shortness of breath, choking sensation, and palpitation. She had had rheumatic fever at 15 years of age and was subject to some dyspnea on exertion occasionally since then About three weeks previous to admission she began to feel tired and lost some weight. She presented moderate pallor, cardiac enlargement, auricular fibrillation, and mitral insufficiency with low-grade stenosis Repeated blood cultures yielded Streptococcus viridans, twelve, fifty-five, and sixty colonies per cc Later she showed petechiae and splenic enlargement Penicillin, 25,000 units, was given intramuscularly every two hours for thirty-nine days Her condition greatly improved She gained considerable weight, the hemoglobin increased from 54 per cent to 82 per cent, and subsequent blood cultures were persistently negative. She was discharged from the hospital on September 20, 1944 and was perfectly well fourteen months later, She was able to carry on her housework without discomfort

Case 2 —T A., a boy, 14 years old, was admitted to the hospital on August 6, 1945 with complaints of weakness, elevation in temperature, loss of appetite, dyspnea, and loss of 16 pounds in weight in two months previous to admission. He had mitral and aortic insufficiency and stenosis of rheumatic origin. There were some petechiae and splenic enlargement. A blood culture showed Str viridans, seventy-five colonies per cc Penicillin was given between *August 10 and September 5, the first three days* 20,000 units and after that 40,000 units every three hours, which made a total of about 4,800,000 units The temperature dropped to normal soon after penicillin

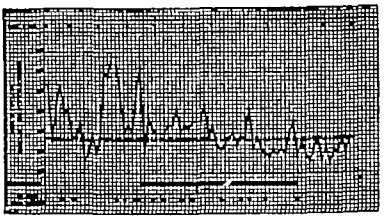


FIG 1 Case 1

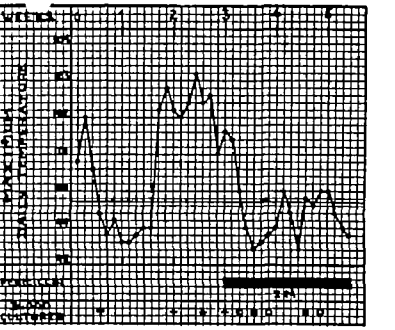


FIG 2. Case 3

therapy was started. His color improved, his weight increased, and all symptoms subsided Two months after his discharge from the hospital there was no evidence of recurrence of symptoms The blood culture remained sterile.

Case 3—M I, a man, 19 years old, was admitted to the hospital on August 31 1944 because of pain in the right calf, cough weakness, and rise in temperature of three weeks' duration. He showed marked emaciation pallor, some dyspnea and orthopnea and aortic and mitral stenosis and insufficiency of rheumatic origin. The spleen was slightly enlarged and there was slight clubbing of the fingers and toes. Blood cultures taken on September 4, 14 18 and 21 showed Str viridans seven, fifty, forty and seventy-four colonies per cc. respectively Penicillin was given between September 21 and October 8, 1944 in doses of 25 000 units every two hours intramuscularly, a total of about 5 400 000 units. His condition progressively improved and all symptoms subsided. Several subsequent cultures were negative. He was perfectly well and very active over one year after his discharge.

Case 4—M H K., a man 32 years old with inactive rheumatic mitral insufficiency since 10 years of age, developed gradually progressive weakness, loss of weight, occasional floating body pains, chills, and rise in temperature He came under observation of one of us (L. H S) three months after the onset of symptoms, during which time he was treated by another doctor with sulfa drugs without any effect. He presented moderate pallor, some petechiae in the conjunctivae and slight splenic enlargement. Two blood cultures yielded Str viridans twenty-five and thirty colonies per cc. of blood Penicillin was given intramuscularly, 25,000 units every two hours, for three weeks. The temperature which had previously ranged between 100 and 103.5 F came down to 98.6 F on the third day and remained so throughout this period with an occasional rise to 100 F Four blood cultures showed no growth. His condition remained good nine months later and repeated blood cultures were negative. He carried on his work as a salesman without discomfort.

Case 5—M C., a woman 50 years old was admitted to the hospital on October 7, 1944 because of progressive weakness, general malaise loss of weight, and elevation in temperature, of six months duration. She had evidence of mitral insufficiency and stenosis. The spleen and liver were enlarged The fingers showed slight clubbing and two erythemous nodes and she had considerable pallor Four blood cultures yielded a microaerophilic streptococcus. Penicillin was given in doses of 25 000 units intramuscularly every two hours, between October 17 and November 2, 1944. Her condition and color greatly improved and subsequent blood cultures were all sterile. On November 11, 1944 she suddenly became comatose and developed rapid stertorous, noisy breathing her pupils became dilated and did not react. The reflexes of the lower extremities became exaggerated and there was a bilateral ankle clonus She died several hours after the onset of cerebral symptoms.

On autopsy the heart weighed 400 Gm. The musculature was flabby and the left auricle was moderately dilated The mitral leaflets showed a few fully organized verrucose vegetations at the free borders, but not evidence of fresh vegetations. The chordae tendineae were fused and shortened and there was some rigidity of the mitral leaflets with narrowing of its orifice The other valves were normal The liver and spleen showed congestion and enlargement. The left kidney showed a healed infarct. No permission was granted to section the head. She undoubtedly died from a cerebral embolus.

Case 6—K. S., a woman, 30 years old was first seen by one of us (L. H. S) on February 15, 1944. She had had mitral insufficiency of rheumatic origin since 13 years of age but felt well until December 1943, when she began to experience weakness, dyspnea palpitation, persistent rise in temperature up to 103 F and a rapid heart rate. She showed pallor nervousness, several petechiae over the body, and erythemous nodes on the fingers A blood count showed 3,200 000 red blood cells, 60 per cent hemoglobin, and slight leukocytosis. Two blood cultures showed thirty-two and one hundred colonies of Str viridans per cc. of blood She had received sulfadiazine in large doses elsewhere without effect. Penicillin was given intramuscularly in daily doses of 200 000 units for fourteen days, at two-hour in

tervals The temperature dropped to normal in three days and remained so Her general condition greatly improved

Several weeks later symptoms and signs recurred, and she was admitted to the Coney Island Hospital, on May 17, 1944. Blood cultures on two occasions again showed Str viridans, one hundred and one hundred and thirty-four colonies per cc The temperature ranged between 101 and 103 F Penicillin was given intramuscularly in doses of 300,000 units daily from May 24 to June 15 The temperature came down to normal three days after penicillin therapy was started and remained so throughout this period Her general condition greatly improved Repeated blood cultures were negative until July 3, when it again showed 25 colonies per cc Penicillin therapy was resumed intramuscularly in doses of 25,000 units every two hours and was continued until August 4. The temperature remained normal except for an occasional rise, and her general condition improved The white-blood-cell count varied between 11,600 and 15,600 the first fifteen days and 6,800 and 8,400 later Repeated electrocardiograms showed no gross alterations She was discharged on August 6 She was readmitted on August 23 because a rise in temperature recurred Cultures again showed twenty-four and fifty-six colonies of Str viridans per cc of blood Penicillin was again given intramuscularly every two hours between August 29 and September 20, 1944, a total of 6,300,000 units Her condition remained excellent until her discharge from the hospital on September 29, 1944.

On October 17, 1944 she again developed a rise in temperature and experienced nausea, vomiting, headaches, and nosebleed She was readmitted on October 18, 1944. Blood cultures on October 19 and 20 were negative On October 22, a culture showed twenty-one colonies of Str viridans per cc Penicillin was again given in doses of 25,000 units every two hours for thirty days The total amount received was 9,000,000 units Blood cultures during this period were sterile She was symptom-free and the temperature was normal She was discharged on December 5, 1944.

She remained symptom-free and carried on her usual housework for two months. Then she began to experience dyspnea and weakness and developed some pallor and marked cyanosis and was readmitted on March 6, 1945 The heart at that time was larger and the apical systolic murmur previously heard was louder and more widespread She remained in the hospital over three months Seventeen blood cultures obtained were sterile. Only on one occasion was a growth of streptococcus obtained in broth only, and penicillin was again given for seventeen days She developed auricular fibrillation, marked liver enlargement, and peripheral edema Repeated electrocardiograms showed progressive alterations in the ventricular complexes She also developed swelling of the right arm and supraclavicular region, probably due to venous thrombosis of the right subclavian vein. Heparin was given but her general condition became aggravated and it was discontinued There was very little response to digitalis and she finally died from congestive heart failure in July, 1945

Case 7—B F, a woman, 70 years old, was admitted to another hospital on April 3 1944 with complaints of progressive general malaise, cough, increasing dyspnea, and a febrile state of five months' duration Three cultures yielded Str viridans. From April 11 to May 13, 1944 she received 6,000,000 units of penicillin in divided doses of 25,000 units every three hours intramuscularly The temperature was reduced to normal and remained so until her discharge on May 20, 1944 and repeated blood cultures were sterile Two weeks after her discharge symptoms returned When admitted to the Coney Island Hospital on June 23, 1944, she presented moderate pallor, some petechiae in the conjunctivae, marked peripheral arteriosclerosis and evidence of calcific aortic stenosis, coronary sclerosis with myocardial fibrosis, auricular fibrillation, and a suggestion of subacute bacterial endocarditis affecting the mitral and aortic valves Blood cultures on June 26, 29, and July 3 yielded Str viridans, fifty-nine, one hundred and seventy-seven, and forty-six colonies per cc, respectively Penicillin was given intramuscularly in doses of 25,000 units every two hours from July 5 to 31, 1944. The temperature returned to within normal limits and she was symptom-free to the end of her discharge on September 18, 1944. Repeated blood cultures remained sterile In early December she developed hemiplegia, from which she recovered in two weeks

On January 31, 1945 she was readmitted to the hospital because of abdominal pain and dysuria There was marked congestive heart failure. An x-ray series of the gastrointestinal tract was negative There was no evidence of subacute bacterial endocarditis and repeated blood cultures were negative The sedimentation rate was normal She responded to digitalis and intravenous mercurial diuretics and was discharged in good condition on February 24, 1945 At home she developed another episode of congestive heart failure two months later and she died

Case 8—E B, a woman, 22 years old, was admitted to the hospital on March 21, 1944 complaining of progressive weakness, loss of weight, poor appetite, and fever and chills of three months' duration She was pale, emaciated, dyspneic, and cyanotic, and presented mitral and aortic insufficiency and stenosis that she acquired in early life.

Repeated blood cultures yielded Str viridans, forty to fifty colonies per cc of blood

Penicillin therapy was given by continuous intravenous drip, in doses of 200,000 units daily, between April 3 and 18, the total amount used being about 2,800,000 units The temperature, which before ranged between 99 and 105 F, came down for about one week to 99 F with an occasional rise to as high as 101 F Her general condition also somewhat improved. Soon, however, the temperature began to spike again to as high as 105 F while under treatment, and occasional showers of petechiae appeared. Secondary anemia and leukocytosis of 10,000 to 17,000 presisted The urine showed red blood cells She died in congestive failure on April 20, 1944.

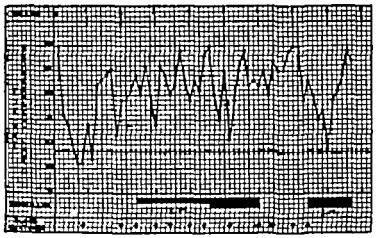


FIG 3. Case 10

Case 9—R. M., a man, 53 years old, was admitted on April 10 1944 to another hospital with complaints of pain in the left calf muscles sweating loss of weight and afternoon rise in temperature of three months' duration The hospital reported a systolic murmur at the apex splenic enlargement some petechiae on legs, a low-grade secondary anemia, and repeated blood cultures of Str viridans Between May 10 and May 15 he received 20 000 units of penicillin every two hours, intramuscularly a total of 1 200 000 with no improvement. He apparently received no more penicillin but only supportive treatment until his discharge on June 21, 1944. He was admitted to the Coney Island Hospital on June 22, 1944 and before we established the diagnosis of subacute bacterial endocarditis by repeated blood cultures he died on June 27, 1944. Three blood cultures yielded Str viridans, fourteen thirty-seven, and fifty three colonies per cc The electrocardiogram revealed a low-grade auriculoventricular block and evidence of myocardial damage. He had marked secondary anemia and leukocytosis, increased sedimentation rate many red blood cells in the urine and an increase in blood urea nitrogen to 58 mg. per 100 cc. of blood.

Case 10—I R., a 41-year-old woman, was operated on at the New York Hospital on April 14, 1944 for adenocarcinoma of the rectum. Following her discharge from that hospital on June 4, 1944, after a stormy postoperative course she developed increasing pallor and palpitation, weakness occasional rise in temperature and cough. She was admitted to the Coney Island Hospital on August 2, 1944. She showed evidence of aortic insufficiency and stenosis and mitral insufficiency The lungs showed some congestion. The liver and the spleen were moderately enlarged. Repeated blood cultures showed Str viridans varying from twelve to as high as six hundred and twenty five colonies per cc. of blood. Penicillin was given between August 18 and September 1 in amounts of 25 000 units every two hours by the intramuscular route. Her condition became progressively worse, however She developed clubbing of the fingers, cyanosis respiratory embarrassment, marked peripheral edema, and increasing anemia. Transfusions were given with slight temporary improvement. Beginning September 5 50,000 units were given every two hours, with absolutely no effect In view of the recent operation for adenocarcinoma, and the onset of a deepening jaundice and liver enlargement, and in view of the fact that the abdominal wall at the site of the incision showed hard nodular masses, a diagnosis of metastatic carcinoma was considered in addition to subacute bacterial endocarditis. Left pyonephrosis was also considered in view of a large mass felt in the left abdomen which extended beyond the region of the spleen. This was corroborated by an intravenous pyelogram. Blood counts showed an increasing secondary anemia and the white cells varied between 6 200 and 12,800 Electrocardiograms showed progressive changes in the configuration of the ventricular complexes. The temperature varied between 100.8 and 104 F At one time she developed a pericardial friction rub She died on September 29 1944

The autopsy findings were moderate cardiac enlargements, thin hematoma of pericardium over its anterior aspect beefy consistency of the myocardium. Very large pinkish yellow friable vegetations with greenish base covered the superior surface of the anterior and posterior mitral valve leaflets, with ulceration of the centers and actual perforation through the valves, the aortic valve leaflets were irregular, shortened, tortuous, and completely covered by heaping vegetations of friable consistency and yellowish pink in color, which almost completely obliterated the aortic ring The tricuspid and pulmonic valves were normal. The lungs were moderately congested. The liver weighed 2 000 Gm. Its surface was covered with numerous petechial hemorrhages and it showed marked fatty degeneration. The spleen was markedly enlarged weighing 500 Gm. and showing several infarcts. The kidneys had numerous hemorrhagic areas and multiple small infarcts. The left kidney pelvis and ureter were markedly dilated and filled with pus. No recurrence of the carcinoma was noted and there was no evidence of metastasis.

Discussion

It will be observed that of our 10 definitely established cases of subacute bacterial endocarditis treated with penicillin, 4 patients are alive and well two, nine, twelve, and fourteen months, respectively, after therapy was discontinued. One patient died from a cerebral embolus after all signs of subacute bacterial endocarditis had disappeared and postmortem examination revealed healed verrucae on the mitral valve Two other patients died from congestive failure, after repeated penicillin therapy In one of these, the congestive failure was evidently due to recurring rheumatic carditis. The other was in an elderly woman, over 70 years, with extensive arteriosclerotic heart disease. The incidence of recovery from subacute bacterial endocarditis itself is, therefore, 70 per cent

Of the other 3 patients, R. M (Case 9) definitely received an insufficient amount of penicillin Thus may be true also in Case 8. In Case 10

the resistance of the patient was undermined by pre-existing adenocarcinoma of the rectum and by the additional presence of pyonephrosis, the causative infective organism of which was not determined It probably was a type which does not respond to penicillin therapy She presented acute ulcerative endocarditis with overwhelming toxemia

Of the various authors who reported the treatment of this disease with penicillin only Herrell and coworkers[8] found it to fail in all 4 cases in which they used it. They felt, however, and rightly so, that the dosage they used was insufficient for this disease Dawson and Hobby[9] treated 5 patients with Str viridans endocarditis, two of whom are living and well thirteen and nine months later, respectively, in one the infection recurred, one did not respond because of inadequate treatment, and one was a flat failure In 9 cases treated by White and coworkers[10] there was definite control of the infection in 6, or 67 per cent, but one of these died of cerebral embolism and another of rheumatic fever Meads and coworkers[11] treated 9 cases of subacute and 7 cases of acute bacterial endocarditis Seven of the former and 3 of the latter patients responded and are living and well Dawson and Hunter[12] treated 20 patients, with apparent success in 15 In two others the condition recurred but was controlled by further treatment Paullin and McLoughlin[13] observed good results in 3 out of 6 cases treated, the other 3 appeared hopeless from the start Goerner and coworkers[14] treated 12 patients, 11 of whom were alive and well one to fifteen months afterward, at the time of their report, and only 1 died of the disease Bloomfield and coworkers[15] obtained good results in 8 of 11 cases of subacute bacterial endocarditis and Dolphin and Cruickshank[16] in 4 of 6 cases of acute bacterial endocarditis Flippin and associates[17] recently reported the subsidence of infection in 16 out of 20 patients with subacute bacterial endocarditis, 12 of whom were alive at the time of the report, and four having died of heart disease but not from the infection

The methods of administration of penicillin in subacute bacterial endocarditis is still a matter of some dispute Loewe and coworkers[18] advocate its use in daily amounts of 40,000 to 200,000 units to be given by the intravenous route together with 300 mg of heparin given subcutaneously every second day or 200 mg daily by venoclysis In a later report Loewe[19] showed that 74 per cent of 54 patients treated with this combined treatment recovered Of these, 37 were alive and well two to fifteen months afterward, at the time of their report This incidence of recovery is certainly no higher than the incidence of recoveries reported by all the other authors mentioned before who used only penicillin, without heparin We are therefore not convinced that the addition of heparin has any advantage Meads and coworkers[11] and Dawson and Hunter[12] used the combined method in some of their cases and found the response to be no better than from penicillin alone Besides, penicillin treatment alone is less hazardous

The question whether the intravenous route of administration of penicillin is preferable to the intramuscular cannot as yet be definitely answered Some authors, including ourselves, have used single intramuscular injections at two-hour intervals and the results were as good as when given intravenously Of the 3 patients who died from the disease in our series 1 received penicillin by the intravenous route Another one died not because it was given intramuscularly but because it was given in small amounts and over a very short period The third patient died from ulcerative endocarditis, in which case the extremely low resistance of the patient and other complications were undoubtedly contributing factors

Goerner and coworkers[14] feel that the intravenous route is preferable Considering the successful results they obtained, one would be inclined, at first thought, to agree with them We must realize, however, that in the treatment of disease it is not merely the method employed which determines the outcome but also the constitutional condition of the patient at the time of treatment and his susceptibility to disease These factors cannot be measured with scientific accuracy in any small series of cases In a city hospital, such as ours, nearly all patients are poorly nourished and their resistance is undermined by years of improper hygiene, overwork, and exposure The outcome of any treatment in such cases is expected, therefore, not to be as favorable as in patients belonging to more favored classes The patients also lack the individual attention of private nursing which helps recovery

With our present experience we feel that the most important factor is not the route of administration of penicillin in this disease as the amount used If massive doses, at least 25,000 units every two hours, are given intramuscularly for three to six weeks, the results will be good in most cases, and it is more convenient to the patient than the continuous intravenous or intramuscular drip If insufficient response is obtained it should be given in much larger dosage and the intravenous route should be tried Frequent change of one to the other route may perhaps be better in some cases

It is essential, for a successful outcome, to remove all foci of infection under the protection of penicillin In two of our successful cases several

infected teeth yielding the same organisms as the blood culture were removed before the patients were discharged

In conclusion it must be added that inasmuch as subacute bacterial endocarditis is characterized, at times, by remissions for prolonged periods and in a rare case apparently by spontaneous recovery, we must be cautious not to attribute the successful outcome in all cases to the use of penicillin We must also have a much longer period of observation, say several years, to determine the ultimate outcome of those cases that show complete recovery The immediate results, however, are so striking that they leave no doubt as to the efficacy of this treatment in this hitherto most fatal disease

Summary

Ten patients with subacute bacterial endocarditis were treated with penicillin Four of these are living and well two, nine, twelve, and fourteen months, respectively, after therapy was discontinued One patient died from a cerebral embolus after all signs of the disease subsided, and autopsy revealed healed verrucae on the mitral valve. Two patients died from congestive heart failure after all signs of subacute bacterial endocarditis had subsided One patient died because an insufficient amount of penicillin was given, and another because of other complicating diseases Only one patient, presumably effectively treated, died from subacute bacterial endocarditis itself

The simplest and efficient method of administration of penicillin in subacute bacterial endocarditis is by the intramuscular route in doses of not less than 25,000 units every two hours There is no definite advantage to the intravenous route, although it should be used if the response by the intramuscular route is not satisfactory There is no advantage to the use of heparin in combination with penicillin, and it carries considerable hazard

References

1 Nelson, S R., and White P D: J A.M.A 113: 1700 (1939)
2 Katz, L N and Elk, S R J.A.M.A. 124: 149 (1944)
3 Lynch, C E., Faulkner, J M., Duncan, N C., McGinn S Porter R. R. and White P D J.A.M.A. 117: 1345 (1941)
4 McLean, J., Meyer B. B. M., and Griffith J M: J.A.M.A 117 1870 (1941)
5 Lichtman, S S. Ann. Int. Med. 19: 787 (1943)
6 Libman, E., and Friedberg, C. K.: Subacute Bacterial Endocarditis, New York, Oxford University Press, 1941
7 Galbreath, W R., and Hull, E.: Ann. Int. Med 18: 201 (1943)
8. Herrell, W E., Nichols D R. and Heilman D H.: J.A.M.A. 125: 1003 (1944)
9 Dawson, M H. and Hobby G L.: J A.M.A 124: 611 (1944)
10 White, P D Matthews, M. W and Evans, E.: Ann. Int. Med. 22: 61 (1945)
11 Meads, M., Harris, H W., and Finland, M., with technical assistance of Wilcox, C New England J Med 233: 463 (1945)
12 Dawson, M H., and Hunter T H J.A.M.A. 127: 129 (1945)
13. Paullin, J E., and McLoughlin, C J: Ann. Int. Med. 22: 475 (1945)
14 Goerner J R., Geiger A J., and Blake, F G Ann. Int. Med. 23: 491 (1945)
15 Bloomfield A L. Armstrong C. D., and Kirby N M: J Clin. Investigation 24 251 (1945)
16 Dolphin A. and Cruickshank, R.: Brit. M J 1: 807 (1945)
17 Flippin, H F., Mayock, R. L., Murphy F D and Wolferth C C. J.A.M A. 129: 841 (1945)
18. Loewe, L., Rosenblatt P., Greene, H. J., and Russell, M J.A.M.A. 124: 144 (1944)
19 Loewe, L.: Bull. New York Acad. Med. 21: 59 (1945)

SURGERY FOR THE AGED SHOULD NOT BE VIEWED WITH ALARM

Surgery for the aged—increasing in importance today—should not be considered with fear or alarm by patient and family, urges Louis Carp M D., in the August issue of *Hygeia, The Health Magazine*

Dr Carp, a New York City surgeon, points out that the increasing span of human life is offering a greater challenge to doctors. Based on the latest census figures, there was an increase of 35 per cent of persons over 65 years of age between 1930 and 1940 In another 15 years, life expectancy should reach 75 years. Consequently, the health, social economic, and political significance of the increase of life span must be emphasized

'Old age does not necessarily prevent surgical procedures" Dr Carp remarks, "which may save or prolong life, produce continued physical comfort and the relief of pain, and add economic, functional, and social usefulness. Today there are still many instances of a defeatist attitude toward surgery for the aged on the part of both patient and family alike These outdated attitudes should be abandoned in favor of a more progressive outlook, the result of marvelous advances in medicine and surgery in the past quarter century It should be our aim to "add life to years and years to life''

"Modern methods and scientific advances ' the surgeon explains, "especially in chemistry and refinements of technic and anesthesia, have so improved surgical standards that it is essential for old people afflicted with a surgical condition, and also their families and friends, to adopt a more hopeful and favorable attitude toward surgical results and to consider that what appears to be a radical step may turn out to be conservative after the operation One of the purposes of medical preparedness is to improve the health of our civilian population. This calls for cooperation on the part of the aged and when a surgical condition gives rise to a menace to life incapacity and dislocation from everyday economic functional and social routine surgical treatment will produce cure or improvement so often that the patient can go on with a happier, healthier life and a more hopeful and more optimistic perspective."

ELICITATION OF THE BIG-TOE RESPONSE (BABINSKI SIGN) IN TICKLISH SUBJECTS

MATTHEW BRODY, M D , Brooklyn, New York

NO SELF-RESPECTING neurologist would consider an examination complete without an attempt to elicit Babinski's sign The normal plantar response (negative Babinski) after a noxious stimulus of the sole of the foot is a plantar flexion of the big toe at the metatarsophalangeal joint The optimal reflexogenous zone for the flexor plantar response is the medial side of the sole In infancy, and when the corticospinal tract is affected above the third lumbar segment, noxious stimulation of the sole induces a dorsiflexion of the big toe (Babinski's sign) at times associated with fanning (signe de l'éventail) and plantar flexion of the lesser toes The optimal reflexogenous zone for the extensor plantar response is along the lateral side of the sole It is the first movement of the big toe that is significant

Some patients are so ticklish that stroking of the sole induces a forceful withdrawal of toes and foot and flexion at the knee accompanied by some expression of displeasure Some squeamish patients may misinterpret this procedure and object to what they consider an undignified attempt to tickle their feet in the sick room

Some may say nothing about their misgivings although they might think much An attempt to prevent withdrawal of the foot by forceful grasping of the ankle before testing the reflex may result in a tug of war between patient and examiner with loss of patience to both Another means of circumventing this response to tickling is to have the patient's knee flexed, and then stroke the median side of the tibia downwards (Oppenheim maneuver) while stroking the sole This does not always succeed

I have found a simple and usually successful method of avoiding the reactions to tickling If a patient is found to be ticklish or squeamish when Babinski's sign is sought, he is then requested to determine "Which feels sharper?" The physician then strokes first the lateral sides of the two soles, and then the medial sides, forward to the toes, observing the response of the toes With the patient's attention fixed on an attempt to evaluate the sharpness of the strokes, the tickling response is usually suppressed, the flexor plantar response is reinforced, and the confidence of the patient in his physician remains unshaken

41 Eastern Parkway

WHO WILL WIN AND WHO WILL LOSE?

Who Will Win?

Who will win if national compulsory sickness insurance is inaugurated in this country?

1 A few physicians who are willing to practice mass medicine, who are willing to abandon the ideals of medicine and render an indifferent, impersonal type of low-standard service to the public

2 A large group of politically minded job hunters who would receive pork-barrel appointments as administrators of a vast governmental bureau

3 Certain politicians, until the time of reaction arrived as a result of the demonstrated defects of compulsory sickness insurance

Who Will Lose?

1 The taxpayer, who will be burdened with a tax for which he receives little in return

2 The nontaxpayer, the poor, who now receive the best of medical care from our best physicians in accordance with the ideals and traditions of the profession, and who are not provided for under the compulsory program

3 The public, the gullible public, who accept without question the promises and arguments of politically ambitious persons in favor of national socialism

4. Industry, which will be taxed a portion of its profit to support a program resulting in more work days lost This portion of its profits might better be devoted to the salaries of employees to give them more real security

5 Our community hospitals, which will be forced to abide by governmental regulations and to adjust their standards of service to the lower per diem payment allowed under the Scheme

6 Our Blue Cross Plans, which have demonstrated that the cost of hospitalization can be met for the majority of our people on a voluntary, democratic basis

7 Our children and our children's children, because of lowered health and health standards and through relieving them of the sense that they must be responsible for their own welfare

8 Our labor unions, who disregard the warning of their great leader, Samuel Gompers, when he said in 1916, "For a mess of pottage, under the pretense of compulsory social insurance, let us not voluntarily surrender the fundamental principles of liberty and freedom, the hope of the Republic of the United States, the leader and teacher to the world of the significance of this great anthem chorus of humanity—liberty!"—*J M Soc N. J , Dec , 1945*

COEXISTENCE OF GOUT AND METABOLIC CRANIOPATHY

WILLIAM FEHRING, Capt ,(MC),AUS*

(From the Medical Service of the AAF Regional Station Hospital, A.F T.A C , Orlando, Fla)

THE entity designated as metabolic craniopathy has received consideration under various names. It has been widely discussed as the Morgagni-Stewart-Morel syndrome[1-4] hyperostosis frontalis interna,[4,7] calvarial hyperostosis[8] and metabolic craniopathy.[9,10] The condition has also been called intracranial osteophytosis,[11] internal frontal endocraniosis,[12] exostosis within the cranium,[13] enostoses within the calvarium,[14] frontoparietal craniostosis,[15] and hyperostosis calvarii interna.[16] A review of the literature fails to disclose that this disease has been found to coexist with gout. Although the incidence of metabolic craniopathy has varied in recent reports, it appears that the condition is decidedly uncommon in men. On the other hand, gout is seldom observed in women. It is this unusual restriction of these diseases to the sexes that makes their coincidence the subject of this report.

Case Report

Z F K., a 29-year-old, obese, white soldier, whose civilian status had been that of a laborer, was admitted to the hospital on April 12, 1944, for pain in the right big toe Of the patient's immediate family the mother, a younger brother, and two sisters were obese but familial illnesses were not known to exist. In childhood the patient had been afflicted with measles, mumps, chicken pox, and German measles. Obesity was first observed at the age of 9 years. In 1942 he suffered an attack of asthma but recurrences never appeared. Since September 1942 he had become aware of a regular single nocturia, but polyuria, polydipsia, or polyphagia were not observed.

The onset of the present illness was in 1943, when he was awakened by an acutely swollen, painful discolored right big toe. This condition lasted about two weeks but receded rapidly with the application of hot soaks. In March of 1944 his sleep was again interrupted by a recurrence of a similar swelling in the left big toe. The discoloration and edema extended along the dorsal and medial surfaces of the foot but spontaneously disappeared within several days. Desquamation of the overlying skin or the nail did not ensue. Since then there were milder repetitions of the ailment in either big toe but never more than two to three days in duration. For about one year prior to hospitalization he complained of dyspnea on exertion for which treatment with thyroid extract had been undertaken

The patient appeared as an obese, lethargic, prognathic individual, 5 feet 2 inches tall weighing 210 pounds. The right big toe was swollen, tender, painful, and itchy Although pressure over the first left metatarsophalangeal joint elicited tenderness, the region did not appear abnormal. The blood pressure was 122/80 and the chest did not reveal any remarkable features. The abdomen was prominent, the testes were normal and equal in size and consistency, and the secondary sex characters were of the usual male appearance There were no manifestations of infantilism, hypoplasia, virilism, hirsutism, acrocyanosis, or dermal striae The fingers appeared short and stubby

The following data were obtained during the first period of observation urine analysis revealed no abnormalities, red blood count was 4,580,000 and the hemoglobin, 90 per cent, white blood count, 6,100, and the differential count showed 56 per cent polymorphonuclears, 36 per cent lymphocytes, and 8 per cent eosinophiles, Kahn and Wassermann tests were negative, nonprotein nitrogen was 31.2 mg per cent, urea nitrogen, 16 9 mg per cent, fasting blood sugar, 83 3 mg. per cent, blood uric acid, 4 and 3 56 mg per cent cholesterol, 219 and 305 mg. per cent The sedimentation rate by the Westergren method was 19, the basal metabolic rate was plus 13, plus 17 minus 1, and minus 8 (the first two tests were performed while the subject was taking thyroid extract)

Although the patient was advised to take acetyl salicylic acid, 20 grains every four hours, the arthritis suddenly returned during the night of July 1, 1944 three weeks after therapy was started. On this occasion there was pain, heat, swelling, redness, and tenderness of the left knee, and a mild elevation of the body temperature to 100 F Sodium salicylate replaced the acetylsalicylic acid and 20 grains were administered every four hours Notwithstanding the regular administration of the drug, the arthritis migrated to the right ankle, where pain was severe enough to necessitate the use of codeine on July 5 The temperature reached 100 4 F , the white blood count was 10 800, of which 60 per cent were polymorphonuclears, the uric acid blood content was 19 mg per cent, and the sedimentation rate rose to 40 mm per hour An electrocardiographic tracing did not show any abnormalities. On July 11 only slight discomfort of the right big toe was sensed the sedimentation rate had fallen to 12 mm. and a second electrocardiogram revealed a slight depression in the height of the T waves in the three conventional leads.

No further acute manifestations were seen during the remainder of the hospital stay and the contemplated use of cinchophen was not effected. The sedimentation rate varied between 22 mm. and 60 mm. per hour the blood uric acid determinations were 3 6, 3.9 and 4.7 mg per cent, the serum uric acid content was 6 5 mg. per cent the coagulation band (Weltmann) was read at 7 0 7 5, 8.0, and 7 5 the urinary excretion of uric acid was 82 mg per cent when examined during the ingestion of sodium salicylate. A carbohydrate tolerance test using 50 Gm of glucose orally showed the following values fasting, 97 mg. per cent first hour 184, second hour, 170 third hour 167 fourth hour, 98. The basal metabolism test was found to be minus 19, the blood cholesterol 355 and 241 mg per cent, blood calcium, 10 1 mg. per cent blood phosphorus, 1 7 mg per cent, phosphatase, 3.2 units (Bodansky) nonprotein nitrogen 30 mg per cent, urea nitrogen 10 5 and 19 mg per cent. The urine analysis was negative, the prostatic smear did not reveal any

* Home address, 97-38 110th Street, Richmond Hill Queens, New York

organisms, undulant-fever agglutination test was normal The electrocardiogram disclosed a left-axis deviation but the characters were within normal limits

X-ray studies of the gallbladder showed that its function was normal and intravenous pyelography likewise revealed normal shadows Roentgenographic examination of the heart did not demonstrate any enlargement or unusual outline The skull revealed a moderate number of symmetrical, irregular densities, particularly well seen in the inner table of the frontal bones Extracalvarial bony changes of the mandibles, except for prognathism, were not demonstrable The left big toe showed a punched out area at the base of the first phalanx The roentgen films taken of the hands were normal Shadows of the sella turcica were with out abnormalities or defects and the pineal gland did not appear calcified

A complete neurologic examination failed to manifest any central or peripheral nerve disturbances Psychologic studies were undertaken and on the Wechsler-Bellevue scales of mental ability,[17] the patient achieved a total standard score of 63, which is equivalent to an I Q of 77 and a mental age of 10 years and 5 months These results placed the patient in the "dull-normal" category of intelligence, slightly above the borderline-feeble-minded level (the patient completed only six grades of grammar school) The scores were higher in the verbal tests than in the performance tests The Shipley-Hartford Retreat scale for measuring intellectual impairment[18] or deterioration was administered and gave the following results vocabulary raw score, 18, vocabulary mental age, 12 3, abstraction raw score, 10, abstraction mental age, 10 5, total raw score, 28, total mental age, 10 9, conceptual quotient, (C Q) 84 *

Discussion

The outstanding manifestations of this syndrome of craniopathy are the triad of Morgagni—hyperostosis frontalis interna, obesity, and virilism[2]—and neuropsychiatric features of Stewart[19] and Morel [6] In a monograph that reviews an exhaustive investigation, Morel regarded the expressions of the disease as manifestations of endocrine, metabolic, and neuropsychiatric disturbances Additions to the literature amply serve to testify that the syndrome may reveal itself by a varied symptomatology This usually consists of the following elements calvarial hyperostosis (Moore described four types), obesity, sexual and menstrual changes in the female, gonadal deficiency in the male, hypertension, and neurologic and psychiatric aberrations For diagnostic purposes, however, it is not necessary that all of these manifestations, "with the exception of the pathognomonic roentgen findings of hyperostosis interna, be found in an individual case"[1] In this instance the obesity and internal frontal hyperostosis were the outstanding phenomena, although the family history of obesity was very suggestive It cannot be considered that the psychologic studies, as measured by the Wechsler-Bellevue scales and the Shipley-Hartford Retreat tests, pointed to an intellectual deterioration of the subject Particular attention was directed to personality changes, the emotional display and expressions that might betray depression, anxiety, drowsiness, or nervousness Tests were performed to detect muscular weakness, incoordination, and faults in gait or equilibrium, but the responses were always considered to be normal Interrogation failed to elicit complaints of fatigability, headache, diminished vision, diplopia, dizziness, defective hearing, memory loss, speech difficulties, increased desire to sleep, or narcolepsy Tenderness on pressure over the skull was not found, examination of the neurologic status failed to disclose any central or peripheral nerve defects, the ophthalmoscopic appearance of the retinal structures was normal The sex characters were of the ordinary male nature and there was no evidence of impaired gonadal function The obesity was limited to the face, neck, and the trunk, and a mild form of mammary enlargement was present The laboratory findings were consistent with those published by other authors decreased carbohydrate tolerance, varying high values for the cholesterol blood content, and normal blood calcium, phosphorus, and phosphatase determinations Although hypertension occurs more frequently than is encountered casually, it is by no means always present [20]

It is difficult to conceive that a causal relationship exists between metabolic craniopathy and gout, or that a common pathogenesis can explain the phenomena observed in both diseases It seems agreed that the brain is frequently the site of extensive changes in metabolic craniopathy, and the higher incidence of the disease in mental institutions has been the source of many contributions and numerous studies Other causative factors, however, have been suggested Knies and LeFever[2] reviewed the important causes that may evoke an osseous overgrowth in the cranium infection, injury, arteriosclerosis and senescent atrophy, and dyspituitarism Of these, the last appears to serve best as an explanation of the manifestations Morphologic alterations of the pituitary gland and its adjacent structures have been often observed [6 19 22] Constitutional and endocrinopathic states implicating an abnormal form of pituitary function in metabolic craniopathy have been frequent and impressive Bartelheimer[23] reported a case of Morgagni's syndrome accompanied by hyperglycemia and glycosuria which was resistant to insulin therapy It was concluded that an overfunction of

* According to the authors of the test, 'C Q scale is based on the clinicoexperimental observation that in mild degrees of mental deterioration, and in other conditions involving intellectual impairment, vocabulary is relatively unaffected, but the capacity for abstract (conceptual) thinking declines rapidly The scale consists of a vocabulary test and an abstract thinking test, and impairment is measured by the extent to which the individual's abstract thinking falls short of his vocabulary The deficit is expressed conveniently in the C Q' Pathology is probably present when the C Q falls below 70 A C Q of 84 is considered only moderately suspicious In view of the tendency, however, for dull individuals to earn low quotients, little, if any, importance can be attached to the slight deficit found in this case It is of interest, also, that in the Wechsler-Bellevue scales the patient achieved his highest score in the test which is predominantly a measure of the ability to generalize and think abstractly The observation corroborates the negative findings, as far as intellectual impairment is concerned, on the Shipley-Hartford Retreat scale. The disparity between the two tests is of no clinical significance

the anterior lobe of the pituitary was at fault Schiff and Trelles[6] suggested that the metabolic faults were the effects of an altered function of the posterior lobe. Although hyperostosis and osteoma of the skull were considered separate entities by Schneider,[24] the frequent association of both diseases with diabetes insipidus suggested that they were alike in their dependency upon a dyspituitarism which resulted from a senile atrophy of the gland Clinical observations by Mortimer[25] support the frequent accompaniment of calvarial changes in patients with obesity premature senility delayed maturity, diabetes insipidus Fröhlich's syndrome, and longstanding acromegaly The greater tendency for the symptom complex to appear in women is explained by the diminished pituitary functional state in that sex Henschen[26] has also found hyperostosis in individuals who manifest pituitary syndromes especially women in postmenopausal states. Morel s studies led him to believe that polyphagia, polydipsia polyuria and sleep disturbances should be common complaints in those afflicted with the disease, but Moore[7] could not confirm this impression. Experimental investigations by Mortimer and his coworkers[27 28 29] indicate that the constitutional and developmental aberrations involving fat and calcium metabolism are reflections of an endocrine dysfunction particularly hypopituitarism and that the cranial dysplasia is dependent upon the hypophyseal disorder Although the peculiar, selective and characteristic localization of the process to the internal table of the frontal bone finds experimental basis in this work, the pathogenesis of the diffuse cerebral lesions remains speculative

The cause of gout is unknown, but hyperuricomia remains an essential feature of the disease even if the uric acid content of the blood fluctuates from day to day Grabfield suggested that the cause of gout might be sought in disturbances involving renal innervation [30] and that the beneficial effects of cinchophen might be assigned to the uricosuric action exerted upon the sympathetic nerves controlling renal function,[31] but recent studies[32] indicated that there is no depression of the ability of the kidneys to excrete urate, and that the renal changes in patients with gout are the result and not the cause of the metabolic dyscrasia. The therapeutic action of cinchophen is then attributed to its ability to depress tubular reabsorption of urate. Even if the hypothesis advanced by Grabfield were true however the functional derangement would appear to be restricted to the sympathetic renal innervation for it is acknowledged that the blocking action of ergotamine on the sympathetic nerve endings impairs the kidney exactly as does denervation,[1] there is no participation by the pituitary or its neighboring structures. In gout diuresis has been shown to enhance the excretion of chlorides and minerals, and to precede and accompany the acute attacks of arthritis,[33] in metabolic craniopathy the polyuria is constant and determined by the intensity and location of the lesion in and about the pituitary body While an alteration in the metabolism of fat seems to prevail in hyperostosis frontalis interna such cannot be clearly indicated in gout Lockie[34] provoked acute attacks in gouty subjects by the excessive administration of fat, and subsequently, successful results were obtained with low-fat diets by Bartels,[35] but Bauer and Klemperer[36] could not regularly precipitate gouty seizures with high-fat diets, nor could the disease be controlled when fat was eliminated

Although it is inconceivable that gout and metabolic craniopathy can be related in spite of the common manifestations, e.g , disturbances in water and possibly fat metabolism, hypertension, hereditary and familial nature of the diseases, frequently accompanying obesity, and occasional provocation by trauma, it is of interest that other osseous diseases and endocrine dyscrasias have been associated with gout Talbott and Coombs[37] record two cases of Paget's disease coexisting with gout. Rosenberg[37] presented a victim of gout who demonstrated several endocrinopathic features, including bisexual genitalia hirsutism, obesity, undeveloped breasts, and a predominantly female personality

Summary and Conclusions

1 A case of gout coexisting with metabolic craniopathy is presented

2 A common pathogenesis is not demonstrable and the association of the two diseases is purely coincidental.

References

1 Moore M. T : Arch. Int. Med 73: 7 (1941)
2. Morgagni J B : De Sedibus et Causis Morborum Lib 2 Epistle 27 Padua, sumpt. Pemondini p. 1765.
3 Henschen, F Hygiea 98: 65 (1936).
4 Roaster P H., and Secrotan J P : Schweiz med Wchnschr 70: 994 (1940)
5 Schiff I., and Trelles J O Encéphale 26: 768 (1931)
6 Morel F L Hyperostose Frontale Interna Syndrome de l'hyperostose frontale interne avec adipose et troubles cérébraux These Geneva Chapalay & Mottier 1929
7 Moore S. Surg. Gynec & Obst. 61: 345 (1935)
8. Moore S Arch. Neurol. & Psychiat. 35: 975 (1936)
9 Moore S. Am. J Roentgenol. 35: 30 (1936)
10 Barrick L. E. and Miller, J R.: Quart. Bull., North western Univ Med School 17: 133 (1943)
11 Greig D M Edinburgh M. J : 35: 165 237 (1928)
12. Tanturri V Rassegna ital. oto-rino-laring. 2: 129 (1940)
13 Workman J : Am J Insan 15: 150 (1858)
14 Canavan M. M Arch. Neurol. & Psychiat. 38: 1240 (1937)
15. Lerl A., and Hevre J A : Arch. de méd. d. enf 31 669 (1928)
16 Yager, P N, Shelton, E. K. and Matzen W C California & West. Med 51: 384 (1939)
17 Wechsler Mental Ability Scale, Form B, Revised July, 1942 prepared by Personnel Procedures Section Plans and Training Branch, The Adjutant General s Office
18 Shipley Hartford Retreat Scale for Measuring Intellectual Impairment developed in the Research Division of the Neuropsychiatric Institute of the Hartford Retreat, Hartford Conn., 1940
19 Stewart R. M.: J Neurol. & Psychopath. 8. 321 (1927)
20 Grollman A., and Rousseau, J P : J.A.M.A. 126 213 (1944)
21 Knies P T., and LeFever H. E. Ann Int. Med. 14: 1858 (1941).
22. Hemphill R. E., and Stengel E.: J Ment. Sc. 86: 341 (1940)
*23 Bartelheimer H. J.A.M.A 107: 1372 (1939)

The author wishes to acknowledge the kind assistance of Cpl. David Keppel Ph.D for administering the psychologic tests.

organisms, undulant-fever agglutination test was normal The electrocardiogram disclosed a left-axis deviation but the characters were within normal limits

X-ray studies of the gallbladder showed that its function was normal and intravenous pyelography likewise revealed normal shadows Roentgenographic examination of the heart did not demonstrate any enlargement or unusual outline The skull revealed a moderate number of symmetrical, irregular densities, particularly well seen in the inner table of the frontal bones Extracalvarial bony changes of the mandibles, except for prognathism, were not demonstrable The left big toe showed a punched out area at the base of the first phalanx The roentgen films taken of the hands were normal Shadows of the sella turcica were with out abnormalities or defects and the pineal gland did not appear calcified

A complete neurologic examination failed to manifest any central or peripheral nerve disturbances Psychologic studies were undertaken and on the Wechsler-Bellevue scales of mental ability,[17] the patient achieved a total standard score of 63, which is equivalent to an I Q of 77 and a mental age of 10 years and 5 months These results placed the patient in the "dull-normal" category of intelligence, slightly above the borderline-feeble-minded level (the patient completed only six grades of grammar school) The scores were higher in the verbal tests than in the performance tests The Shipley-Hartford Retreat scale for measuring intellectual impairment[18] or deterioration was administered and gave the following results vocabulary raw score, 18, vocabulary mental age, 12 3, abstraction raw score, 10, abstraction mental age, 10 5, total raw score, 28, total mental age, 10 9, conceptual quotient, (C Q.) 84.*

Discussion

The outstanding manifestations of this syndrome of craniopathy are the triad of Morgagni—hyperostosis frontalis interna, obesity, and virilism[2]—and neuropsychiatric features of Stewart[19] and Morel [6] In a monograph that reviews an exhaustive investigation, Morel regarded the expressions of the disease as manifestations of endocrine, metabolic, and neuropsychiatric disturbances Additions to the literature amply serve to testify that the syndrome may reveal itself by a varied symptomatology This usually consists of the following elements calvarial hyperostosis (Moore described four types), obesity, sexual and menstrual changes in the female, gonadal deficiency in the male, hypertension, and neurologic and psychiatric aberrations For diagnostic purposes, however, it is not necessary that all of these manifestations, "with the exception of the pathognomonic roentgen findings of hyperostosis interna, be found in an individual case."[1] In this instance the obesity and internal frontal hyperostosis were the outstanding phenomena, although the family history of obesity was very suggestive It cannot be considered that the psychologic studies, as measured by the Wechsler-Bellevue scales and the Shipley-Hartford Retreat tests, pointed to an intellectual deterioration of the subject Particular attention was directed to personality changes, the emotional display and expressions that might betray depression, anxiety, drowsiness, or nervousness Tests were performed to detect muscular weakness, incoordination, and faults in gait or equilibrium, but the responses were always considered to be normal Interrogation failed to elicit complaints of fatigability, headache, diminished vision, diplopia, dizziness, defective hearing, memory loss, speech difficulties, increased desire to sleep, or narcolepsy Tenderness on pressure over the skull was not found, examination of the neurologic status failed to disclose any central or peripheral nerve defects, the ophthalmoscopic appearance of the retinal structures was normal The sex characters were of the ordinary male nature and there was no evidence of impaired gonadal function The obesity was limited to the face, neck, and the trunk, and a mild form of mammary enlargement was present The laboratory findings were consistent with those published by other authors decreased carbohydrate tolerance, varying high values for the cholesterol blood content, and normal blood calcium, phosphorus, and phosphatase determinations Although hypertension occurs more frequently than is encountered casually, it is by no means always present [20]

It is difficult to conceive that a causal relationship exists between metabolic craniopathy and gout, or that a common pathogenesis can explain the phenomena observed in both diseases It seems agreed that the brain is frequently the site of extensive changes in metabolic craniopathy, and the higher incidence of the disease in mental institutions has been the source of many contributions and numerous studies Other causative factors, however, have been suggested Knies and LeFever[2] reviewed the important causes that may evoke an osseous overgrowth in the cranium infection, injury, arteriosclerosis and senescent atrophy, and dyspituitarism Of these, the last appears to serve best as an explanation of the manifestations Morphologic alterations of the pituitary gland and its adjacent structures have been often observed [6 19 22] Constitutional and endocrinopathic states implicating an abnormal form of pituitary function in metabolic craniopathy have been frequent and impressive Bartelheimer[23] reported a case of Morgagni's syndrome accompanied by hyperglycemia and glycosuria which was resistant to insulin therapy It was concluded that an overfunction of

* According to the authors of the test 'C Q scale is based on the clinicoexperimental observation that in mild degrees of mental deterioration and in other conditions involving intellectual impairment, vocabulary is relatively unaffected, but the capacity for abstract (conceptual) thinking declines rapidly The scale consists of a vocabulary test and an abstract thinking test, and impairment is measured by the extent to which the individual's abstract thinking falls short of his vocabulary The deficit is expressed conveniently in the C Q Pathology is probably present when the C Q falls below 70 A C Q of 84 is considered only moderately suspicious In view of the tendency, however, for dull individuals to earn low quotients, little if any, importance can be attached to the slight deficit found in this case It is of interest also, that in the Wechsler-Bellevue scales the patient achieved his highest score in the test which is predominantly a measure of the ability to generalize and think abstractly The observation corroborates the negative findings, as far as intellectual impairment is concerned on the Shipley-Hartford Retreat scale The disparity between the two tests is of no clinical significance

MULTIPLE HEMORRHAGIC TELANGIECTASIS (RENDU OSLER-WEBER DISEASE)

REPORT OF 4 CASES

SAMUEL GITLOW, M.D., F.A.C.P., and HERMAN L. FROSCH, M.D., F.A.C.P., New York City

MULTIPLE hemorrhagic telangiectasis is a relatively rare condition and because of its infrequency the diagnosis is often not thought of and is therefore missed. It is for this reason that the presentation of any case should be accompanied by a short description of the condition despite the fact that it has been very adequately described by many workers, notably Rendu,[1] Osler,[2] Weber,[3] and Goldstein.[4]

Of all the names given the condition (Rendu-Osler disease, Osler's disease, Rendu-Osler-Weber disease, Weber's disease and Goldstein's disease, and Goldstein's heredofamilial angiomatosis) perhaps the best was that of Osler, telangiectasia hereditaria hemorrhagica. This name excludes the cases in which there is no hereditary background, of which there are many in the literature. It is for this reason that the name multiple hemorrhagic telangiectases is suggested. Osler's name may be reserved for those cases with a hereditary background.

The hereditary factor is a dominant one when present and as a result the condition tends to appear in all generations.[4] It may, however, be atavistic[5] and skip one or more generations. It must be remembered that like hemophilia, telangiectasia is a family taint, and therefore patients may try to avoid mentioning it (Hottenroth[6]). Heredity may also be entirely absent as in our Case 4.[3]

The lesions are perfectly evident when available for examination. They occur most commonly in the nose on the septal mucosa or over Kiesselbach's area. These are usually the earliest lesions, for in almost all cases the first symptom is usually profuse and frequent epistaxis, next in frequency the lesions are found in the mouth, on the tip and sides of the tongue, on the buccal mucosa and on the vermilion border of the lips, next comes the skin of the face, the alae of the nose the fingers, especially at the tips and under the nails, on the palms of the hands, and finally over any part of the skin, the conjunctiva, and the internal organs, such as reported in the stomach, intestines urinary bladder, lungs, brain uterus, and most likely the liver.

The disease usually starts with epistaxis in early adult life but may even start in infancy. Later usually in the fourth or fifth decade, there is a spread of the lesions to the various locations especially on the skin and mucosae and the bleedings increase in severity and frequency. Despite the many episodes of severe hemorrhage with the resultant anemia, patients seldom die of hemorrhage (said to be less than 4 per cent by Houser).[9] Death usually occurs from exhaustion or intercurrent disease.

The lesions vary very much in size, from a pinpoint to 1 cm. or more.[2] They are usually slightly raised in the center and look like a small angioma, which they may indeed be. Other lesions are perfectly flat and look like a purpuric spot but on closer examination are seen to consist of dilated vessels which usually arise from a central point which often is the raised center described above. There are also lesions which look like spider petechiae or nevi, venectases, and real hemorrhagic angiomata (called angiomatosus hereditaria hemorrhagica by Ullmann).[10] Lesions sometimes recede and disappear. Perhaps angiomatosus retinae, or Hippel-Lindau disease, is related.

For diagnosis one has the lesions, the normal blood findings, except for the anemia, the repeated hemorrhages, and often the hereditary history. This forms the triad mentioned by Larrabee and Littman,[8] viz. (1) heredity, (2) visible telangiectases with pathologic distribution, (3) tendency for the lesions to bleed.

The condition has to be differentiated from hemophilia, purpura hemorrhagica, and the blood dyscrasias. This is not difficult, for they all have abnormal blood findings, viz. for hemophilia the family history of transmission through the female line to males and the prolonged coagulation time, for purpura hemorrhagica the diminished blood platelets, the prolonged bleeding time, and defective clot retraction, and for the blood dyscrasias their individual cell counts, cell difference from normal and bone-marrow findings.

Pathologically the lesions consist of dilated capillaries, both veins and arteries. The walls of the vessels are very thin, often consisting of only a single layer of endothelium covered by a very thin epidermis (Hanes,[12] Steiner[13]). There is only a single stratum of connective tissue interspersed between the vessel coils (Sterman and Seal).[14] The papillae and undulations of the stratum germinativum are obliterated. The muscular and elastic layers of the vessel walls are conspicuously deficient. There are also connective tissue changes in the skin (Pardo-Castello and Farinas).[15]

Pathogenetically the defect in the vessels is thought to be developmental in the vessel wall and the mesenchyme of the skin (Rosenthal and Unna).[16] Curtus[17] considered the condition a status varicosus. Gottron[18] considered it an alteration of the vessel nervous system (vasomotor) which results in altered circulation.

The color of the lesions is due to the blood circulating in the vessels, because Storey and Akamatsu[19] removed a finger lesion which was purple before but blanched after removal.

Capillaroscopy by Cañas in the article by Castello and Farinas[15] (Frank and Bindseil[20] Memmesheimer[21]), shows widening of the finest venules and capillaries at the periphery with an aneurysmal dilatation at the center like a coiling of the smallest vessels. The dilated vessels lie so close together that they look like a single vessel convolution. These changes extend to a distance below the papillary layer of the skin. The lesions are well defined from the environment.

Bleeding from the lesions results from the slightest trauma or even without any evident provocation Epistaxis may follow blowing the nose, sneezing, or coughing, or only change in weather Bleeding from involved organs may occur at any time The hemorrhage is usually severe and very difficult to stop even if accessible, as in the nose

The treatments used for epistaxis have been cautery, radiation, septum resection in the nose, and tying off the ethmoidal vessels

The course is chronic and, as stated, starts with frequently recurring epistaxis which becomes more severe with time Later organ bleedings may occur Patients usually live a fairly long life but may die of exhaustion from frequent anemia or of an intercurrent disease

The prognosis is poor as to cure but fair as to recovery from any episode The use of moccasin snake venom as a preventive measure has been stressed by Peck and Rosenthal [22] This is supposed to alter the endothelial permeability of the vessels and so prevent bleedings They report 3 cases successfully managed by this regime

Report of Cases

Case 1—J D, aged 40, was first admitted to Morrisania Hospital on October 24, 1931, having been referred from the New York Post-Graduate Hospital His chief complaint was extreme weakness, tarry stools, pain in the epigastrium, and sinus trouble The diagnosis was peptic ulcer His brother had died of a heart condition The rest of the family history was negative He had lost 20 pounds in the past year He was a moderate drinker but did not smoke He may have had rheumatic fever Tonsillectomy and adenoidectomy were done in 1918 He had a gonorrheal infection in 1910 but gave no history of syphilis He was dyspneic and had palpitation on slight exertion but no cough or hemoptysis Bloody stools had been present for the past two years

One week before admission the patient had epigastric pain and nausea but no vomiting He passed blood in the stool and became very weak

On physical examination at this time the patient was very pale, pulse was 100, and several tarry and wine-colored stools were seen There was some tenderness and rigidity in the epigastrium The liver was moderately enlarged The blood pressure was 120/80 Physical examination was otherwise essentially negative Diagnosis was bleeding peptic ulcer

Course On October 30 the patient bled slightly from the gums At this time a few petechiae were found on the vermilion border of both lips These did not have white centers The liver was enlarged On November 1 the pulse was 80, and the blood pressure 90/30 A tourniquet test was negative On October 30 x-ray of the chest was negative The hemoglobin was 75 per cent, red blood cells, 3,190,000, white blood cells, 4,850, with polymorphonuclear cells, 61 per cent, lymphocytes, 2 per cent, and monocytes, 2 per cent Platelets were somewhat low—65,000 The clotting time was one and a half minutes The red cell fragility in saline solution showed hemolysis to start at 0 38 per cent and to be complete at 0 32 per cent Occult blood was persistently present in the stool Later counts of platelets showed them to be present in normal numbers up to 300,000 His temperature was between 100 and 103 F for the first week and then normal He was given daily transfusion of 500 cc of blood and by November 12 his hemoglobin was 78 per cent and red cells 5,100,000 He was discharged much improved.

He was readmitted on February 22, 1936 He had attended the Morrisania Dispensary Cardiac Clinic for nine months because of precordial pain Four days before admission he had a severe attack of precordial pain with nausea, vomiting, and perspiration Two weeks before this he had become cyanotic and was treated in the emergency clinic for epistaxis

He was now acutely ill and had cyanosis of the face and fingers His pulse was 120 and his temperature 102 4 F There was a systolic murmur over the aortic area His blood pressure was 124/60 There were rales throughout both lung fields, with more at the bases

Between the last admission and this one the patient had had frequent epistaxis, for which he was admitted to Lincoln Hospital two years ago

On February 23 he had epistaxis On February 26 his heart was found enlarged to the left and downward There was diffuse pulsation at the apex. There was a systolic murmur over the mitral area and a rougher one over the pulmonic area. The second pulmonic sound was accentuated There was venous engorgement in the neck A pericardial friction rub was also heard. This disappeared by March 7 Now a family history of spontaneous bleeding was obtained in the following relatives mother, brother, niece, and sons

He had frequent nosebleeds and during his stay his left knee and wrist were swollen for a week The tourniquet test was again negative Bleeding time was eight minutes and two and a half minutes, coagulation time seven minutes Platelets numbered 250,000

The electrocardiograph and Wassermann were negative Urea nitrogen in the blood was 17 mg per 100 cc

X-ray and fluoroscopy of the chest showed left ventricular enlargement and the cardiac configuration of hypertensive and aortic disease

Blood pressure ranged from 104 to 140 mm of mercury systolic and 60 to 74 diastolic

The urine was negative

The temperature was irregularly remittent from 100 to 104 F the first week, 100 to 101 the second, 99 to 101 the third, and then gradually declined to normal His pulse was 100 to 120

He was discharged improved

The third admission was on June 2, 1936, when he reported tarry stools On May 29 he had had epistaxis which persisted until admission Physical examination was as before Findings were about the same except that there was stippling of the red blood cells suggesting lead poisoning The urine showed 0 48 mg of lead per liter (normal 0 3–0 38) but there was no clinical evidence of lead poisoning It has been stated that unless lead reaches a concentration of 0 1 mg per 100 cc in the urine there is no clinical lead poisoning

The nose and throat department found some ulcerations on the right septum of the nose

The patient was discharged improved on August 7, 1936 He was again admitted on December 2, 1937, because of tarry stools The positive findings this time were (1) secondary anemia, (2) rough systolic murmur at apex, (3) liver 3 cm below the costal margin, spleen not felt, and (4) external hemorrhage

Gastric analysis at this time showed free hydrochloric acid, 80 points at two hours. The stools were tarry

Nose examination revealed a bleeding spot 2 cm posteriorly on the left side of the septum. This was cauterized with chromic acid by Dr G B Gilmore.

A sugar-tolerance test was done, using 100 Gm of dextrose as the dose Fasting blood sugar was 80, one half hour after the dextrose it was 125, one hour after, 95 two hours after 105, three hours after, 85, and four hours after 70 Thus, while the curve was low it was otherwise normal.

Gastrointestinal x rays were done on December 31, 1937 and January 3 1938 Both series were negative X-ray of the chest showed congestive changes in the mesial half of both lung fields

He was discharged, improved, on January 28, 1938.

On February 1, 1938 he was admitted for persistent epistaxis. The bleeding point on the septum was cauterized and he was discharged on February 5, improved

His sixth admission was on December 22, 1938 for anemia. This time he had cyanosis of the lips and nose. There were scattered fine petechiae over the hard palate The heart was enlarged to the left. The sounds were of good quality There was a soft systolic murmur at the heart apex. The liver reached one fingerbreadth below the free costal margin. The spleen was felt only on deep inspiration.

The Rumpel-Leeds (tourniquet) test was again negative. The nasal examination showed a very prominent vein on the septum

A section of bone marrow showed normal cellularity with a preponderance of granulocytes. Megakaryocytes were seen. The marrow was not significant in differential count otherwise nor in type of cells.

The stool showed occult blood There was anemia. The platelets numbered 185,000

He was discharged on January 27 1939, and was admitted again on August 17, 1940 for tarry stools and anemia. He was given transfusion several times. He developed pneumonia while in the hospital and was given sulfadiazine. X ray confirmed the diagnosis

All blood findings were normal except the hemoglobin, which was 32 per cent The sternal marrow this time was markedly erythroblastic. The fragility test showed beginning hemolysis at 0 42 per cent saline complete at 0 28 per cent Vitamin-C excretion was found to be 26 mg. in twenty-four hours. The icterus index was 7 0, urobilinogen in the urine was positive in 1 10 and 1:20 dilution

On August 29 he gave the following history his mother, two brothers, a daughter, a grandchild, a nephew, and a niece had similar hemorrhagic manifestations. His mother had telangiectasia, secondary anemia multiple lipomata, epistaxis, and possibly cirrhosis of the liver

The electrocardiograph showed left-axis deviation and a pulse-respiration interval of 0 18 to 0 22 second The prothrombin time was 80 per cent of normal He was discharged, improved December 4, 1940

His last admission was on February 11, 1941, and he was discharged on March 31, 1941

Comment This is a patient with telangiectasia hereditaria hemorrhagia who has all the evidence for a diagnosis (*1*) frequent severe epistaxes, (*2*) typical lesions, (*3*) hereditary history He also had gastrointestinal hemorrhages.

Case 2—I M , a man aged 61, was admitted to Lebanon Hospital, on the service of Dr H L. Frosch, on June 24, 1942 He expired the next day This patient had had nasal hemorrhages for the past twenty years. His previous history was otherwise negative For several days he had had cough, fever, dizziness malaise and weakness

On physical examination he was found to be obese, short necked, deep chested, and very anemic. Small telangiectatic spots were seen over the face and other parts of the body, the conjunctivae were pale. There was some dullness and diminished breathing over the right base and rhonchi over the entire chest The heart was negative The liver was felt two fingersbreadth below the right costal margin. The spleen was not felt. There was marked pretibial and sacral edema. The diagnosis at the time was telangiectasia and bronchopneumonia. Temperature upon admission was 103 F and rose to 104.

Course He was given a blood transfusion on the day of admission, digitalis, morphine, and an oxygen tent. The patient bled from both nostrils the next day He was foaming at the mouth from pulmonary edema. Respirations were 10 per minute and the pulse was 108 to 112 full and bounding Another transfusion was given this day at 10 30 A.M., but he expired at 11 30 A.M.

Laboratory findings showed a hemoglobin of 28 per cent before transfusion and 43 per cent after, with red blood cells, 2,760 000, and white blood cells, 20,800 The blood morphologically showed marked achromia, anisocytosis poikilocytosis and very numerous platelets. There were no abnormal cells. The final diagnosis was telangiectasia, bronchopneumonia, and secondary anemia.

A postmortem was done by Dr Joseph C Ehrlich, pathologist at Lebanon Hospital There was marked pitting edema of the extremities There were no petechiae. Over the face, mostly on both cheeks near the temporal areas, there were small nodules varying in size from a few mm to 1 cm. in diameter They were blue to bluish red in color and were somewhat elevated These nodules were surrounded by dilated vessels in spider-like arrangement Dilated skin vessels ran perpendicularly down from the corners of the mouth to the mandibular region. There were similar nodules on the lips tongue and nasal mucosa. There was an ulceration on the left side of the nasal septum which was the site of the epistaxis There were varicosities of the lower part of both legs and a few small veins a few mm in diameter on the chest.

The abdomen showed adhesions between the diaphragm spleen, and liver There was bilateral inguinal herniae.

There were dense old adhesions over both lungs and between both lungs and the diaphragm

The heart weighed 675 Gm There was a patent foramen ovale. The myocardium of the right ventricle showed fatty infiltration The coronary arteries were moderately sclerotic but their lumina were not narrowed The aorta showed many yellow sclerotic plaques

The lungs weighed 2,000 Gm. There were old adhesions all over the right upper and lower lobes. They were hypocrepitant and voluminous. On section the upper lobe was consolidated and somewhat gray The rest of the lungs were grayish-red.

The liver weighed 2 100 Gm. It was adherent to the diaphragm. There were small yellowish spots irregularly scattered over the liver The color was

grayish-brown On section the architecture was normal

There was no gross telangiectasis in the larynx or trachea

The spleen weighed 600 Gm Its capsule was adherent to the diaphragm On section the spleen appeared very soft The knife scraped a large amount of pulp The splenic architecture could not be distinguished because of softness The cut surface was dark red

There were no telangiectases in the esophagus, stomach, or intestines There was a small pedunculated polyp in the sigmoid

Pathologic Diagnosis The cause of death was exsanguination and toxic infections, and possibly sepsis There was congenital familial telangiectasia of the face, lips, tongue, and nasal mucosa, bronchopneumonia of the right upper and lower lobes, old pleural adhesions, pulmonary congestion and edema, anemia, patent foramen ovale, fatty infiltration of the myocardium, sclerosis of the aorta, acute infectious splenitis, chronic perisplenitis, congestive and fatty changes in the liver (septic), fatty infiltration of the pancreas, slight arterio- and arteriolosclerosis of the kidneys, inguinal herniae, and bilateral hydrocele

Comment The history of epistaxis with lesions as stated and heredity leads to the diagnosis of telangiectasia The coronary sclerosis resulted in severe episodes of left ventricular failure The edema of back and legs was probably due to hypoproteinemia

Case 3—W F, a 59-year-old woman, was admitted to the Morrisania City Hospital for the first time on November 27, 1941 and discharged the same day because she refused to stay She came because of severe epistaxis for seven hours, giving a history of similar episodes for thirty years She had been given transfusion recently Her daughter suffers from the same condition On physical examination telangiectases were noted on the posterior portion of the dorsum of the tongue, the nasal septum, the trunk, and upper extremities

The ear, nose, and throat consultant stated that the patient had multiple small telangiectatic spots on both sides of the nasal cartilaginous septum, the lips, and the tongue

The diagnosis at this time was familial multiple telangiectasia

She was again seen with epistaxis on December 1, 1941 The bleeding was controlled and she refused to stay

The next admission was again for nosebleed on August 11, 1942 This was controlled and she was discharged on August 13, 1942 Her condition was good The Wassermann test was negative, her blood pressure was 130/66 Red blood cells numbered 4,300,000

She was again in the hospital from October 20, 1942 to November 1, 1942 The only positive finding was an increased blood pressure of 160/100

The next admission was for epistaxis January 1, 1943 She had apparently lost considerable blood A transfusion of 300 cc of whole blood was given, followed by a severe reaction

She had the following stays in the hospital April 22, 1943 to April 28, June 7, 1943 to June 11, 1943, August 24 to September 4, 1943 Her blood was found to be Rh positive and 250 cc of whole blood was given, December 24, 1943 to January 5, 1944—the hemoglobin was 58 per cent, and 300 cc of whole blood was given, followed by chill and fever to 102 F, February 5 to February 20, 1944—500 cc of whole blood was given, with a mild reaction March 19, 1944 to March 29, 1944—hemoglobin, 66 per cent, April 14, 1944 to April 25, 1944—the liver could be felt two fingersbreadth below the free costal margin and the spleen was questionably enlarged, April 26 to May 5, 1944—hemoglobin, 55 per cent, red blood count 2,800,000, white blood count, 4,000, platelets, 100,000, bleeding time one half minute, coagulating time five minutes, differential polymorphonuclears 59 per cent, lymphocytes 41 per cent, the red blood cells were hyperchromic, moderately microcytic and macrocytic, there was slight poikilocytosis and polychromatophilia, transfusion was given, followed by a severe reaction with fever up to 104 F, July 11, 1944 to July 23, 1944 for mild epistaxis readily controlled by packing

The last admission was September 17, 1944. At this time the tumor clinic consultant stated that radiation therapy is of no value in hereditary telangiectasia She was discharged September 24, 1944

In July, 1942 the patient received a full course of moccasin-snake-venom therapy which seemed to be of no avail At that time the hemoglobin was 75 per cent, red blood cells, 4,000,000, white blood cells, 6,200, polymorphonuclears, 58 per cent, lymphocytes, 28 per cent, eosinophiles, 7 per cent, basophiles, 1 per cent, nonsegmented leukocytes, 6 per cent Platelets were 200,000, reticulocytes, 0 5 per cent, bleeding time, one minute, coagulation time, fifteen minutes, clot retraction, one and a half hours The urine was negative, with a specific gravity of 1 010 to 1 014.

Comment This is a woman with telangiectasia in which no complete heredity is evident except that her daughter has the condition

Case 4—Mrs B M, a widow aged 68, was admitted to Lebanon Hospital, on the service of Dr S Gitlow, on April 11, 1943 for severe hematemesis She had been at Lebanon Hospital in 1942, on the service of Dr Benjamin Sherwin, for the same complaint and twice later to the Westchester Square Hospital

She had also been to the Crown Point Hospital, in Brooklyn. On most or all of these occasions x-rays of the gastrointestinal tract were taken and they were entirely negative At Lebanon Hospital on the previous admission the final diagnosis was gastric hemorrhage of unknown origin As far as we could determine, no other diagnosis had been made except a tentative one of gastric malignancy There was no significant past history No epistaxis had occurred either recently or in early life The family history was also entirely negative for any hemorrhagic tendency

On physical examination the patient was found to be obese and, although very anemic, was not emaciated even at death The face was covered with larger and smaller purpuric-like reddish to purple spots, some with slightly raised centers Similar spots were found on the volar surfaces of the forearms, on the abdomen, palms of hands and soles of feet, under the fingernails, tips of fingers, on nasal mucosa, buccal and palate mucosae, sides of tongue, vermilion border of both lips, lower lid conjuctiva, and later on the bulbar conjuctiva The accessible lesions blanched on pressure and were therefore not purpuric. There was a soft systolic murmur at the cardiac apex. The liver and spleen were not felt

On further questioning the patient stated that the spots had begun to appear three years before and had increased in number one year before this

At first the impression was that the patient had a malignant lesion of the stomach and some form

of capillary disease This was finally narrowed down to multiple telangiectasia with probable bleeding lesions in the esophagus or stomach or both causing hematemesis.

The course in the hospital was stormy She had numerous hematemeses with well intervals, and developed bronchopneumonia and an upper respiratory infection, from which she recovered. She developed a marked aversion for food which she ate sparingly, and as often as not vomited what she ate

For treatment she received a number of transfusions, liver extract and iron, and a bland diet One transfusion was made into the tibial marrow, all were done by Dr H L Frosch. The veins were exceedingly small about the elbow and had to be cut down upon in order to be entered

In the last few weeks the patient developed a massive edema which was considered to be nutritional. Her blood had a protein level of 4.7

The rest of the laboratory findings were consistent with the diagnosis of multiple telangiectasia. The blood showed a secondary anemia. A specimen of vomitus contained free hydrochloric acid The blood showed an eosinophilia of 5 to 11 per cent, which was explained by the liver treatment The bleeding and coagulation time were both normal ruling out hemophilia and thrombocytopenic purpura. Urine and blood chemistry except for hypoproteinemia, were normal Temperature was generally normal The tourniquet test was negative.

An interesting observation was that the intensity of color of the lesions varied with the grade of anemia.

Comment We have a patient with multiple telangiectatic lesions, only one of which visibly bled (on the lip) but not excessively She had numerous severe hematemeses over a period of about two years. The period between her hemorrhages became shorter and shorter She finally died of anemia and exhaustion. X-ray studies of the gastrointestinal tract on at least three occasions were entirely negative. May we not, therefore, assume that the patient bled from telangiectatic lesions in the stomach or esophagus? Of course, malignancy on the posterior wall of the stomach and not demonstrable by the x-ray cannot be ruled out entirely but is rather unlikely Unfortunately, no gastroscopic study could be made, for Renshaw[23] in 1939 was able to visualize such lesions in this way

Our patient, Case 1, also had blood in the stools for several years. In this case all the criteria for telangiectasia hemorrhagica hereditaria were present. In this case there was a cardiac complication and the liver was enlarged, although it is not clear whether this was part of the cardiac decompensation or chronic passive congestion. However, the bleeding in this case may have been either from esophageal varices or from severe congestive changes in the bowel. The liver may, on the other hand, have been the seat of telangiectatic changes or cirrhosis[14–18] with the secondary changes described. These changes also suggested a strain on the reticuloendothelial system.[17] This case does not conform to Case 4, in which there was no hepatic or cardiac involvement.

Goldstein[25] reviewed the literature of obscure gastric bleeding. There are numerous cases of telangiectasia with gastrointestinal bleeding in the literature.[22] Griggs and Baker,[26] in 1941, reported 3 such cases from the Los Angeles Hospital Osler had 3 cases in his original series of cases.

There are several reports in the literature of the association of cirrhosis or involvement of the liver in telangiectatic disease.[1,19,21,22] Of course there are the vascular nevi found in cirrhosis of the liver which are an expression of collateral circulation due to obstruction of the portal circulation These are, however secondary to the hepatic disease. In these cases there may be a special form of hepatic involvement due to either the hematopoietic stress[28] from frequent bleeding or actual telangiectatic or hemangiomatous involvement of the liver In such cases hematemesis may be due to rupture of esophageal varices. In Case 4 there was no evidence of hepatic involvement There was no hepatic or splenic enlargement, no jaundice and no ascites. It was felt that the low blood protein was due to lack of food, for the patient had eaten very little for at least six months An attempt to raise the blood proteins by amino acid concentrates was unsuccessful

In addition, the veins above the elbow were extremely fine They were no wider than a thin intravenous needle This indicated some dysplasia of the vessels, which fits in with this theory of the pathogenesis of the lesions.

Summary

Four cases of multiple hemorrhagic telangiectasia are presented They all had the characteristic visible lesions. Two patients bled from the gastrointestinal tract. Three of the cases had all the criteria for diagnosis of the condition, viz. (1) visible lesions, (2) epistaxis, and (3) heredity The other had visible lesions, no heredity, and no epistaxis. Case 2 was observed only a short time but autopsy confirmed the diagnosis.

Multiple hemorrhagic telangiectasia is a relatively rare disease. The condition must be thought of in any hemorrhagic disease for lesions may bleed externally or internally Usually the diagnosis is reached by the history of epistaxis of severe nature, visible lesions, hereditary history, and negative findings for the blood dyscrasias.

Patients rarely die of their hemorrhagic episodes. In our cases none did so Two of the patients are still alive, one died of pneumonia with pulmonary edema, and one of anemia, exhaustion, and infection.

The color of the lesions varies with the grade of anemia.

1882 Grand Concourse, Bronx

References

1 Rendu Bull. et mém. Soc méd [illegible] 3s. 731 (Oct. 23) 1896.

2 Osler William Bull. Johns Hopkins [illegible] (Nov.) 1901 18. 401 (Oct.) 1907; [illegible] (Oct.) 1907

3 Weber, Frederick Parkes; Dibbin [illegible] 346 (April) 1904; Lancet 2: 160 (July 2) [illegible] Soc. Med. 1: 43. 55 (1907–1908); Brit. [illegible] (July–Sept.) 1924

4 Goldstein Hyman L.; Arch. [illegible] (Jan.) 1921; J. Am. Soc. New York [illegible] Internat. Clin. 3: 148 (Sept.) 1921; Arch. Int. Med. 48. 836 (Nov. [illegible] 283 (Aug.) 1932 and Goldstein, B. [illegible] (Nov.) 1930.

5. Larrabee, R. C., and Hixon, [illegible] Med. 207: 1177 (Dec. 20) 1922.

6 Fitz Hugh T. Jr. [illegible] 1923 181: 261 (Sept.) 1931

7 Hottenroth, Hans [illegible] 582 (March) 1939

8. Figi, Frederick A., and [illegible] Laryngol. A. 64: 64 (Jan. [illegible] 52: 330 (June) 1943.

9 Houser, Karl Musser Ann Otol, Rhin & Laryng 43 731 (Sept) 1934
10 Ullmann, K. Wien klin Wchnschr 43 1538 (Dec 11) 1930, Monatschr f Ohrenh 65 1147 (Oct) 1931
11 McGovern, Francis H Am J Ophth 26 (Feb) 1943
12 Hanes, F M Bull Johns Hopkins Hosp 20 63 (March) 1909
13 Steiner W R Arch Int Med 19 194 (Feb) 1917
14 Sterman, Max M, and Seal, J Coleman New York State J Med 37 287 (Feb 1) 1937
15 Pardo-Castello V, and Farinas, E Pastor Arch Dermat. & Syph 39 1025 (June) 1939
16 Rosenthal, F, and Unna, P Klin Wchnschr 12 865 (June 3) 1933
17 Curtius, Friedrich Klin Wchnschr, 7 2141 (Nov 4) 1928, Deutsches Arch f klin Med 162 214, 330 (Dec) 1928
18 Gottron, H Med Klin 32 1660 (Dec 4), 1936, Arzt-Zieler, Vol 2, Berlin and Wien, Urban and Schwartzenberg 1934, p 60
19 Storey, W Edward, and Akamatsu, G Taro South M J 34 934 (Sept) 1941
20 Franke, H, and Bindseil, W Deutsche med Wchnschr 67 1012 (Sept 19) 1941
21 Memmesheimer, A M Dermat Ztschr 53 399 (April) 1928
22 Peck, Samuel M, and Rosenthal, Nathan J A M A 104 1066 (March 30) 1935
23 Renshaw, John F Cleveland Clin Quart 6 226 (July) 1939
24 Harding, Gosta Acta med Scandinav 106 352 (March 3) 1941
25 Seyffarth, O, and Rooschuz Hals,-Nasen-u Ohrenarzt 30 1 (March) 1939
26 Čičovački, Danilo, and Stöger, Richard Wien klin Wchnschr 52 708 (July 28) 1939
27 Smith, A Hayes Clin J 69 120 (May) 1940
28 Goldstein, Hyman I M Rec 146 530 (Dec 15) 1937
29 Boston, L Napoleon M Times 58 68 (March) 1930, Am J M Sc. 180 790 (Dec) 1930
30 Griggs Donald E, and Baker, Marshall Q Am J Digest Dis & Nutrition 8 344 (Sept) 1941

TROPICAL DISEASES IN THE UNITED STATES

Some diseases supposed to be peculiar to the tropics occur in parts of the United States Once a disease is detected in an apparently new environment, it is apt to be encountered more frequently thereafter

Few physicians were at one time aware of the prevalence of pellagra in the United States In the early 1900's Babcock, at that time medical superintendent of the South Carolina State Hospital for the Insane, while visiting in Italy, familiarized himself with the clinical aspects of pellagra He was convinced that the disease prevailed in the insane-hospital population group of his native state, and he verified this impression His observations attracted the attention of other psychiatrists concerned with the institutional care of the insane, eventually pellagra, especially in the Southern states became widely recognized

In 1909 the Rockefeller Commission, headed by Stiles, made a county-by-county survey of a number of Southern states and discovered the presence of uncinariasis in a large percentage of the native poor In 1920 Symmers and Frost[1] first described granuloma inguinale in two native-born American Negros in Bellevue Hospital, neither of whom had ever been outside the United States Within a few years the disease had been recognized in practically every state in the Union Much the same statement applies to lymphogranuloma venereum, which was once regarded as strictly a tropical malady, whereas it is now known to be common in the United States, especially among the colored population

Parsons and Zarafonetis[2] have recently pointed out that "histoplasmosis for many years was believed to be a rare tropical disease" but that "during the past decade the disease has been found widespread in the United States " They recorded 9 cases originating in Michigan between November, 1938 and December, 1940 The disease has also been observed in Minnesota, California, Iowa, Tennessee, Ohio, Missouri, Mississippi, Maryland, Virginia, Kentucky, Florida, Indiana, Alabama, Texas, Illinois, Washington, D C, Oklahoma, Louisiana, New York, and North Carolina In view of the fact that histoplasmosis may be easily overlooked or misinterpreted, it is within the range of probability that it is even commoner than at present suspected

Only 9 cases of chromomycosis have thus far been recorded in this country In nearby Cuba, on the other hand, Pardo-Costello encountered 20 histologically proved cases in a period of two and one-half years and the disease is correspondingly common in Brazil and Puerto Rico Many American dermatologists believe that it occurs more frequently in this country than published reports indicate and that it is often overlooked

Among other tropical diseases to be reckoned with in the United States are typhus, schistosomiasis, cutaneous and visceral leishmaniasis, pinta, onchocerciasis, ancylostomiasis, maduromycosis, yaws, and some of the numerous helminthiases These and probably others will be imported in greater or less numbers not only by returning military personnel but as a result of augmented travel by air Of those just named, pinta and onchocerciasis are endemic in Mexico and Central America to the extent of many thousands of cases and are thus perilously close to the Texas border, while the others are none too far removed Onchocerciasis, which is transmitted by a species of fly that infests some of the Western states, is said to display a distinct tendency to migrate northward (Johnstone and Larsen)

Tropical diseases threaten the health of the people of the United States sufficiently to warrant systematic efforts to identify and control them American schools of medicine should provide adequate and required instruction in tropical diseases In various seaports laboratories for the routine diagnosis and scientific investigation of these diseases, such as has been recently inaugurated by the Department of Health of the City of New York, should be established Among other cities, Charleston, San Francisco, Baltimore, and New Orleans would be admirable sites for the location of such laboratories, since, among other advantages, each of these cities would provide collaboration with existing medical schools Doubtless, also, steamship companies and air lines that are engaged in the tropical trade would embrace the opportunity to participate in programs of this sort The United Fruit Company for many years has given commendable attention to the problems in question —*J A M A, Dec 8, 1945*

[1] Symmers Douglas and Frost A D J A M A 74 1304 (May 8) 1920

[2] Parsons, R J, and Zarafonetis, C J D Arch Int Med 75 (Jan 1) 1945

RECOVERY OF A PATIENT WITH AGRANULOCYTOSIS BY THE ADMINISTRATION OF BLOOD FROM A FEBRILE DONOR

WARREN H ELLER, M.D., Sayville, New York

(From the Southside Hospital)

THE patient, a woman, T N, aged 50 years, was first seen on the morning of April 8, 1944.

She complained of a sore throat and painful swallowing which had started twenty four hours previously Her past history was irrelevant to the present illness.

The physical examination revealed a well nourished woman breathing stertorously The temperature was 103 F, the pulse 120 and regular in rhythm, respirations 24 Throat examination showed both tonsils to be greatly enlarged the mucous membrane was edamatous and brilliant red. Her lungs were resonant on percussion On auscultation, only normal bronchovesicular breath sounds were heard Her heart was not enlarged, there were no murmurs. Blood pressure was 140/80 The remainder of the examination was irrelevant.

Sulfadiazine was administered in the accepted weight-grain dosage Fluids were to be forced and hot saline irrigations of the throat instituted.

After forty-eight hours, her condition was unchanged Examination of her throat showed no improvement of the tonsils. The mucous membrane of the pharynx was parched, with an adherent glistening white membrane over it Her temperature was 105 F The pulse rate was 140 and irregular Apex examination revealed *the same irregularity* The blood pressure had dropped to 120/74 She was irrational

The patient was hospitalized that afternoon Her white cell count showed only 1,950 leukocytes with a differential of 95 per cent small mononuclears, 2 per cent basophiles, and 3 per cent large monocytes. The hemoglobin was 74 per cent and erythrocytes were 3,740,000

With the diagnoses of agranulocytosis and auricular fibrillation made, digitalization was started, also pentosenucleotide K 96, which was administered daily as follows 0 7 Gm in 100 cc. of normal saline solution intravenously and 0 7 Gm in 10 cc. of normal saline solution intramuscularly The patient received an indirect transfusion of 500 cc. of citrated blood Sulfadiazine was stopped.

On the fourth day, her throat was very parched. Many very moist rales could be heard in the bases of both lungs. Her heart was still fibrillating The temperature had risen to 106 F Throat culture showed a light growth of staphylococcus and streptococcus.

A consultant the next day concurred with the diagnoses of agranulocytopenia, hypostatic pneumonia, and auricular fibrillation His recommendations were as follows (1) stop digitalis instead, use strophanthus 0.25 mg intravenously twice daily, (2) transfuse with blood taken from a febrile donor, (3) continue the pentose nucleotide K 96

The patient was cross-matched with three donors Ten cc. of lactogen was administered to the first donor intramuscularly at 8:30 the next morning Five hundred cc. of the donor's blood was taken at 4.30 P M and administered by the indirect method. This was repeated three days later

The second day after strophanthus was started, the patient's pulse had dropped to 100 but was still irregular The temperature was 102 F The third day the pulse was 80 and regular, as was the apex beat

That day her temperature did not rise above 101 F Her leukocyte count was 6 650 cells with 43 per cent polymorphonuclears and 58 per cent small lymphocytes.

The day following the second febrile blood donation her general condition was greatly improved The mucous membrane of the throat was moist and pale there was no evidence of the white membrane Her temperature did not rise above 99 F The pulse rate was 80 and of regular rhythm. The rales in the bases of her lungs were all gone. The blood count on the same day was erythrocytes, 4 410 000, hemoglobin 92 per cent, color index, 1 0, leukocytes, 8,700 with a differential count of 73 per cent polymorphonuclears, 3 per cent stabs, 3 per cent basophiles and 27 per cent mononuclears.

Her condition continued to improve so that on her discharge ten days later her complete blood count was erythrocytes, 4,840,000, hemoglobin 95 per cent, color index, 0 9, leukocytes, 0 950, with a differential count of 72 per cent polymorphonuclears, 3 per cent stabs, 24 per cent small mononuclears, 3 per cent eosinophiles, and 1 per cent basophiles.

Conclusions

This case clearly demonstrates the value of Strophanthus in auricular fibrillation and the definite value of blood taken from a febrile donor for transfusion to accelerate the production of polymorphonuclear leukocytes in the recovery from agranulocytosis. This represents but a single spectacular recovery

---

MOXON MEDAL GIVEN TO FLEMING FOR PENICILLIN WORK

The Royal College of Physicians has awarded the Moxon medal to Sir Alexander Fleming discoverer of penicillin, for his work on the drug.

The Weber Parkes prize and medal were awarded in absentia to Dr Eugene L. Opie, professor of pathology of Cornell University, for his work on the pathogenesis of pulmonary tuberculosis.—*N Y Herald Tribune, Oct 19, 1945*

CLINICOPATHOLOGIC CONFERENCES

FOURTH MEDICAL DIVISION OF BELLEVUE HOSPITAL

Date January 7, 1946

Conducted by Dr Max Trubek and Dr Shirley Schmones-Wallach

Present Illness—The patient, A M, a 67-year-old white man, was admitted to Bellevue Hospital on October 13, 1945 A few months prior to admission the patient began to note progressive weight loss, nausea, anorexia and occasional vomiting, and constipation, he did not have a bowel movement or results with enemas for the four days prior to hospitalization About three to four weeks before admission, while performing a sedentary task, the patient experienced severe excruciating occipital headache The next day he noted weakness of the left arm with impaired function The condition progressed so that he lost the function of his left leg, then of the right leg, and finally he lost bladder control, although he had dribbling and dysuria, he never had hematuria or pyuria A few days after the occipital headache, the patient noted a severe pain across his lower chest, he experienced difficulty in breathing at this time At 4 00 P M, on the day of admission, while being carried down the stairs of his home, the patient suddenly developed severe pain along the lower ribs bilaterally, the pain radiated up to the midclavicular regions, shoulders, and intrascapular area The pain was excruciating and the patient became weak and perspired profusely His physican gave him 1/4 grain of morphine at that time, and sent the patient into the hospital

Past History—The patient had been a known cardiac for forty-six years and had been turned down by insurance companies for this period of time The Veterans Administration had declared him 75 per cent disabled The patient gave a vague history of rheumatic fever in previous years The only cardiac symptomatology had consisted of episodes of palpitations and rapid heart action for many years and 1 plus ankle edema for four years

Physical Examination—This revealed an apparently chronically and acutely ill man His temperature was 99 F, pulse, 120, respirations, 20, blood pressure, 128/70 There was evidence of recent weight loss There was no generalized lymphadenopathy, and no Virchow nodes, nor nuchal resistance The pupils reacted symmetrically The tongue was thick, dry, furred, and brown There was no tracheal fixation The lungs were clear anteriorly The heart was enlarged to the left, there was regular sinus tachycardia No thrills were noted A harsh musical systolic murmur was heard over the entire precordium There was a question of a short apical presystolic murmur, however, tachycardia precluded its exact valuation A short, rough diastolic murmur was also heard in the first left interspace Heart sounds were of poor quality P_2 and the auricular second sound were inaudible Ml was not accentuated The abdomen was distended There was an old healed right lower quadrant scar The abdominal wall was fairly soft, there was no rigidity or spasm There was, however, diffuse tenderness and exquisite rebound tenderness throughout There was no definite evidence of free fluid Only the admitting intern noted the bladder to be palpable up to the umbilicus All subsequent examiners found no definite viscera or masses palpable No intestinal sounds were heard on auscultation Rectal examination was essentially negative except for slight bogginess and tenderness in the cul-de-sac The extremities were warm All peripheral pulses were strong Knee and ankle reflexes were equal and active No clonus was present and there were normal plantar responses Abdominal reflexes were not elicited There was a small amount of voluntary motion in the right lower extremity, none in the left No change in muscle tone was noted nor was there spinal or boney thorax tenderness

Laboratory Data—The urine on October 15, 1945 was bloody, had a specific gravity of 1 022, was acid, with albumin 3 plus, glucose 0 On October 16 it was clear yellow, specific gravity was 1 022, acid, with albumin 2 plus, glucose 0, moderate red blood count, 5 to 8 white blood cells, and a few hyaline casts

The blood count on October 13 was red blood cells, 5,200,000, white blood cells, 11,400, 78 per cent polymorphonuclears, 20 per cent lymphocytes, 2 per cent monocytes On October 16 the white blood count was 13,150, 76 per cent polymorphonuclears, 11 per cent bands, 11 per cent lymphocytes, 2 per cent monocytes

The blood chemistry on October 15 was nonprotein nitrogen, 100, sugar, 91, carbon dioxides, 30 volumes per cent, blood amylase, 23 units On October 16, the nonprotein nitrogen was 180, creatinine, 3 0, calcium, 9 4, phosphorus, 10 4 On October 17 the nonprotein nitrogen was 65 Blood Wassermann test was negative

A spinal tap on October 15 showed a clear col-

orders fluid, initial pressure, 190, final pressure, 150, manometrics normal Cells, 0, Pandy, 1 plus, sugar, 77, chlorides, 740, protein, 66 Colloidal gold was normal X-rays on October 16, 1935 showed enormous gaseous distention of the large colon A film taken in recumbent position laterally revealed fluid levels There was a suggestion of intestinal obstruction No metastatic areas of the skull, lungs, or boney thorax were seen On October 17, there was moderate distention of the intestines by contained gas No fluid level was seen The chest showed a slight engorgement in the right lower lobe. The heart was somewhat globular, normal in size and position. An electrocardiogram on October 15 showed sinus tachycardia and low voltage

Course.—Following admission catheterization was attempted and gross blood was obtained The genitourinary consultant promptly recatheterized the patient with ease with a number 18 catheter, and again obtained about 200 cc. of dark-red urine, there were no clots, the blood appeared old He suggested an indwelling catheter with irrigation of the bladder until the return was clear The bladder returned consisted of dark-brown old blood until October 16, the fourth hospital day, when the urine appeared clear for the duration of the course. On admission, enemas were also attempted, however, only flatus, no fecal material, resulted At no time during the course was any fecal material passed For the first three hospital days the temperature did not rise above 100.8 F However, on October 16, the fourth hospital day, although there were no new physical findings on examination, the patient took a severe turn for the worse with the temperature rising to 102 6 F Gastric lavage on this day yielded 500 cc of dark-brown benzidine-positive fluid Clinical appearance was essentially the same on October 17 However, deterioration progressed so rapidly that the patient died on October 18 the sixth hospital day, with a temperature of 104 F and the sudden appearance of nuchal resistance Supportive, specific, and symptomatic therapy in the form of clysses, penicillin, vitamins, demerol, etc were administered during the patient's hospital course

Discussion

Dr Max Trubek One can attempt to separate related symptoms out of the confusion of this patient's diversified manifestations There seems to be evidence of a pre-existing chronic illness characterized by weight loss and constipation of increasing severity No mass was palpable by rectal examination, although a flat plate of the abdomen revealed enormous gaseous distention of the colon There was no bowel movement during four days prior to admission and enema washings were returned clear while in the hospital Carcinoma of the rectosigmoid would seem a justifiable consideration

Then we read of a succession of acute episodic manifestations beginning with a sudden "excruciating occipital headache" three weeks before admission Subsequently there was transitory paresis of the left arm, then complete motor paralysis of the left leg, weakness of the right leg, and disturbance of urinary bladder control Just prior to leaving his home for Bellevue Hospital there occurred a sudden intense bilateral chest pain with posterior radiation followed by a mild state of shock. Old blood was found in the urine after catheterization, but clear urine was later obtained Hematuria had not previously occurred

This multiplicity of recent phenomena occurring in so many body areas might be explained as the result of systemic embolization Metastatic lesions do not occur in such rapid succession and their effects are, as a rule, gradual We should have greater alterations in the spinal fluid, particularly the protein, when neurologic disturbances are secondary to metastatic disease The presence of valvular disease in our patient at least gives credence to the possibility of a superimposed bacterial endocarditis

A short, rough precordial systolic murmur was noted, its greatest intensity was at the apex and was transmitted beyond the midaxilla He actually had no functional circulatory disability The insurance and army rejections must have been on the basis of finding this murmur, with which he thrived for fifty years after his first disqualification A healed rheumatic valvulitis with hyalinization or calcification of the ring could result in just such a murmur, having the character of insufficiency without stenosis The aortic systolic murmur is transmitted upward to the clavicle and does not go to the left beyond the apex A small interventricular septal defect gives a somewhat similar systolic murmur, loudest to the left of the lower sternum

The azotemia was probably not on the basis of ordinary renal parenchymal disease The urine showed a good specific gravity of 1 022, the azotemia was variable, 100 mg, 180 mg, and the final reaching 65 mg per cent. Considering the transitory hematuria, he may have had renal infarction. Intestinal obstruction could have been the extrarenal factor to further account for nitrogen retention.

When I examined this man the abdomen was distended and so tender as to suggest the probability of peritonitis. Perforation of a necrotic carcinoma is a not infrequent preterminal event.

Dr. Charles H Nammack Dr Trubek's point of view is well taken, that is, that the pa-

tient had chronic cardiac disease with malignancy of the gastrointestinal tract superimposed

DR SAUL SOLOMON The chief presenting symptoms could be readily explained on the basis of a diffuse vascular disease such as periarteritis nodosa, or general arteriosclerosis with atheromatous degeneration and thrombosis, or multiple embolic phenomena There is insufficient evidence for the diagnosis of periarteritis nodosa

The second possibility is more likely There was evidence of general arteriosclerosis The neurologic symptoms described might have been due to hypertensive encephalopathy The hematuria and the intestinal obstruction, which seemed to be a dynamic ileus, can be explained by thrombosis in the renal and mesenteric vessels or by thrombosis of the aorta The absence of vascular manifestations in the lower extremities would make this latter possibility most unlikely

The third vascular condition which I referred to, namely, multiple emboli, could have originated from chronic valvular diseases or previous myocardial infarction The configuration of the heart is not that of a chronic valvular disease It is possible that this individual had a myocardial infarction long before the present illness with the development of mural thrombi These may loosen and embolize even years after the original infarction

Pathologic Discussion

Anatomic Diagnosis

Generalized arteriosclerosis
Sclerosis of cerebral arteries
Multiple anemic infarcts of brain
Dilatation of urinary bladder, clinical
Intraperitoneal rupture of urinary bladder
Subacute peritonitis with hemorrhage and organization
Thrombosis of left iliac vein
Embolism of pulmonary artery
Hemorrhagic infarct of lung, left lower lobe

DR HENRY SPITZ The main finding in this case was obviously the rupture of the urinary bladder The bladder was not distended, contained a small amount of cloudy blood-stained urine, and showed rather extensive mucosal hemorrhage in the posterior superior portion of the fundus In the center of this hemorrhagic area the wall was necrotic, but the necrotic edges were agglutinated and the perforation became apparent only upon delicate probing not applying any pressure Histologic examination of the edge of the perforation showed necrosis involving the entire thickness of the bladder wall surrounded by a broad zone of granulation tissue, which was heavily infiltrated by polymorphonuclear leukocytes The serosal aspect of the perforation was covered by fibrinous exudate and the omentum and the sigmoid colon were attached to it by fibrinous adhesions The pelvic peritoneum and the perirectal and periprostatic connective tissue was markedly congested, edematous, and focally hemorrhagic The entire peritoneum was dull, dusky, and covered by fibrin which caused agglutination of intestinal loops to each other and to the omentum The small and large intestines were moderately distended and filled with soft feces and gas The peritoneal cavity contained several ounces of bloody fluid The left common iliac vein was partly occluded by a thrombus which probably gave rise to pulmonary embolism and hemorrhagic infarction in the left lower lobe The remainder of the lungs showed moderate edema and scattered foci of lobular pneumonia The heart was of average size and showed considerable fibrosis of the mitral valve with calcification There was no fusion of the valves and no shortening of the chordae tendineae The aortic valve showed mild fibrosis of the cusps Histologically, no definite evidence of rheumatic fever could be found The brain was the seat of multiple anemic infarcts although the arteries of the circle of Willis showed only moderate arteriosclerosis

If one attempts to correlate the anatomic findings with the clinical picture, the following course of events suggests itself the patient suffered from cerebral arteriosclerosis and developed multiple cerebral infarcts This produced not only weakness and loss of sensation in the extremities, but also loss of sphincter control of the urinary bladder and marked distention of the bladder with ischuria paradoxa This led to rupture of the urinary bladder, associated with hematuria Generalized mild peritonitis developed but the point of rupture was sealed off by fibrinous exudate and adhesions to the omentum and adjacent viscera Paralytic ileus resulted and caused prerenal azotemia The kidneys showed no gross or histologic evidence of appreciable renal damage The sudden severe chest pain was obviously caused by pulmonary embolism Lobular pneumonia and moderate heart failure were terminal events

AN ABSTRACTING SERVICE FOR HUMAN BIOLOGY

The Trustees of *Biological Abstracts* announce the establishment, beginning in January, 1946, of a new section of *Biological Abstracts*—Section H, specially assembled Abstracts of Human Biology—intended for anthropologists, sociologists, psychologists, neurologists and psychiatrists, students of child development and human welfare, and students of man generally

PALATABILITY AND NUTRITION FACTORS



of

Campbell's STRAINED BABY SOUPS

Q What is the importance of palatability?

A A leading pediatrician has pointed out that even in the early months of life infants are able to detect minute differences in flavor The appealing palatability of Campbell s Strained Baby Soups is, therefore an advan tage It should further be pointed out that all the "tastes" in these soups are the wholly natural ones of the meats, vegetables and cereals used

Q Why are the different ingredients selected?

A Campbell s Strained Baby Soups are planned to provide a balance in nutrients to supplement the daily milk diet. Since it takes many different foods to supply the more than 50 nutrients needed for infant development and energy we use vegetables and a cereal in preparing each of the four meat soups. Flavor is improved, too For instance, liver has too strong a taste for many babies, but blended with vegetables palatability is then enhanced It should also be noted that these soups are intended for use as early in normal infancy as any other strained baby foods.

Q What measures are taken to conserve food constituents?

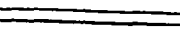
A The method of preparing and cook ing Campbell s Strained Baby Soups is based on years of exhaustive re-search to ascertain the best way of insuring the conservation of vitamins and retention of minerals. A compre-hensive analysis of each soup may be had upon request to Campbell Soup Company Camden, New Jersey

5 KINDS

LIVER
CHICKEN
LAMB
BEEF
VEGETABLE

All in Glass Jars





Campbell s Strained Baby Soups *represent fine* quality in ingredients in care and method of cooking in retention of minerals and conser vation of vitamins *and in good flavor* Every re-*source of Campbell s Kitchens is devoted to that aim.*

LOOK FOR THE RED-AND-WHITE LABEL

House of Delegates—Reference Committees

Credentials

Charles F McCarty, *Chairman*, Kings
Goodwin A Distler, Queens
Felix Ottaviano, Madison
Alexander N Selman, Rockland
E Kenneth Horton, Nassau

President

Ezra A Wolff, *Chairman*, Queens
John A Pritchard, St Lawrence
Raymond F Kircher, Albany
Thurman B Givan, Kings
Ralph Sheldon, Wayne

Secretary, Censors, and District Branches

Morris Maslon, *Chairman*, Warren
Robert C Simpson, Montgomery
Frank Tellefson, Richmond
Charles H Loughran, Kings
J Lewis Amster, Bronx

Treasurers and Trustees

Fenwick Beekman, *Chairman*, New York
Morris Ant, Kings
Benjamin Abramowitz, Sullivan
Roger A Hemphill, Livingston
Bradford F Golly, Oneida

Planning Committee for Medical Policies

Albert F R Andresen, *Chairman*, Kings
W Walter Street, Onondaga
Edward C Veprovsky, Queens
Harry C Guess, Erie
Kenneth F Bott, Greene

Constitution and Bylaws Amendments

Peter J DiNatale, *Chairman*, Genesee
Clifford F Leet, Chemung
Joseph C O'Gorman, Erie
Donald E McKenna, Kings
Francis G Riley, Queens

Council—Part I

POSTGRADUATE EDUCATION

Joseph Tenopyr, *Chairman*, Kings
Vincent Juster, Queens
Joseph H Diamond, Richmond
George C Vogt, Broome
Stockton Kimball (Section Delegate)

Council—Part II

MATERNAL AND CHILD WELFARE

Joseph A. Geis, *Chairman*, Essex
Alfred K Bates, Cayuga
Mahlon C Halleck, Otsego
William J Orr (Section Delegate)
Alfred M Hellman, New York

Council—Part III

SCHOOL AND INDUSTRIAL HEALTH

David W Beard, *Chairman*, Schoharie
John C Brady, Erie
Irving S Sands, Kings
William J Tracy, Steuben
Samuel M. Kaufman, New York

Council—Part IV

PUBLIC HEALTH ACTIVITIES

Frank LaGattuta, *Chairman*, Bronx
Jacob Werne, Queens
Donald Malven, Dutchess
Arthur M Johnson (Section Delegate)
Edgar O Boggs, Lewis

Council—Part V

REHABILITATION
RURAL MEDICAL SERVICE

Nelson W Strohm, *Chairman*, Erie
Charles S Lakeman, Monroe
Robert B Archibald, Westchester
Madge C L. McGuinness, New York
Theodore W Neumann, Orange

Council—Part VI

PUBLIC RELATIONS AND ECONOMICS
PUBLIC MEDICAL CARE
WOMEN MEDICAL STUDENTS AND INTERNS
MEDICAL SERVICE AND PUBLIC RELATIONS

Roy B Henline, *Chairman*, New York
John M Galbraith, Nassau
Lyman C Lewis, Allegany
Archibald K. Benedict, Chenango
Elton R Dickson, Broome

Council—Part VII

MEDICAL CARE INSURANCE

Herbert E Wells, *Chairman*, Erie
Benjamin M Bernstein, Kings
Joseph D Hallinan, Queens
Oswald J McKendree, Oneida
Clarence G Bandler, New York

Council—Part VIII

VETERANS' AFFAIRS

Joseph P Henry, *Chairman*, Monroe
Goodlatte B Gilmore, Bronx
Leo E Gibson, Onondaga
Reginald A. Higgons, Westchester

Council—Part IX

LEGISLATION

Frederic W Holcomb, *Chairman*, Ulster
Thomas B Wood, Kings
Sylvester C Clemans, Fulton
Andrew A. Eggeston, Westchester
B Wallace Hamilton, New York

Council—Part X

WORKMEN'S COMPENSATION

William B Rawls, *Chairman*, New York
Bernard S Strait, Yates
Stanley E Alderson, Albany
Renato J Azzari, Bronx

Council—Part XI

PUBLICATION AND PUBLICITY

George C Adie, *Chairman*, Westchester
Stephen H Curtis (District Delegate)
Louis A. Friedman, Bronx
Scott Lord Smith (District Delegate)
Charles C Trembley, Franklin

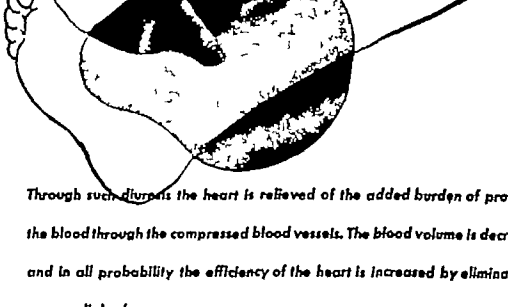
[Continued on page 648]

For congestive heart failure

NEXT IN IMPORTANCE TO DIGITALIS

In many cases of congestive heart failure mercurial diuretics are next in importance to digitalis in maintaining the patient's comfort and prolonging life.

Following an injection of Salyrgan-Theophylline in patients with marked edema the urinary output frequently amounts to three or four liters in twenty-four hours.



Through such diuresis the heart is relieved of the added burden of propelling the blood through the compressed blood vessels. The blood volume is decreased, and in all probability the efficiency of the heart is increased by elimination of myocardial edema.

•

Salyrgan-Theophylline is available in ampuls of 1 cc. and 2 cc. for intramuscular or intravenous administration. For oral use (as an adjunct to decrease the frequency of injections and when parenteral therapy is impracticable) tablets in bottles of 25, 100 and 500.

SALYRGAN-THEOPHYLLINE

"Salyrgan" registered trade mark U. S. Pat. Off. & Can.
Brand of Mersalyl and Theophylline

potent mercurial diuretic

WINTHROP CHEMICAL COMPANY INC
Pharmaceuticals of merit for the physician
New York 13 N Y Windsor Ont

1123 M

[Continued from page 646]

Council—Part XII

MALPRACTICE DEFENSE AND INSURANCE REPORT OF LEGAL COUNSEL

Eugene H Coon, *Chairman*, Nassau
Donald D Prentice, Albany
Joseph A Landy, Bronx
Guy S Philbrick, Niagara

Council—Part XIII

MISCELLANEOUS MATTERS

Joseph H Cornell, *Chairman*, Schenectady
Charles A Prudhon, Jefferson
Abraham Koplowitz, Kings
Philip D Allen, New York
Richard P Doody, Renssalaer

New Business A

Thomas M D'Angelo, *Chairman*, Queens
Leo F Schiff, Clinton
John J Gainey, Kings
Harold B Davidson, New York
James E McAskill (Section Delegate)

New Business B

Norman S Moore, *Chairman*, Tompkins
Edgar Bieber, Chautauqua
Arthur A Fischl, Queens
John Dugan, Orleans
A Wilbur Duryee, New York

New Business C

Frederick W Williams, *Chairman*, Bronx
Charles A Anderson, Kings
Denver M Vickers, Washington
John L Edwards, Columbia
John L Sengstack, Suffolk



FORMULA: Guaiacol 2.60—Beechwood Creosote 13.02—Methyl Salicylate 2.60—Sol. Formaldehyde 2.60 C. P. Glycerine and Aluminum Silicate q.s. 1000 parts.

NUMOTIZINE, INC., 900 N. FRANKLIN ST., CHICAGO, ILL., U.S.A.

Department of Workmen's Compensation

CONDUCTED BY DAVID J KALISKI, M D , DIRECTOR

Tantalum Oxide as a Dressing for Burns and Wounds*

THE following abstract of an article by Dr C T Olson,† Medical Director of Fansteel Metallurgical Corporation, would appear to be of great interest to physicians treating compensation patients The author repeatedly emphasizes that the application of the powder produced almost immediate cessation of pain and soreness in the injured part and frequently enabled the worker to continue at work when more complicated procedures would require either hospitalization or temporary absence from work.

Tantalum oxide, type 400, is soft and has the property of forming a film when rubbed on normal skin

Tantalum as a metal was first produced in this country in 1922 by Dr Clarence Balke In 1936 Burch and Carney, of Vanderbilt University, used metallic tantalum in surgery Its most successful application in surgery is in cranioplasty Of all metals it has the highest resistance to corrosion in vitro and in vivo

Tantalum is a metal, not an alloy, it is easily fabricated, nonmagnetic, and not subject to localized electrolytic couple reaction. The author found that when the foil could be placed in intimate contact with a wound where there had been loss of skin, epithelization occurred faster than by other methods, but the foil has a tendency to fragment and it is difficult to have it follow the anatomic curvatures and body surfaces The results are not good unless the foil can be placed with compression. It was suggested that the healing properties of tantalum metal were due to the oxide coating which is always present The laboratory prepared pure tantalum oxide powder for use as a dusting powder in place of gauze, either plain or medicated Even sterile vaseline gauze is not the most comfortable dressing and low-grade infections, particularly with the pyocyaneus group, often follow Tantalum oxide powder, type 400, seems to be the softest and produced the best films and is extremely soothing to chafed or irritated skin

An employee, aged 38, suffered a severe caustic burn on the dorsum of his foot It was handled in routine manner with dilution and neutralization for forty-eight hours and then covered with aseptic vaseline gauze with compression The employee complained of severe pain in the region of the burn, which persisted in spite of all attempts to ameliorate it He wanted to work and the company needed him on the job On March 5 the wound was covered with sterile tantalum oxide powder At this time the area involved was 2 inches in diameter with partial loss of thickness of skin over the entire area Weeping granulations were present Such a wound formerly would have been skin grafted, requiring hospitalization, to which the patient objected Almost immediately after the wound was covered with tantalum oxide powder he was free of pain, and two days later the wound was completely dry and covered with a very strong crust of tantalum oxide There were no signs of inflammatory reaction The crust was undisturbed, gradually separated, and was removed two weeks later There was complete healing with no scar tissue formation

Subsequently, the author used tantalum oxide powder on hundreds of patients without bad results He cites a case of injury causing a deep triangular gouge extending through the fingernail and down to the distal interphalangeal joint creases Most of the nail was gone and the bone exposed After meticulous cleansing and débridement the wound was packed with tantalum oxide powder The pain disappeared immediately and the patient was able to continue work The outer dressing was changed at frequent intervals but the crust was undisturbed There were no signs of wound seepage or inflammation The crust came away from the soft tissues at the end of two weeks and from the nailbed somewhat later There was complete nail regeneration ultimately The author comments that, particularly with nail injuries, when the traumatized area is very sensitive tantalum oxide powder has given extremely successful results with remarkable regeneration of tissues

In another case in which a punch press caught the worker's index finger and amputated the tip and which, if seen earlier, would have been repaired by skin graft, tantalum oxide treatment was inaugurated fifteen hours after the accident There was much oozing and pain and contamination of the wound After thorough cleansing and irrigation, the wound was packed full of tantalum oxide powder Within a few minutes there was no further bleeding and a crust had formed There was no more soreness in the end of the finger or signs of inflammatory reaction The crust was not disturbed and came off in one piece The skin had grown in completely, covering the tip of the finger with only a slight scar on one side Along with epithelization there was marked regeneration of the subcutaneous tissue which was more marked than if skin graft had been done The author believes that this case demonstrates that it is safe to use tantalum oxide powder in potentially contaminated cases

There was a large series of cases of burns, both chemical and thermal, treated with tantalum oxide Most of these were located on the hands, feet, forearms, and face, where it is extremely difficult to be sure of a clean wound in spite of the most meticulous cleansing

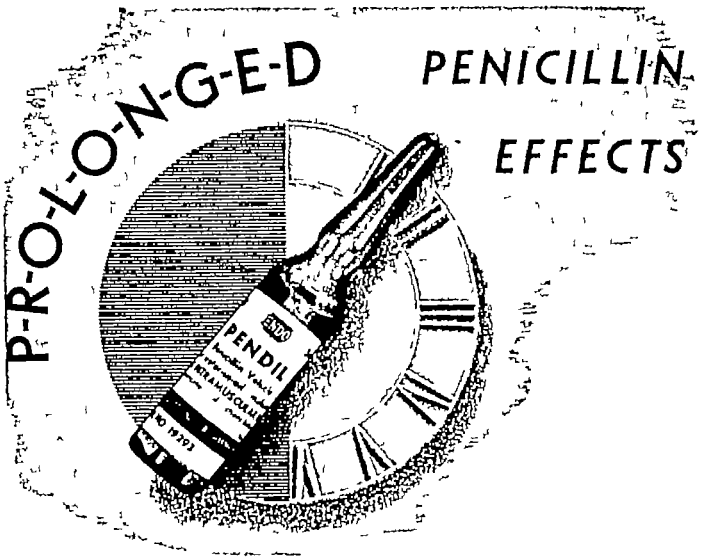
The author cites a number of extensive burns in which the use of the powder in deep as well as superficial burns was successful in avoiding scar formation The tantalum crust adheres to all the burned surfaces The wound remains dry and the crust firm Splinting may be necessary in deep and extensive burns to immobilize the part The crust may not separate from extensive burns for a number of weeks, but the outer dressing may be removed without fear of contamination The patients have

[Continued on page 652]

† The original article entitled "Preliminary Report of the Use of Tantalum Oxide, Type 400" appeared in the December, 1945 issue of *Industrial Medicine*, volume 14 No. 12

* The powder is made available, for experimental use only, by the Department of Experimental Research, Ethicon Suture Laboratories Johnson and Johnson, New Brunswick, New Jersey

P-R-O-L-O-N-G-E-D PENICILLIN EFFECTS



The intramuscular injection of a water-in-oil emulsion of penicillin results in prolongation of penicillin effects as compared with similar amounts of penicillin in aqueous solution administered by the same route[1] A single injection of 150,000 units of penicillin in water-in-oil emulsion cured 101 of 105 cases of acute gonococcal infection[2] These results indicate that water-in-oil emulsions may prolong penicillin effects in other diseases in which penicillin is indicated, such as pneumococcic, staphylococcic, and streptococcic infections. • Pendil consists of a sterile mixture of cholesterol derivatives and highly refined peanut oil, which when mixed with an aqueous solution of penicillin, provides a free-flowing water-in-oil emulsion for intramuscular injection Pendil is supplied in 3 cc. ampules in boxes of 12, 25, and 100 ampules. Literature will be sent on request.

PENDIL
(PENICILLIN EMULSIFIER)
ENDO

ADVANTAGES OF PENDIL
Extended absorption of penicillin
Fewer injections per day required
Emulsions prepared simply and rapidly
No clogging of syringe
Syringe readily cleaned

1. Freund, J and Thomsen, K. J., Science, 101:668, 1945.
2. Cohn, A., Kornblith, B., Grossfeld, I., Thomsen, K. J. and Freund J (a) Proc. Soc. Exper Biol. & Med. 59:143, 1945. (b) Venereal Diseases Information (U.S. Public Health Service) 1946, in press.

ENDO PRODUCTS INC • RICHMOND HILL 18, N Y

Department of Workmen's Compensation

CONDUCTED BY DAVID J KALISKI, M D , DIRECTOR

Tantalum Oxide as a Dressing for Burns and Wounds*

THE following abstract of an article by Dr C T Olson,† Medical Director of Fansteel Metallurgical Corporation, would appear to be of great interest to physicians treating compensation patients The author repeatedly emphasizes that the application of the powder produced almost immediate cessation of pain and soreness in the injured part and frequently enabled the worker to continue at work when more complicated procedures would require either hospitalization or temporary absence from work

Tantalum oxide, type 400, is soft and has the property of forming a film when rubbed on normal skin

Tantalum as a metal was first produced in this country in 1922 by Dr Clarence Balke In 1936 Burch and Carney, of Vanderbilt University, used metallic tantalum in surgery Its most successful application in surgery is in cranioplasty Of all metals it has the highest resistance to corrosion in vitro and in vivo

Tantalum is a metal, not an alloy, it is easily fabricated, nonmagnetic, and not subject to localized electrolytic couple reaction The author found that when the foil could be placed in intimate contact with a wound where there had been loss of skin, epithelization occurred faster than by other methods, but the foil has a tendency to fragment and it is difficult to have it follow the anatomic curvatures and body surfaces The results are not good unless the foil can be placed with compression It was suggested that the healing properties of tantalum metal were due to the oxide coating which is always present The laboratory prepared pure tantalum oxide powder for use as a dusting powder in place of gauze, either plain or medicated Even sterile vaseline gauze is not the most comfortable dressing and low-grade infections, particularly with the pyocyaneus group, often follow Tantalum oxide powder, type 400, seems to be the softest and produced the best films and is extremely soothing to chafed or irritated skin

An employee, aged 38, suffered a severe caustic burn on the dorsum of his foot It was handled in routine manner with dilution and neutralization for forty-eight hours and then covered with aseptic vaseline gauze with compression The employee complained of severe pain in the region of the burn, which persisted in spite of all attempts to ameliorate it He wanted to work and the company needed him on the job On March 5 the wound was covered with sterile tantalum oxide powder At this time the area involved was 2 inches in diameter with partial loss of thickness of skin over the entire area Weeping granulations were present Such a wound formerly would have been skin grafted, requiring hospitalization, to which the patient objected Almost immediately after the wound was covered with tantalum oxide powder he was free of pain, and two days later the wound was completely dry and covered with a very strong crust of tantalum oxide There were no signs of inflammatory reaction The crust was undisturbed, gradually separated, and was removed two weeks later There was complete healing with no scar tissue formation

Subsequently, the author used tantalum oxide powder on hundreds of patients without bad results He cites a case of injury causing a deep triangular gouge extending through the fingernail and down to the distal interphalangeal joint creases Most of the nail was gone and the bone exposed After meticulous cleansing and débridement the wound was packed with tantalum oxide powder The pain disappeared immediately and the patient was able to continue work The outer dressing was changed at frequent intervals but the crust was undisturbed There were no signs of wound seepage or inflammation The crust came away from the soft tissues at the end of two weeks and from the nailbed somewhat later There was complete nail regeneration ultimately The author comments that, particularly with nail injuries, when the traumatized area is very sensitive tantalum oxide powder has given extremely successful results with remarkable regeneration of tissues

In another case in which a punch press caught the worker's index finger and amputated the tip and which, if seen earlier, would have been repaired by skin graft, tantalum oxide treatment was inaugurated fifteen hours after the accident There was much oozing and pain and contamination of the wound After thorough cleansing and irrigation, the wound was packed full of tantalum oxide powder Within a few minutes there was no further bleeding and a crust had formed There was no more soreness in the end of the finger or signs of inflammatory reaction The crust was not disturbed and came off in one piece The skin had grown in completely, covering the tip of the finger with only a slight scar on one side Along with epithelization there was marked regeneration of the subcutaneous tissue which was more marked than if skin graft had been done The author believes that this case demonstrates that it is safe to use tantalum oxide powder in potentially contaminated cases

There was a large series of cases of burns, both chemical and thermal, treated with tantalum oxide Most of these were located on the hands, feet, forearms, and face, where it is extremely difficult to be sure of a clean wound in spite of the most meticulous cleansing

The author cites a number of extensive burns in which the use of the powder in deep as well as superficial burns was successful in avoiding scar formation The tantalum crust adheres to all the burned surfaces The wound remains dry and the crust firm Splinting may be necessary in deep and extensive burns to immobilize the part The crust may not separate from extensive burns for a number of weeks, but the outer dressing may be removed without fear of contamination The patients have

[Continued on page 652]

† The original article entitled "Preliminary Report of the Use of Tantalum Oxide Type 400" appeared in the December 1945 issue of *Industrial Medicine*, volume 14 No 12

* The powder is made available for experimental use only, by the Department of Experimental Research Ethicon Suture Laboratories Johnson and Johnson, New Brunswick, New Jersey

THE VALUE OF KNOX GELATINE IN PEPTIC ULCER MANAGEMENT

Many physicians are finding Knox Gelatine a practical aid in the frequent between meal feedings that are so often desirable in the management of peptic ulcer

Given at hourly intervals, Knox Gelatine provides a satisfactory control of the gastric secretions and brings relief from the painful symptoms.

Also, many physicians regularly prescribe the *Special Ulcer Diet* described in the Knox booklet, "Peptic Ulcer Dietary" This is a complete diet bland, and liberal in calories and protein We will be happy to send you as many copies as you wish

For the *free Peptic Ulcer Dietary* and any of the other dietaries listed here address your request to Knox Gelatine, Box 474, Johnstown, N Y

FREE!

Peptic Ulcer Dietary	**Diabetic Diets**
Knox Gelatine Drink	**Infant Feeding**
Feeding Sick Patients	**Reducing Diets and Recipes**

Protein Value of Plain, Unflavored Gelatine

KNOX GELATINE U. S. P

PLAIN UNFLAVORED GELATINE ALL PROTEIN NO SUGAR

Knox Products Keep Pace Through Laboratory and Clinical Research

Medicolegal

WILLIAM F MARTIN, ESQ

COUNSEL TO THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Ownership of X-Ray Plates

ON MANY occasions your counsel has been consulted on the question of ownership of x-ray plates, and it has always been his opinion that in the ordinary case x-ray plates are just as much the property of the physician as are his personal notes and records pertaining to the care of any given patient

There has been very little written by the courts upon the subject, and for years the most authoritative case upon the question was one decided in Michigan some time ago, which held that x-rays are owned by a physician and that a patient is not entitled to their possession in the absence of a specific agreement to the contrary This case, McGarry v J A Mercier Company, 272 Michigan 501, was commented on in these columns some years ago

A recent controversy over the possession of x-ray plates, which arose in the Small Claims Part of the Municipal Court of the City of New York a few weeks ago, led to a similar result The matter was tried before Honorable O Grant Esterbrook, Official Referee, who, in determining the case, handed down a well-written opinion, which we quote in full

"Briefly stated, the facts adduced at the trial of this case are as follows The plaintiff was injured by being struck by a taxicab, his attorney recommended that he call upon the defendant B, a duly licensed practicing physician of this State, and submit himself to a physical examination and diagnosis of the injuries, the defendant proceeded with such physical examination of the plaintiff and in the course thereof and before arriving at any professional conclusions requested the plaintiff to call upon the defendant S, another duly licensed and practicing physician of this State and one specializing in x-ray, this the plaintiff did and submitted to x-ray pictures being taken of his foot and lower limb, there were three pictures of exposures taken in all upon two plates After taking such pictures the defendant S was paid for his services and thereafter forwarded the x-ray pictures, together with his written report of his findings, interpretations, opinion, and diagnosis to the defendant B, this report of the defendant S was dated July 7, 1945 and was addressed to the defendant B, after receipt of the defendant S's report of his findings setting forth the history of the plaintiff's case, the disclosures of his examination of the plaintiff and the x-ray pictures, his diagnosis and opinion, a report of the defendant B, dated July 10, 1945, was forwarded to the plaintiff's attorney, who had sent the plaintiff to him for examination, likewise the defendant B was paid for his services to the plaintiff, the x-ray plates were retained by the defendant B and are still in his possession, on July 15, 1945, Mr C, attorney for the plaintiff in this case, by post card requested the defendant B to turn the said x-ray plates over to him as the substitute attorney for the plaintiff in his case, on October 20, 1945, the plaintiff made formal written request to the defendants to turn the said x-ray plates over to Mr C, neither of the said demands or requests have been complied with.

"The taking of the x-ray pictures, as I view it, are not pictures as the word is used in its ordinary and expected meaning, but the result of the highly technical and professional procedure of registering on highly sensitized and perishable material reflexes of bone structure, organs, and foreign bodies lodged within animal bodies and invisible to the eye The so-called x-ray picture is produced through the use of machines or apparatus of scientific manufacture and operable only by roentgenologists or persons schooled and expert in the manipulation of such machines, these machines when operated give off a form of radiant energy emanating from the surface of an electrically excited vacuum tube opposite the cathode electrode having the power of penetrating objects impervious to light or heat rays, affecting sensitive photographic films, and exciting fluorescence in certain solutions When a member of the body is exposed to these roentgen rays over the sensitized plate, the recordings of the interior are manifest on the plate through outlines and shadows and the roentgenologist reading the plate determines from the locations of the shadows, their relative density one to the other, whether the bone structure may be dislocated, fractured, diseased, or normal, and it is from such reading that he arrives at his diagnosis, hence the x-ray plate becomes the veritable foundation stone of the roentgenologist's diagnosis and report and it is essential that he retain it as a permanent record in support of his diagnosis, for should it be destroyed by unskillful handling or loss, the roentgenologist would have no means to justify the correctness of his diagnosis or findings in the event of challenge to his professional opinions

"What the plaintiff sought was a diagnosis of his ailments and professional advice as to how to treat them to effect a cure, and even though the x-ray plates were taken of the plaintiff's foot and lower limb they were so taken with his knowledge and consent that they were to be delivered to his physician for his professional aid and use and not as a work of art Nowhere in the evidence do I discover any trace of agreement or understanding between the plaintiff and the defendants that he was to receive the x-ray plates as his property from either defendant and I cannot read into the situation any implied agreement that they are

"In my opinion, the x-ray plates in question are the property of the defendant S, this being so, the possession of the plates by the defendant B in no way trespasses upon any vested right therein of the plaintiff

"Judgment is accordingly rendered in favor of the defendants, dismissing the complaint against both defendants"



for *better* pain relief

PRO-DOL provides the analgesic power of 5 gr of aspirin, but, by a special process incorporates 7 1/2 gr. of alumina gel in each full dose, protecting sensitive stomachs, as in ulcer cases. It buffers decomposition products of the aspirin, which otherwise splits into irritating free acids.

Sample on Request

Pro-Dol

REG U S. PAT OFF

THE BUFFERED ANALGESIC

The PROBEL Company 50 E. 42 St., New York 17

BRIOSCHI

A PLEASANT ALKALINE DRINK



Actively alkaline Contains no narcotics, no injurious drugs Consists of alkali salts fruit acids and sugar and makes a pleasant effervescent drink.

Send for a sample

G. CERIBELLI & CO.

121 VARICK STREET NEW YORK

to control hysteria

For emergency management of hysteria Elixir Gabail affords control without narcotics or barbiturates.

Each tablespoonful contains chloral hydrate 4½ gr potassium bromide 3 gr., strontium bromide 1½ gr ex tract valerian (deodorized) 4½ gr., ammonium valerianate (deodorized) 1½ gr Supplied 4 and 8 oz bottles

Write for full information contraindications

Elixir Gabail

sedative • soporific

ANGLO FRENCH Laboratories, Inc.

75 Varick Street, New York 13, N. Y

COOPER CREME

No Finer Name in Contraceptives

Active Ingredients: Sodium Oleate 0.67% Trioxymethylene 0.04%

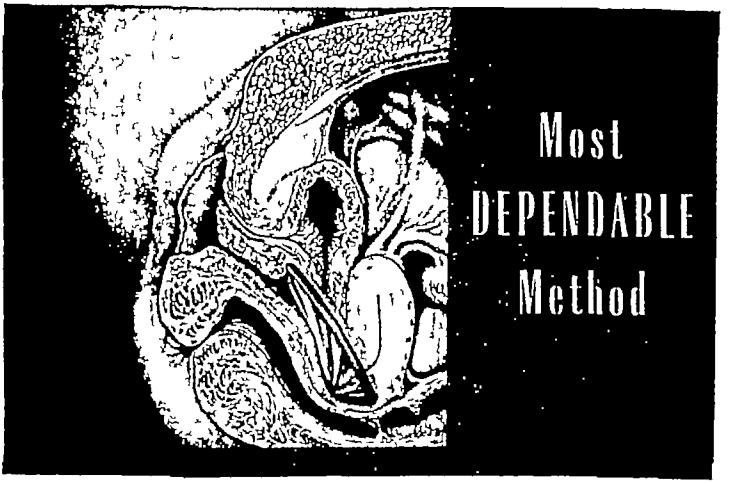
ACCEPTED AMERICAL MEDICAL ASSN

WHITTAKER LABORATORIES, INC PEEKSKILL N Y

Officers—County Medical Societies—1946

TOTAL MEMBERSHIP AS OF MARCH 15, 1946—19,588

County	*President*		*Secretary*		*Treasurer*	
Albany	R G Leddy	Albany	A Vander Veer	Albany	F E Vosburgh	Albany
Allegany	I Felsen	Wellsville	E B Perry	Belfast	D Grey	Belfast
Bronx	F La Gattata	Bronx	G B Gilmore	Bronx	J A Landy	Bronx
Broome	V W Bergstrom	Binghamton	M A Carvalho	Binghamton	L J Flanagan	Binghamton
Cattaraugus	L R Stoll	Salamanca	W R Ames	Olean	W R Ames	Olean
Cayuga	C W Bullard	Auburn	S J Karpenski	Auburn	L H Rothschild	Auburn
Chautauqua	R E Storms	Westfield	E Bieber	Dunkirk	C E Hallenbeck	Dunkirk
Chemung	W T Boland	Elmira	E D Smith	Elmira	M F Butler	Elmira
Chenango	W D Mayhew	Oxford	J H Stewart	Norwich	J H Stewart	Norwich
Clinton	E W Sartwell	Plattsburg	K M Clough	Plattsburg	K M Clough	Plattsburg
Columbia	L M Niesen	Hudson	L J Early	Hudson	L J Early	Hudson
Cortland	F A Jordan	Cortland	W A. Wall	Cortland	F F Sornberger	Cortland
Delaware	G B Ewing	East Branch	F R. Bates	Walton	F R Bates	Walton
Dutchess	G J Jennings	Beacon	A A Rosenberg	Poughkeepsie	A A. Rosenberg	Poughkeepsie
Erie	P A Steele	Buffalo	L W Beamis	Buffalo	R L Scott	Buffalo
Essex	J Breen	Schroon Lake	J E Glavin	Port Henry	J E Glavin	Port Henry
Franklin	J N Hayes	Saranac Lake	D H Van Dyke	Malone	D H Van Dyke	Malone
Fulton	J F Sarno	Johnstown	L Tremante	Gloversville	J A. Shannon	Johnstown
Genesee	P P Welsh	Leroy	P J Di Natale	Batavia	P J Di Natale	Batavia
Greene	F E Persons	Lexington	W M Rapp	Catskill	M H Atkinson	Catskill
Herkimer	B J Kelly	Frankfort	F C Sabin	Little Falls	A L Fagan	Herkimer
Jefferson	S E Douglas	Adams	C A Prudhon	Watertown	L E Henderson	Watertown
Kings	T B Givan	Brooklyn	B M Bernstein	Brooklyn	I E Siris	Brooklyn
Lewis	B M Phelps	Lowville	J F Rudmin	Port Leyden	J F Rudmin	Port Leyden
Livingston	H J Schneckenburger	Nunda	F J Hamilton	Hemlock	F J Hamilton	Hemlock
Madison	F Ottaviano	Oneida	L S Preston	Oneida	G S Pixley	Canastota
Monroe	J S Houck	Rochester	C S Lakeman	Rochester	J L Norris	Rochester
Montgomery	M F Geruso	Amsterdam	S Partyka	Amsterdam	M T Woodhead	Amsterdam
Nassau	W C Atwell	Great Neck	W C Freese	Baldwin	W C Freese	Baldwin
New York	R B Henline	New York	B W Hamilton	New York	F Beekman	New York
Niagara	C M Brent	Niagara Falls	C M Dake	Niagara Falls	D B Fitzgerald	Lockport
Oneida	H D MacFarland	Utica	O J McKendree	Utica	R. C Hall	Utica
Onondaga	F S Wetherell	Syracuse	I L Ershler	Syracuse	A. C Hofmann	Syracuse
Ontario	B C Hurlbutt	Rushville	D A Eiseline	Shortsville	D A. Eiseline	Shortsville
Orange	R W Thompson	Cornwall-on-Hudson	E C Waterbury	Newburgh	E C Waterbury	Newburgh
Orleans	E T Eggert	Knowlesville	A H Snyder	Holley	A. H Snyder	Holley
Oswego	H F McGovern	Fulton	W F Fivaz	Fulton	W F Fivaz	Fulton
Otsego	A. M Skinner	Oneonta	M F Murray	Cooperstown	J M Constantine	Oneonta
Putnam	G H Steacy	Lake Mahopac	Garrett W Vink	Carmel	Garrett W Vink	Carmel
Queens	V Juster	Jamaica	E A. Wolff	Forest Hills	A A Fischl	Long Island City
Rensselaer	J F Connor	Troy	R. E De Friest	Troy	H. C Engster	Troy
Richmond	M S Lloyd	New York	H Friedel	St George	H Dangerfield	St George
Rockland	F J Schwartz	Spring Valley	R L Yeager	Pomona	M R. Hopper	Nyack
St. Lawrence	T M Watkins	Potsdam	C F Prairie	Massena	L T McNulty	Potsdam
Saratoga	F G Eaton	Saratoga Springs	M J Magovern	Saratoga Springs	J M Lebowich	Saratoga Springs
Schenectady	W E Gazeley	Schenectady	N H Rust	Scotia	R E Faulkner	Schenectady
Schoharie	R. G S Dougall	Cobleskill	D R. Lyon	Middleburg	D L Best	Middleburg
Schuyler	W C Stewart	Watkins Glen	C W Schmidt	Montour Falls	C W Schmidt	Montour Falls
Seneca	S B Folts	Interlaken	F W Lester	Seneca Falls	F W Lester	Seneca Falls
Steuben	J I Yanick	Hornell	R. J Shafer	Corning	R. J Shafer	Corning
Suffolk	R. W Jones	Center Moriches	E P Kolb	Holtsville	G A. Sillman	Sayville
Sullivan	R S Breakey	Monticello	D S Payne	Liberty	D S Payne	Liberty
Tioga	H S Fish	Waverly	P E Zoltowski	Waverly	P E Zoltowski	Waverly
Tompkins	R H Broad	Ithaca	W Wilson	Ithaca	W Wilson	Ithaca
Ulster	H Silk	Kingston	F H Voss	Kingston	C B Van Gaasbeek	Kingston
Warren	J A Glenn	North Creek	L C Huested	Glens Falls	L C Huested	Glens Falls
Washington.	Leslie A White	Whitehall	D M Vickers	Cambridge	C A. Prescott	Hudson Falls
Wayne	D. F Johnson	Newark	I M Derby	Newark	I M Derby	Newark
Westchester	I Zadek	Mt Vernon	E J Dealy	White Plains	H W Kipp	Ossining
Wyoming	A Kosseff	Attica	G W Nairn	Warsaw	G W Nairn	Warsaw
Yates	W P Roudy	Penn Yan	R. F Lewis	Penn Yan	R. F Lewis	Penn Yan



The combined use of an occlusive diaphragm and vaginal jelly remains, in the published opinions of competent clinicians, the most dependable method of conception control.

Dickinson[1] has long held that the use of jellies alone cannot be relied upon for complete protection. It is noteworthy that in the series of patients studied by Eastman and Scott[2], an occlusive diaphragm was employed in conjunction with a spermicidal jelly for effective results. Warner[3], in a carefully controlled study of 500 patients, emphasized the value of a diaphragm.

In view of the preponderant clinical evidence in its favor, we suggest that physicians will afford their patients a high degree of protection by prescribing the diaphragm and jelly technique.

You assure quality when you specify a product bearing the "RAMSES"* trademark.

1. Dickinson, R. L.: Techniques of Conception Control. Baltimore, Williams and Wilkins Co., 1942.
2. Eastman, N. J., and Scott, A. B.: Human Fertility 9:33 (June) 1944
3. Warner M. F.: J. A. M. A. 115:279 (July 27) 1940.

gynecological division

JULIUS SCHMID, INC

Quality First Since 1883

423 West 55 Street New York 19, N Y

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.

Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL *The members of the committee are Oliver W H Mitchell, M D , Chairman (428 Greenwood Place, Syracuse), George Baehr, M D , and Charles D Post, M D*

Council Committee Sponsors Course in Pulmonary Diseases and Tuberculosis

A COURSE of instruction in pulmonary diseases and tuberculosis is being offered by the Division of Tuberculosis of the New York State Department of Health, at any one of the following State Department of Health tuberculosis hospitals Hermann M Biggs Memorial Hospital, Ithaca, Homer Folks Tuberculosis Hospital, Oneonta, Mt Morris Tuberculosis Hospital, Mt Morris, or New York State Hospital, Ray Brook. The course is sponsored by the Council Committee on Public Health and Education of the Medical Society of the State of New York. By lectures, demonstrations, ward rounds, conferences, and field trips instruction will be given in bacteriology, pathology, diagnosis, treatment, administrative and public health aspects of pulmonary diseases and tuberculosis A candidate accepted for the course will act as a resident on the staff of the assigned hospital As such he will actively participate in the functions of the hospital The course will be elastic and allow for emphasis on those aspects of the problem in which the selected applicant is interested A career in sanatorium work, public health, opportunity for continued study or salaried positions will be available for physicians who manifest ability and interest in these fields

The course is intended primarily for medical officers returning from service with the Armed Forces

Others may apply if they possess the necessary qualifications Citizens of the United States who have graduated from approved medical schools may apply Preference will be given to physicians returning from military service

The minimum period of instruction will be for three months, but may extend up to twelve months maximum, as each applicant may desire Every effort will be made to individualize the experience so that the needs and desires of the enrollee will be adequately met

Each State Tuberculosis Hospital can accommodate four residents who will reside at the Hospital More can be accommodated if applicants reside in the adjacent community Each State Tuberculosis Hospital is fully approved by the American Medical Association and American College of Surgeons for residencies Service of six months or more can be applied to credit toward certification by the appropriate Board

Albany Medical College, University of Buffalo School of Medicine, University of Rochester School of Medicine and Dentistry, Syracuse University College of Medicine, and the U S Public Health Service have fully endorsed the course Appointees will be welcome at grand rounds, special lectures, and demonstrations given by the schools as a part of their program of postgraduate education. The Hermann M Biggs Memorial Hospital, at Ithaca, is convenient to the medical school at Syracuse The Homer Folks Tuberculosis Hospital, at Oneonta, is convenient to the medical school at Albany The Mount Morris Tuberculosis Hospital, at Mount Morris, is convenient to the medical schools at Buffalo and Rochester Appointees at the New York State Hospital at Ray Brook can participate in the special program at the medical schools of Albany or Syracuse

Through the Council Committee on Public Health and Education of the Medical Society of the State of New York and in collaboration with the county medical societies special lecturers will be supplied as need warrants

The Federal Government, though the United States Public Health Service, has allocated certain moneys to the States Stipends up to a maximum of $250 per month are available if certain qualifications can be met Details are available upon request

Make inquiries of and application to Dr Robert E Plunkett, General Superintendent of tuberculosis hospitals, New York State Department of Health, State Office Building, Albany 1, New York

General Education for Rockland County

POSTGRADUATE instruction has been arranged for the Rockland County Medical Society, it is to be given at the Recreation Pavilion, Summit Park Sanatorium, Pomona, at 4 00 P M on various days On March 29 Dr Gray H Twombly, assistant professor of cancer research, College of Physicians and Surgeons, Columbia University, New York City, will speak on "Recognition and Treatment of Pelvic Cancer" On April 24 a lecture entitled "Common Diseases of the Skin—Illustrated with Color Photography" will be delivered by Dr Leon H Griggs, associate professor of clinical medicine, Syracuse University College of Medicine The lecture to be given on May 24 is "The Clinical Aspects of Glomerulonephritis," by Dr William Goldring, associate professor of medicine, New York University College of Medicine On June 26 Dr Clayton W Greene, professor of medicine, University of Buffalo School of Medicine, will discuss "What Can We Do for Angina Pectoris and Coronary Occlusion?" On September 25 Dr Foster Kennedy, professor of clinical medicine (neurology), Cornell University Medical College, will speak on "Nervous Conditions Associated with Warfare"

This instruction is provided by the Medical Society of the State of New York, except that the lectures by Drs Twombly and Kennedy are presented jointly by the New York State Department of Health and the Medical Society of the State of New York.

[Continued on page 660]

DERMATOPHYTID



SO BOTHERSOME . . .
SO DIFFICULT TO ERADICATE

To the patient, dermatophytid proves more annoying than the original lesions themselves Consisting of deep-seated vesicles which exude a thick clear liquid, dermatophytid is the result of hyperallergization from a distantly located fungus infestation The lesion characteristically gives rise to severe pruritus and, when opened is especially prone to secondary pyogenic infection Through the use of Tarbonis, continuously applied, the surrounding inflammatory reaction rapidly subsides and the primary lesions themselves respond promptly Tarbonis represents a distinct advance in the therapy of dermatophytid over salicylate-benzoic acid unguents and over crude tar preparations, and usually obviates the need for roentgen therapy

Tarbonis is colorless, odorless, greaseless, does not stain linen or skin It contains 5% Liquor Carbonis Detergens extracted from selected tar by a unique process, retaining all beneficial factors of tar and eliminating the irritants. Menthol and lanolin are also incorporated in the vanishing cream base, making for a preparation of unusual pharmaceutical elegance. Specifically indicated whenever the action of tar is required

TARBONIS

REG U. S. PAT OFF

THE TARBONIS COMPANY

4300 Euclid Avenue, Cleveland 3, Ohio

[Continued from page 658]

The Rockland County Medical Society also met on February 20 at 4 00 PM at the Recreation Pavilion, Summit Park Sanatorium, Pomona, for a lecture entitled "Hypertension and Hypertensive Renal Disease," given by Dr Jules Redish, assistant professor of medicine, New York University College of Medicine, New York City This instruction was provided by the Medical Society of the State of New York.

Cortland County Has Two Lectures on General Medicine

THE Cortland County Medical Society met at 9 00 PM in the Board Room, Y M.C A., Cortland, for two lectures given on February 15 and March 15 The first was "Arteriosclerosis in the Aging," given by Dr Wardner D Ayer, professor of clinical medicine, Syracuse University College of Medicine The second was "The Diagnosis and Treatment of Anemia," by Dr Paul Reznikoff, associate professor of clinical medicine, Cornell University Medical College, New York City

General Medical Series for Madison County

POSTGRADUATE instruction is being given to the Madison County Medical Society on Thursday evenings at 8 30 PM at the Hotel Oneida, Oneida

On February 28 Dr Ezra Bridge, superintendent, Iola Sanatorium, Rochester, and assistant professor of medicine, University of Rochester School of Medicine and Dentistry, spoke on "New Developments in Tuberculosis" On March 7 Dr Edward C Hughes, professor of obstetrics, Syracuse University College of Medicine, discussed "Caudal Anesthesia in Obstetrics" On March 14 the lecture was "New Concepts and Therapy of Hypertension," given by Dr Richard S Gubner, assistant medical director of the Equitable Life Assurance Society of the United States, New York City On March 21 Dr Roscoe D Severance, associate professor of orthopedic surgery, Syracuse University College of Medicine, will speak on "Preventive Orthopedics Common Defects with Good Prognosis Under Medical Care" The lecture for March 28 will be "Carcinoma of the Colon and Rectum," given by Dr Frederick S Wetherell, professor of clinical surgery, Syracuse University College of Medicine

The Madison County Medical Society met at 8 30 PM on February 21 at the Hotel Oneida, Oneida, for a symposium on bacterial endocarditis Dr Orren D Chapman, professor of bacteriology and parasitology, Syracuse University College of Medicine, discussed bacteriology, Dr George H Reifenstein, associate professor of pathology, Syracuse University College of Medicine, spoke on pathology, Dr Edward C Reifenstein, Sr, professor of medicine, Syracuse University College of Medicine, spoke on diagnosis and treatment

This instruction, with the exception of the lecture by Dr Gubner, is provided jointly by the Medical Society of the State of New York and the New York State Department of Health

Jefferson County Studies Hematologic Disorders

POSTGRADUATE instruction for the Jefferson County Medical Society was given on February 14 at 6 30 PM at the Black River Valley Club, Watertown

Dr Ellery G Allen, associate professor of clinical medicine and assistant professor of clinical pathology, Syracuse University College of Medicine, delivered a lecture entitled "General Résumé of the Hematologic Disorders, Including the Anemias"

Fulton Academy Hears Lecture on the Rh Factor

INSTRUCTION arranged by the Council Committee on public health and education of the Medical Society of the State of New York, with the cooperation of the New York State Department of Health, was given before a meeting of the Fulton Academy of Medicine held on February 16 at 12 30 PM at the Lee Memorial Hospital, Fulton. A lecture entitled "The Rh Factor in Blood Transfusion and Pregnancy" was given by Dr Frederick N Marty

Dr Marty is instructor in clinical medicine, Syracuse University College of Medicine

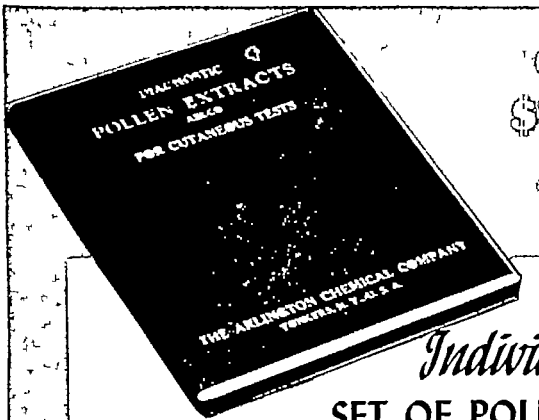
This instruction is presented as a cooperative endeavor between the New York State Department of Health and the Medical Society of the State of New York

---

PENNSYLVANIA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY TO MEET IN APRIL

The annual two-day meeting will be held at Merion Golf Club outside of Philadelphia, Wednesday and Thursday, April 24 and 25, 1946

For detailed information address Paul C Craig, M D, 232 North Fifth Street, Reading, Pennsylvania



ONLY
$1.00

Individualized

SET OF POLLEN TESTS FOR HAY FEVER

A Complete Diagnostic Set, containing 12 or more tests. Capillary tubes in individualized sets, selected on the basis of locality, date of onset and the duration of the patient's attack.

Make the skin tests by the easy "scratch method", and record results on the simplified chart enclosed for your convenience

If you wish, send us a report of your tests and we will prepare a treatment set to cover the patient's sensitivities ($7.50 complete) Also our allergy staff will gladly offer suggestions for the management of your cases.

THE ARLINGTON CHEMICAL CO

YONKERS 1 Arlington NEW YORK

MAIL THIS COUPON TODAY

Date of onset of attack

Date of termination of attack

NYS

Biological Department—The Arlington Chemical Company
Yonkers 1 New York

Gentlemen:

Enclosed find $1.00 for a special complete Pollen Diagnostic Set for this locality and for indicated dates of Hay Fever attack.

DR._____

ADDRESS_____

CITY_____ ZONE____ STATE_____

Woman's Auxiliary

To the Medical Society of the State of New York

County News

Albany County The Christmas Seal Sale for the Tuberculosis Fund, under the direction of Mrs William G Richtmyer, during the week of December 10, exceeded its quota by a large amount

The Auxiliary members have been busy spreading information about the medical opinion of the antivivisection bill known as the DiCostanzo-Crews Bill before the State Legislature On January 22, our legislative chairman, Mrs William M Thomson, was on hand to present speakers and material at the Women's Forum of the State Legislature at the hearing in the Capitol

On January 30, the members of the Auxiliary were addressed by Dr John E Heslin, who spoke on medical indemnity insurance, and who asked the women to promote its success by giving out information in all groups of which they were a part We were also addressed by Dr Robert R Hannon, Executive Secretary of the Medical Society of the State of New York, who spoke on the bills pertaining to public health and medicine, now before the state and national legislatures

Our past president, Mrs Alfred L Madden, who is now president-elect of the Woman's Auxiliary to the Medical Society of the State of New York, addressed a meeting of the International Federation of Catholic Alumni, on January 26, speaking against antivivisection On January 28, Mrs John E Gainor addressed the women of the Delmar Progress Club, a branch of the Federation of Women's Clubs of America, on the same subject

Our president, Mrs Emerson Crosby Kelly, has announced that our Auxiliary has purchased and presented seventy-three draw sheets, hemmed and ready for use, to the Hospital of Incurables, as one of our philanthropic projects

The next meeting of the Auxiliary was a luncheon at the University Club, Albany, on February 27, at which Mrs Gerald C Cooney, Legislative Chairman of the Woman's Auxiliary to the Medical Society of the State of New York, spoke

Mrs Kelly and Mrs Madden have been guest speakers at meetings of the Woman's Auxiliaries of adjoining counties and we have enjoyed an interchange of ideas Our membership is increasing, and we look forward to a busy spring season.

Schenectady County On December 27, the Auxiliary had a Christmas tea at the home of Mrs Glen Smith, in Schenectady, with a special effort to get new members to attend There were about forty-five attending

In January the Auxiliary had a dinner meeting at the Hotel Van Curler with Mrs Michael Schultz, program chairman for the state Auxiliary, Miss Yolande Lyon, field representative of the Medical Society of the State of New York, and Mr George Farrell, direction of the Bureau of Medical Care Insurance of the State Medical Society, as guests This meeting was in conjunction with the Schenectady County Medical Society and Dr Harry Reynolds, vice-president, presided at the meeting, which was open to the public The meeting, a forum on health insurance, was very instructive Mrs Alfred Grussner was chairman

---

WORKING WITH LUNG IRRITANTS CAN CAUSE CHRONIC BRONCHITIS

Chronic bronchitis can be an industrial hazard if workers who come in contact with various irritants to the lungs do not observe proper precautions, according to an article in the current issue of *Hygeia*, health magazine of the American Medical Association

Arthur S Webb, M D , Controller of the DuPage County (Illinois) Tuberculosis Sanatorium Board and Honorary Director of the DuPage County Tuberculosis Association, writes that "if the worker is exposed to dust that has sand particles of small enough size to breathe into his lungs, he can develop a condition known as silicosis, in which particles of sand enter the lung and eventually cause irritation and cough "

The author states that there are many causes for chronic irritation of the bronchial tubes "An irritation may begin with the acute diseases such as measles, whooping cough, influenza, pneumonia, typhoid fever, scarlet fever, malaria, or infected tonsils

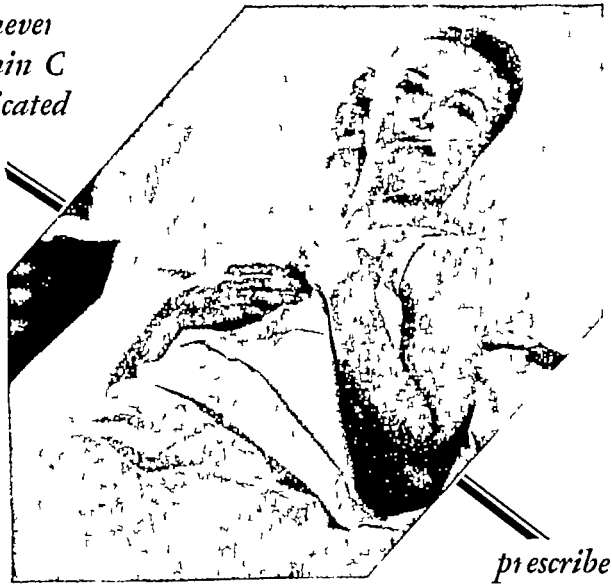
Bad teeth or sinus infection may play a part Other conditions which may be uncovered on investigating chronic bronchitis are tuberculosis and bronchiectasis Bronchiectasis is an enlargement and infection of the tubes and air sacs of the lungs "

Continuing, the article says "deformities of the air passageways, such as enlarged tonsils, adenoids, and enlarged turbinates, may contribute to chronic bronchitis Also foreign bodies, such as beans, that children may stick up the nostrils, and polyps, tumors, and various other unusual conditions, may encourage chronic infection of the air passages "

Dr Webb cautions against the passive acceptance of this lung disease He suggests the immediate investigation of the cause of bronchitis and if it is due to "abnormal conditions in the lungs or air passageways, these may be removed and the patient saved from a life of semi-illness which cramps his efficiency and is disturbing to those about him A neglected chronic cough, with its irritation and infection, may cause changes in the lung which may eventually cause a change in the shape of the chest Such people are more or less semi-invalids, being susceptible to cold, fatigue, loss of weight and appetite They may be able to work but do not feel well

"In investigating such a problem, an orderly procedure should be followed beginning with a careful history, with particular attention to past diseases and occupational hazards Questions regarding the aspiration of foreign bodies are important The nose and throat should be examined X-rays of the sinuses and lungs should be taken "

Whenever Vitamin C is indicated



prescribe

SODASCORBATE

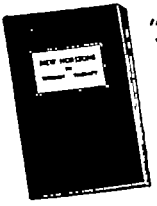
n surgery, in convalescence, in pregnancy and lactation, in infectious diseases—in scores of clinical and pathologic states—vitamin C is being prescribed more widely every day

And every day, more and more physicians are avoiding certain of this vitamin's undesired side- and after-effects—gastric irritation, acid shift and laxative action—by prescribing SODASCORBATE, the *improved* vitamin C therapy

SODASCORBATE (sodium ascorbate) corrects vitamin C deficiencies surely, swiftly, safely It has many advantages over ordinary ascorbic acid, particularly where this therapy must be continued over long periods, or where massive doses of vitamin C are required.

The average dose for adults and children over 12 years is one tablet three times daily or as indicated by the condition For children under 12 one-half tablet. This may be dissolved in milk for babies and young children.

Supplied in bottles of 40 and 100 tablets, as well as in hospital size bottle containing 500 tablets. For professional samples and covering literature, sign and mail the coupon.



"NEW HORIZONS IN VITAMIN C THERAPY"

This 32 page monograph contains much interesting and valuable information on vitamin C therapy Brief concise, authoritative. Most comprehensive bibliography Mail the coupon for your copy

VAN PATTEN PHARMACEUTICAL CO
500 N Dearborn Chicago 10, Ill. NYJ-3

Please send professional samples of SODASCORBATE Tablets and 32-page monograph "New Horizons in Vitamin C Therapy"

Dr _____

Address _____

Town _____ State _____

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and interest to our readers

RECEIVED

Cancer of the Colon and Rectum Its Diagnosis and Treatment. By Fred W Rankin, M D , and A Stephens Graham, M D Second printing Octavo of 358 pages, illustrated Springfield, Ill., Charles C Thomas, 1939 Cloth, $5 50

The Circulation of the Blood and Andrea Cesalpino of Arezzo By John P Arcieri, M D Duodecimo of 193 pages, illustrated New York, S F Vanni, 1945 Cloth, $4 00

Treatment in General Practice By Harry Beckman, M D Fifth edition Octavo of 1,070 pages Philadelphia, W B Saunders Co , 1945 Cloth, $10

Diseases of the Breast. Diagnosis, Pathology, Treatment. By Lt Comdr Charles F Geschickter, (MC),USNR. With a Special Section on Treatment in Collaboration with Murray M Copeland, M D Second edition Octavo of 826 pages, illustrated Philadelphia, J B Lippincott Co , 1945 Cloth, $12

Pulmonary Edema and Inflammation An Analysis of Processes Involved in the Formation and Removal of Pulmonary Transudates and Exudates By Cecil K Drinker, M D Octavo of 104 pages, illustrated Cambridge, Harvard University Press, 1945 Cloth, $2 50 (Harvard University Monographs in Medicine and Public Health)

Virus as Organism Evolutionary and Ecological Aspects of Some Human Virus Diseases By Frank MacFarlane Burnet, M D Octavo of 134 pages Cambridge, Harvard University Press, 1945 Cloth, $2 00 (Harvard University Monographs in Medicine and Public Health)

Government in Public Health By Harry S Mustard, M D Octavo of 219 pages, illustrated New York, The Commonwealth Fund, 1945 Cloth $1 50

A Primer of Electrocardiography By George Burch, M D , and Travis Winsor, M D Octavo of 215 pages, illustrated Philadelphia, Lea & Febiger, 1945 Cloth, $3 50

Nitrous Oxide-Oxygen Anesthesia. McKesson-Clement Viewpoint and Technique By Maj F W Clement, (MC),AUS Second edition Octavo of 288 pages, illustrated Philadelphia, Lea & Febiger, 1945 Cloth, $4 50

Essentials of Clinical Allergy By Samuel J Taub, M D Octavo of 198 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $3 00

The Medical Clinics of North America Mayo Clinic Number July, 1945 Octavo Philadelphia, W B Saunders Co , 1945 Published Bimonthly (six numbers a year) Cloth, $16 net, Paper, $12 net

Clinical Parasitology By Col Charles Franklin Craig, (MC),USA (Ret), and Ernest Carroll Faust, Ph D Fourth edition Octavo of 871 pages, illustrated Philadelphia,Lea&Febiger,1945 Cloth,$10

Diseases of the Nervous System Described for Practitioners and Students By F M R. Walshe, M D Fourth edition Octavo of 360 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $4.50

REVIEWED

Uncle Sam Convalescing By H Ameroy Hartwell, M D Duodecimo of 79 pa es, illustrated Boston, Bruce Humphries, 1944 Cloth $2 00

This little book of 75 pages, depicting the depression in the United States in the past decade, 1929–1939, is one of the finest modern examples of historic allegory that the writer has had the privilege to read.

It is written by a doctor already renowned as an author of merit The descriptive phrasing is in medico-analytic style, extremely pleasing to the medical mind and easily understood by the layman.

Franklin D Roosevelt, who was the Chief of Staff of the World Hospital in which Uncle Sam is convalescing, wrote the author, Dr H Ameroy Hartwell, praising this allegory about the depression and N R.A.

This is a book which everyone interested in the crisis through which this country recently passed should read. The reviewer endorses it highly as a literary gem

THOMAS B WOOD

Clinical Urology By Oswald Swinney Lowsley, M.D , and Thomas Joseph Kirwin, M D Second edition (In two volumes) Octavo of 1,769 pages, illustrated Baltimore, Williams & Wilkins Co , 1944 Cloth, $10 per set

The second edition of this splendid work has been completely revised, rewritten, and brought up to date As always, Mr Didusch's illustrations are beautifully done and explain the subject matter in detail

The addition of a bibliography at the end of each chapter is a valuable contribution to the second edition. The subject matter is clear, concise, and arranged in a most satisfactory fashion, making this an extremely valuable reference work for both the specialist and general practitioner

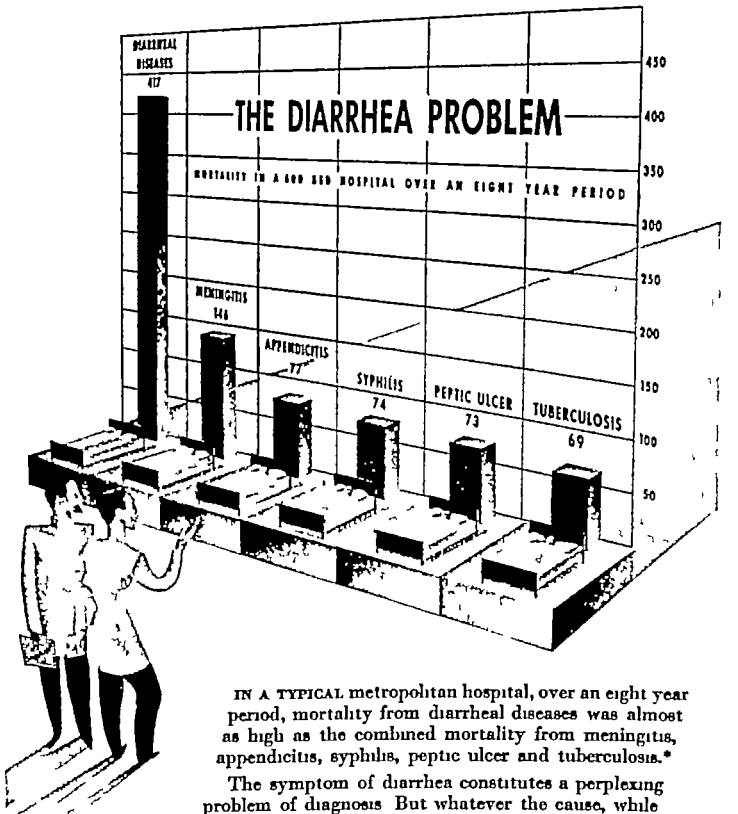
FEDOR L SENGER

Microbiology and Pathology By Charles F Carter, M D Third edition Octavo of 777 pages, illustrated St Louis, C V Mosby Co , 1944 Cloth, $3 50

This third edition of a standard textbook for nurses maintains the standards set by the previous editions Its division into general principles of microbiology, relation of bacteria to disease, bacteriology of water and milk, special bacteriology, pathology, and laboratory exercises is a satisfactory form of presentation.

The glossary at the end of part four is indeed most helpful to students

[Continued on page 666]



IN A TYPICAL metropolitan hospital, over an eight year period, mortality from diarrheal diseases was almost as high as the combined mortality from meningitis, appendicitis, syphilis, peptic ulcer and tuberculosis.*

The symptom of diarrhea constitutes a perplexing problem of diagnosis But whatever the cause, while specific treatment is being instituted, the diarrhea and resultant dehydration can be controlled by KAOMAGMA

DOSE 2 tablespoonfuls with water, then 1 tablespoonful after each bowel movement.

*Am. J Digest Dis. *13*.261, 1945.

"First we must check that DIARRHEA"

KAOMAGMA

REG. U.S. PAT. OFF.

A Palatable Emulsoid of Aluminum Hydroxide Gel and Colloidal Kaolin

SUPPLIED in bottles of 6 and 12 fl. oz.

Wyeth

REG. U.S. PAT. OFF.

WYETH INCORPORATED PHILADELPHIA 3 PENNA

[Continued from page 664]

At times it would seem as if the discussions might be somewhat complicated for student nurses, especially today with lowered admission requirements

In all, the book fills a definite need

ABRAHAM R. KANTROWITZ

Doctors at War Edited by Morris Fishbein, M D Octavo of 418 pages, illustrated New York, E P Dutton & Co , 1945 Cloth, $5 00

If civilization represents the precious amalgam resulting from the commingling of the very finest attributes contributed to it by the art, philosophy, literature, science, and industry of the land, then war has no place in our thinking and in our planning for the future Yet, wars have come and we hope soon will be gone for all time And in war there is destruction and death and hate and fear and courage and sacrifice and devotion to duty and faith in Fate and love of country and ideals and, yes, there is also glory With all due humility and with pardonable pride, medicine seeks top ranking in the honors distributed and implied i sharing the glory so widely earned in this worst of all wars

In sixteen chapters the recital of the story of *Doctors at War* carries on from the job done by Selective Service in choosing the human material necessary for war, through all phases of the participation of the doctor in the Army, the Navy, and the Air, in the Red Cross, the Public Health Service, in industry, both at home and abroad, in convalescence and rehabilitation, to medical research now and tomorrow

No other field of endeavor can begin to compare with, much less equal, the voluntary enlistment of about 60,000 physicians of all ages from colleges, from industry, from civilian practice, from retirement, willingly sacrificing careers and interrupting established practices in order to carry on what medicine has always considered its traditional duty Even those at home gave freely of their limited time, without thought of compensation, to the work of physical examinations under Selective Service

Not only the physician, but every parent, every wife, every individual with any stake in the war, no matter how remote this might be, has a right to be proud of the record presented in *Doctors at War*

BENJAMIN M BERNSTEIN

Microbial Antagonisms and Antibiotic Substances By Selman A Waksman Octavo of 350 pages, illustrated New York, Commonwealth Fund, 1945 Cloth, $3 75

Dr Waksman's timely and scholarly work brings together in one book most of the available information on antibiotic substances Beginning with the microbiology of the soil, the author considers the interrelationship and antagonisms of bacterial and mycotic populations He describes the general methods for isolating antibiotic organisms, the methods of cultivating and testing them, and of measuring their activity The individual antibiotic substances are discussed in detail from the standpoint of their preparation, their chemical structure, their mode of action on bacteria, and their utilization in therapy The bibliography contains over a thousand references, and the index is excellent

This volume is an up-to-date discussion of a live and interesting subject, by a man who has himself made many notable contributions in that field

ARNOLD H EGGERTH

A Textbook of Ophthalmology By Sanford R Gifford, M D Third edition, revised Octavo of 457 pages, illustrated Philadelphia, W B Saunders Co , 1945 Cloth, $4 00

This third edition was completed before Dr Gifford's untimely death and the changes in it are therefore his own There are some new illustrations and a fuller discussion of ptosis, contact glasses, cyclodiathermy, and epidemic keratoconjunctivitis

As in previous editions of this small textbook designed for students and general practitioners, the whole range of ophthalmology is covered in a brief, concise, and eminently readable way The present volume is well indexed and contains over four hundred pages, two hundred and fifteen illustrations, four charts, and thirteen colored plates It also contains a wealth of information for those for whom it was written and makes interesting reading for the ophthalmologist as well

E CLIFFORD PLACE

Shoulder Lesions By H F Moseley, D M , (Oxon) Quarto of 181 pages, illustrated Springfield, Ill , Charles C Thomas, 1945 Cloth, $4 50

Moseley's monograph will be of interest to every medical man, not only to the orthopedist Every physician is called upon to treat pain in shoulders and necks and all will profit from this systematic treatise

Newer concepts (such as cervical disc and scalenus syndromes) are discussed in detail Therapy, including the use of novocaine and x-ray, is treated fully A special word of commendation should be given the section by McNaughton on the neurological aspects of shoulder pain

MILTON PLOTZ

Penicillin and Other Antibiotic Agents By Wallace E Herrell, M D Octavo of 348 pages, illustrated Philadelphia, W B Saunders Co , 1945 Cloth, $5 00

This book is very detailed and complete It brings up to date the present knowledge and uses of penicillin, tyrothricin, streptothricin, and other antibiotic agents Naturally, the largest part is devoted to penicillin The historic section is very well done Methods of preparation, antibacterial activity in vitro and in vivo, physical and chemical properties, and methods of testing are presented in addition to the clinical uses This book will find its main use as a reference for those interested in this field, for it contains the results of trial of these agents on a very large number of diseases and organisms Its appeal to the clinician lies in this large field and detailed consideration of effects and dosage

VICTOR GROVER

Trauma in Internal Diseases With Consideration of Experimental Pathology and Medicolegal Aspects By Rudolf A Stern, M D Octavo of 575 pages, New York, Grune & Stratton, 1945 Cloth, $6 75

Dr Stern has given us a most readable, fascinating treatise on the close correlation between trauma and many of the usual conditions encountered in medical practice

Numerous, thorough case histories have been included, illustrating each disorder and showing the relationship of trauma to the pathology with clinical laboratory, operative, and, frequently, postmortem findings This is supplemented by a careful, com-

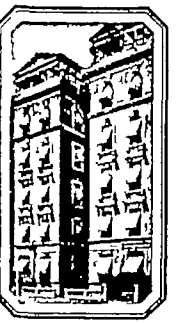
[Continued on page 668]

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment endorsed by many physicians Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY

COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24, N Y Tel SChuyler 4-0770

LOUDEN-KNICKERBOCKER HALL, INC

81 LOUDEN AVENUE - Tel Amityville 53 - AMITYVILLE, N Y

A private sanitarium established 1886 specializing in NERVOUS and MENTAL diseases.

Full information furnished upon request

JOHN F LOUDEN *President* JAMES F VAVASOUR, M D., *Physician in Charge*

NEW YORK CITY OFFICE, 67 West 44th St., Tel VAnderbilt 6-3782

'INTERPINES'

Goshen, N Y

Phone 117

Ethical — Reliable — Scientific

Disorders of the Nervous System

BEAUTIFUL — QUIET — HOMELIKE

Write for Booklet

FREDERICK W SEWARD M. D., *Director*
FREDERICK T SEWARD M. D., *Resident Physician*
CLARENCE A. POTTER, M.D. *Resident Physician*

BRUNSWICK HOME

A PRIVATE SANITARIUM. Convalescents, postoperative aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M D., Supt.
B'way & Louden Ave., Amityville N Y., Tel: 1700 1 2.

WEST HILL

West 252nd St. and Fieldston Road
Riverdale-on-the-Hudson, New York City

For nervous, mental, drug and alcoholic patients. The sanitarium is beautifully located in a private park of ten acres. Attractive cottages scientifically air-conditioned. Modern facilities for shock treatment. Occupational therapy and recreational activities Doctors may direct the treatment. Rates and illustrated booklet gladly sent on request

HENRY W. LLOYD, M.D., *Physician in Charge*
Telephone: Kingsbridge 9-8440

HALCYON REST

754 BOSTON POST ROAD RYE, NEW YORK

Henry W Lloyd, M.D., Physician-in-Charge
Licensed and fully equipped for the treatment of nervous, mental drug and alcohol patients, including Occupational therapy Beautifully located a short distances from Rye Beach. TELEPHONE: RYE 660 *Write for illustrated booklet.*

BUY VICTORY BONDS

DR. BARNES SANITARIUM

STAMFORD, CONN.

45 minutes from N Y. C. via Merritt Parkway

For treatment of Nervous and Mental Disorders, Alcoholism and Convalescents. Carefully supervised Occupational Therapy Facilities for Shock Therapy Accessible location in tranquil, beautiful hill country Separate buildings
F H. BARNES M.D., Med. Supt. *Tel. 4-1143

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y

FOR MENTAL AND NERVOUS PATIENTS. An un institutional atmosphere. Treatment modern, scientific, individual Moderate rates. Licensed by dept. of Mental Hygiene. (See also our advertisement in the Medical Directory of N Y., N J. and Conn.) Address inquiries to MARGARET TAYLOR ROSS, M.D., *Physician-in-Charge.*

[Continued from page 664]

At times it would seem as if the discussions might be somewhat complicated for student nurses, especially today with lowered admission requirements

In all, the book fills a definite need

ABRAHAM R. KANTROWITZ

Doctors at War Edited by Morris Fishbein, M D Octavo of 418 pages, illustrated New York, E P Dutton & Co , 1945 Cloth, $5 00

If civilization represents the precious amalgam resulting from the commingling of the very finest attributes contributed to it by the art, philosophy, literature, science, and industry of the land, then war has no place in our thinking and in our planning for the future Yet, wars have come and we hope soon will be gone for all time. And in war there is destruction and death and hate and fear and courage and sacrifice and devotion to duty and faith in Fate and love of country and ideals and, yes, there is also glory With all due humility and with pardonable pride, medicine seeks top ranking in the honors distributed and implied i sharing the glory so widely earned in this worst of all wars

In sixteen chapters the recital of the story of *Doctors at War* carries on from the job done by Selective Service in choosing the human material necessary for war, through all phases of the participation of the doctor in the Army, the Navy, and the Air, in the Red Cross, the Public Health Service, in industry, both at home and abroad, in convalescence and rehabilitation, to medical research now and tomorrow

No other field of endeavor can begin to compare with, much less equal, the voluntary enlistment of about 60,000 physicians of all ages from colleges, from industry, from civilian practice, from retirement, willingly sacrificing careers and interrupting established practices in order to carry on what medicine has always considered its traditional duty Even those at home gave freely of their limited time, without thought of compensation, to the work of physical examinations under Selective Service.

Not only the physician, but every parent, every wife, every individual with any stake in the war, no matter how remote this might be, has a right to be proud of the record presented in *Doctors at War*

BENJAMIN M BERNSTEIN

Microbial Antagonisms and Antibiotic Substances. By Selman A Waksman Octavo of 350 pages, illustrated New York, Commonwealth Fund, 1945 Cloth, $3 75

Dr Waksman's timely and scholarly work brings together in one book most of the available information on antibiotic substances Beginning with the microbiology of the soil, the author considers the interrelationship and antagonisms of bacterial and mycotic populations He describes the general methods for isolating antibiotic organisms, the methods of cultivating and testing them, and of measuring their activity The individual antibiotic substances are discussed in detail from the standpoint of their preparation, their chemical structure, their mode of action on bacteria, and their utilization in therapy The bibliography contains over a thousand references, and the index is excellent

This volume is an up-to-date discussion of a live and interesting subject, by a man who has himself ibutions in that field

ARNOLD H EGGERTH

A Textbook of Ophthalmology By Sanford R Gifford, M D Third edition, revised Octavo of 457 pages, illustrated Philadelphia, W B Saunders Co , 1945 Cloth, $4.00

This third edition was completed before Dr Gifford's untimely death and the changes in it are therefore his own There are some new illustrations and a fuller discussion of ptosis, contact glasses, cyclodiathermy, and epidemic keratoconjunctivitis

As in previous editions of this small textbook designed for students and general practitioners, the whole range of ophthalmology is covered in a brief, concise, and eminently readable way The present volume is well indexed and contains over four hundred pages, two hundred and fifteen illustrations, four charts, and thirteen colored plates It also contains a wealth of information for those for whom it was written and makes interesting reading for the ophthalmologist as well

E CLIFFORD PLACE

Shoulder Lesions By H F Moseley, D M , (Oxon) Quarto of 181 pages, illustrated Springfield, Ill , Charles C Thomas, 1945 Cloth, $4 50

Moseley's monograph will be of interest to every medical man, not only to the orthopedist Every physician is called upon to treat pain in shoulders and necks and all will profit from this systematic treatise

Newer concepts (such as cervical disc and scalenus syndromes) are discussed in detail Therapy, including the use of novocaine and x-ray, is treated fully A special word of commendation should be given the section by McNaughton on the neurological aspects of shoulder pain.

MILTON PLOTZ

Penicillin and Other Antibiotic Agents By Wallace E Herrell, M D Octavo of 348 pages, illustrated Philadelphia, W B Saunders Co , 1945 Cloth, $5 00

This book is very detailed and complete It brings up to date the present knowledge and uses of penicillin, tyrothricin, streptothricin, and other antibiotic agents Naturally, the largest part is devoted to penicillin The historic section is very well done Methods of preparation, antibacterial activity in vitro and in vivo, physical and chemical properties, and methods of testing are presented in addition to the clinical uses This book will find its main use as a reference for those interested in this field, for it contains the results of trial of these agents on a very large number of diseases and organisms Its appeal to the clinician lies in this large field and detailed consideration of effects and dosage

VICTOR GROVER

Trauma in Internal Diseases With Consideration of Experimental Pathology and Medicolegal Aspects By Rudolf A. Stern, M D Octavo of 575 pages, New York, Grune & Stratton, 1945 Cloth, $6 75

Dr Stern has given us a most readable, fascinating treatise on the close correlation between trauma and many of the usual conditions encountered in medical practice

Numerous, thorough case histories have been included, illustrating each disorder and showing the relationship of trauma to the pathology with clinical laboratory, operative, and, frequently, postmortem findings This is supplemented by a careful, com-

[Continued on page 668]

RIVERLAWN SANITARIUM

FOUNDED  1895

A conveniently situated SanRarium offering complete facilities for the treatment and care of MENTAL AND NERVOUS CASES and ALCOHOL AND DRUG ADDICTIONS We extend full cooperation to the Physicians.
CHARLES B. RUSSELL, M. D., *Med Dir*
45 Totowa Ave. PATERSON, N J Armory 4-2342

FALKIRK
IN THE
RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg.
CENTRAL VALLEY, Orange County N Y

POST WAR COLLECTIONS

Our Post War Plan is a friendly aid to patients in paying past due medical bills as they change from war pay to peace pay Protect your fees by acting now Write. Our local auditor will call and tell you all about it.

CRANE DISCOUNT CORPORATION
230 W 41 St. New York 18 N Y

anti-Rh



To Prevent Transfusion Reactions to accurately clarify ETIOLOGY OF ERYTHROBLASTOSIS FETALIS

Prepared in 1cc Ampules $5.00

Our anti-Rh serum—artificially produced by the injection of rhesus blood into guinea pigs—offers a high percentage of correct positive results since many of the anti-Rh sera of human origin do not agglutinate all the variants. We invite you to write for our illustrated brochure, "The Story of Blood Groups" a comprehensive treatise on the various blood grouping sera.

Write for a sample copy of The Gradwohl Laboratory Digest full of helpful hints on improved laboratory technique



GRADWOHL LABORATORIES
R. B. H. Gradwohl, M. D., Director
3514 Lucas Ave. St. Louis, Mo

RELIEVES MANY NASAL CONDITIONS

BOROLEUM

Contains Menthol, Camphor Eucalyptol Methyl Salicylate Boric Acid and Petrolatum.

SINCLAIR PHARMACAL CO., Inc.
72 CORTLANDT STREET
New York 7 N. Y

AND MINOR SKIN IRRITATIONS

in whooping cough

Elixir Bromaurate

GIVES EXCELLENT RESULTS

Cuts short the period of the illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma. In four-ounce original bottles. A teaspoonful every 3 to 4 hrs.
(Contains one-half grain Gold Tribromide in one fluidounce. Alcohol 2½% by volume.)

PHARMACAL CO., NEW YORK CITY

[Continued from page 668]

This book supplies the necessary medical information, namely, pathology, symptoms, and treatments of the major orthopedic disabilities There are 181 excellent illustrations, including nursing technics necessary for the nursing care of the orthopedic patient A chapter is included on the use of physiotherapy and surgical appliances, as well as the care of patients in casts A large chapter is devoted to the study of poliomyelitis

This book is recommended highly for nursing schools attached to orthopedic institutions

JOSEPH I NEVINS

Medical Gynecology By James C Janney, M D Octavo of 389 pages, illustrated Philadelphia, W B Saunders Co , 1945 Cloth, $5 00

This very interesting and complete little volume is extremely valuable for both the general practitioner and the specialist in the field, for it has all the newer thoughts as well as a careful evaluation of the older ideas The arrangement of the text and the illustrations are also well done

SANFORD KAMINESTER

The Fundamentals of Electrocardiographic Interpretation By J Bailey Carter, M D Second edition Octavo of 406 pages, illustrated Springfield, Ill , Charles C Thomas, 1945 Cloth, $6 00

This book is essentially an effort to supply the general practitioner with a sound foundation on which to base his interpretation of electrocardiograms, and in this it succeeds admirably The explanations are simple and brief so that they can be easily understood All the conditions discussed are illustrated by typical curves which have been very well reproduced The place of electrocardiography in the study of heart disease is well presented and it is stressed that by merely taking an electrocardiogram the whole diagnosis of heart disease is not settled

A large amount of space is devoted to coronary disease, and this is reviewed in a conservative manner For those who desire to delve further into the subject an excellent bibliography is appended to each chapter

The book adequately fulfills the purpose for which it was written

J HAMILTON CRAWFORD

The Marihuana Problem in the City of New York Sociological, Medical, Psychological and Pharmacological Studies By the Mayor's Committee on Marihuana Octavo of 220 pages, illustrated Lancaster, Jaques Cattell Press, 1944. Cloth, $2 50

This report has already received considerable publicity in the press because of its thoroughness and honesty It is the fact-finding report of a group of individuals appointed by Mayor F H LaGuardia to investigate the various facets of marihuana smoking—the extent to which it is used, the relationship between marihuana smoking and eroticism, crime, juvenile delinquency, etc

Some of the conclusions may come as a surprise to those who are not acquainted with the problem It seems obvious from work of the committee that marihuana is not a narcotic in the sense that it is not habit forming, nor does it lead to a compulsion for the drug As a habit it may not be an admirable one, but as a social problem it is not a disturbing one

The book is well written and should be read by all those who are socially minded

JOSEPH L ABRAMSON

Rypins' Medical Licensure Examinations Topical Summaries, Questions, and Answers Edited by Walter L Bierring, M D With the collaboration of a review panel Fifth edition Philadelphia, J B Lippincott Co , 1945 Cloth, $6 00

The extremely meager and fragmentary text of this volume could be of value only to the medical student reviewing for an examination In spite of the collaboration of an impressive editorial board in the preparation of this edition, one may question whether the possession of this book at an examination would enable the candidate to achieve more than a minimum passing grade However, it is only fair to state that the aim of Dr Rypins was probably only a little more ambitious than this and that the text will probably serve a limited audience satisfactorily

MILTON PLOTZ

The Medical Clinics of North America. Nationwide Number March, 1945 Octavo Philadelphia, W B Saunders Co , 1943 Published bimonthly (six numbers a year) Cloth, $16 net, paper, $12 net

This is an interesting and informative review of recent developments in internal medicine The articles are, in general, clear and concise and deal with many problems including diagnosis, treatment, and pathologic physiology

In general, controversial questions are treated with admirable fairness There are adequate references to the literature and a refreshing absence of authoritarian attitudes

The book can be wholeheartedly recommended to the internist or general practitioner looking for a thorough and understandable review of recent developments in medicine

ARTHUR SHAPIRO

Case Studies in the Psychopathology of Crime A Reference Source for Research in Criminal Material Vol 2 By Ben Karpman, M D Quarto of 738 pages Washington, D C , Medical Science Press, 1944 Cloth, $16

The subject of crime has been holding the attention of all thinking people since the dawn of civilization Yet crime is an ever-distressing subject that has plagued humanity throughout the ages It gained its greatest significance in the war crimes of the Axis nations Naturally, a volume on the subject written by an eminent psychiatrist is of profound significance and importance The present volume is the second in a series on *Case Studies in the Psychopathology of Crime* It deals with cases involving sexual crimes, and many of its cases were treated by the psychoanalytic method. One case is described as it was treated session by session so that the progress of therapy could be followed by the reader Furthermore, the dream material was included as a part of the patient's mental productivity

The book is a rather thorough presentation of the psychologic processes and the motivation of conduct in these unfortunate people It will appeal to all who are interested in the subject of crime, and to all others who are students in abnormal human behavior and its most serious manifestation, that of criminal conduct It is the product of much thought, survey, and scientific speculation and application of the psychoanalytic method It should receive a warm welcome from the serious student of psychiatry, sociology, and criminology It is highly recommended to all intelligent and serious students in any of the many fields of aberrant human behavior

IRVING J SANDS

CLASSIFIED

OFFERING

REAL ESTATE

Sound Real Estate Investments in Income Producing Properties Samuel Kramm 7 West 44th Street, New York City Murray Hill 2-9461 Member Real Estate Board of New York. Member National Association of Real Estate Boards

PATENT ATTORNEY

Z. H. POLACHEK, Patent Attorney Engineer Specialist in patents and trademarks Confidential advice 1234 Broadway N Y C. (at 31st) LOngacre 5-3083

Pathologist, Board Diplomate experienced desires association with hospital, group or private laboratory Address 4012 N Y St. Jr Med

Large unopposed general practice with new modern home and suite of offices available in southern central New York. Box 4019 N Y St. Jr Med.

FOR SALE

For freight charges plus $75, Borsodi loom about five feet square. Write Mrs. S. B Darling 133 Woodland Drive Pleasantville New York.

SUPERIOR PERSONNEL Assistants and executives in all fields of medicine—young physicians, department heads, nurses staff personnel, secretaries, anaesthetists, dieticians and technicians.

Patricia Edgerly

NEW YORK MEDICAL EXCHANGE
489 FIFTH AVE., N Y C. (AGENCY) MURRAY HILL 2-0676

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service. Paine Hall graduates have character, intelligence personality and thorough technical training. Let us help you find exactly the right assistant.

Est. 1917
Paine Hall

101 W 31st St., New York
BRyant 9-2831
Licensed by State of N Y

CLINICAL AND LABORATORY COURSE IN RHINOPLASTY

From March 18 to April 18

Limited to Diplomates of the American Board of Otolaryngology

SAMUEL FOMON M D
MANHATTAN GENERAL HOSPITAL, 307 Second Ave., New York City

Correction Notice

The Post-Graduate courses announced by the University of Buffalo—School of Medicine as being held the week of March 18, 1916 have been rescheduled to be held the week of April 22nd through April 27th

TWO NOBLE PURPOSES

are accomplished by a gift or contribution to

THE PHYSICIANS' HOME

1 You help to extend immediate aid to aged colleagues

2 You help to perpetuate that aid by creating an endowment on a sound actuarial basis

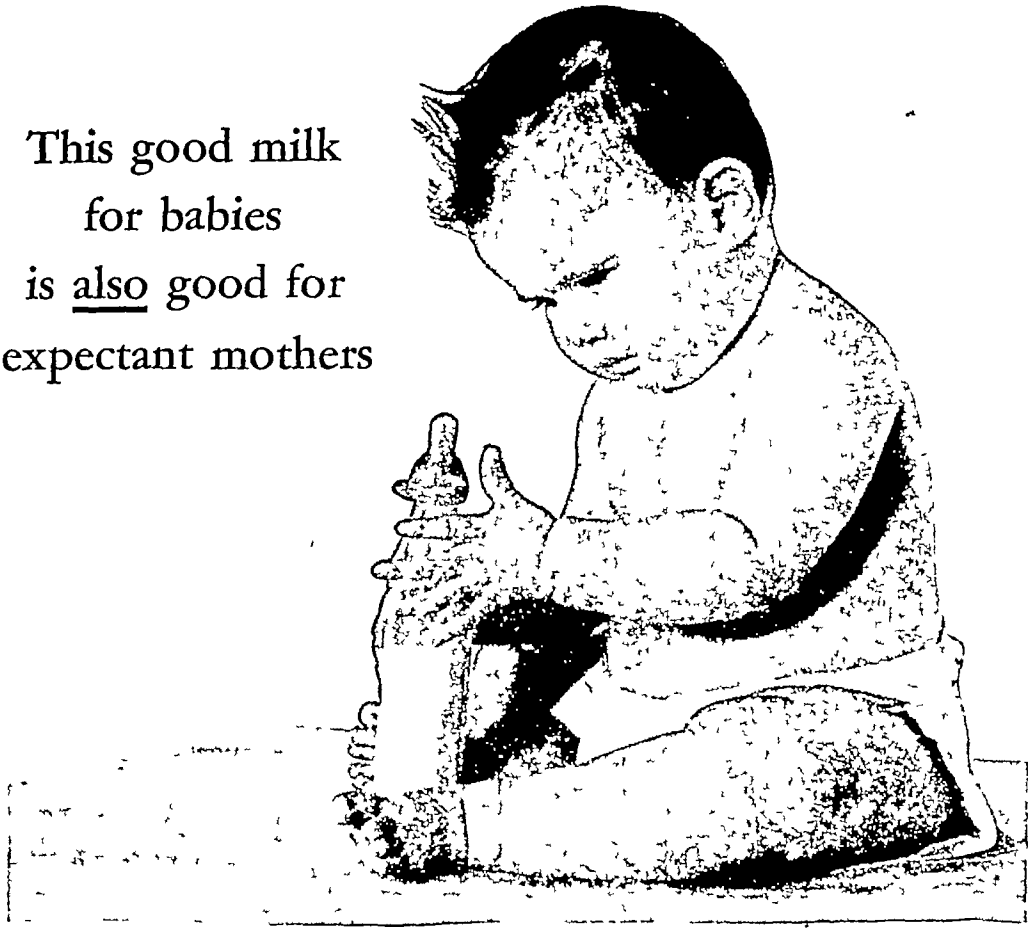
In making your will or estate pledge use full name

PHYSICIANS' HOME 52 EAST 66th ST New York 21, N Y

Dr CHAS. GORDON HEYD President

1st Vice-President Dr MAX KINHORN	Treasurer Dr B WALLACE HAMILTON	Secretary Dr BEVERLY C. SMITH
2nd Vice-President Dr. H. B MATTHEWS	Ass't Treasurer Dr ALFRED M. HELLMAN	Ass't Secretary Dr B. A. GOODMAN

This good milk for babies is also good for expectant mothers



THE adequate inclusion of milk solids in the pre-natal diet is facilitated when Carnation Evaporated Milk is used

As it pours from the can, Carnation is a *concentrated* food Undiluted or only partially diluted, it may be used in many recipes to increase the milk nutrients to a degree not possible with ordinary milk That is a definite advantage where the mother's appetite for milk as a beverage is limited

The same qualities that have won Carnation Milk universal favor as a food for infants are no less valuable in the pre-natal diet. Safety is assured by hermetic sealing and sterilization Heat treatment enhances digestibility And scientific processing conserves essential nutritive values

In addition, Carnation is fortified with 400 U S P units of vitamin D_3 per pint —a level recommended for the protection of the mother's bones and teeth, as well as for proper fetal development

Carnation Milk's universal availability and genuine economy are further factors in its favor *Carnation Company, Milwaukee 2, Wis. and Toronto, Ont.*

Carnation Milk

VITAMIN D INCREASED



"From Contented Cows"

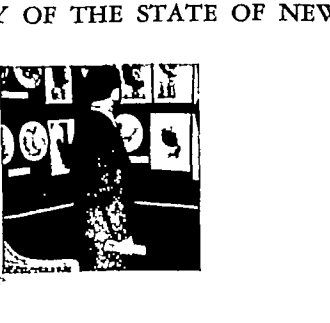
The Technical Exhibits

THE following companies serving the medical profession will be represented in the technical exhibits at the forthcoming Annual Meeting, April 29th to May 3rd. They are making a special effort to present new aids to the practice of medicine

See page 807 for short descriptions of each exhibit

Abbott Laboratories No. Chicago, Illinois
The Alkalol Co. Taunton, Massachusetts
Ames Company, Inc., Elkhart Indiana
The Arlington Chemical Co., Yonkers 1 New York
The Armour Laboratories, Chicago, Illinois
Associated Concentrates, Inc., Elmhurst, L. I New York
Ayerst, McKenna & Harrison Ltd., New York City
W. A. Baum Co., Inc., New York City
Becton Dickinson & Company Rutherford New Jersey
The Best Foods, Inc. New York City
Bilhuber-Knoll Corp., Orange New Jersey
Ernst Bischoff Company, Inc., Ivoryton Connecticut
The Borden Company New York City
Brewer & Company Inc., Worcester Massachusetts
Bristol Laboratories Inc., Syracuse, New York
The Burdick Corporation Milton, Wisconsin
Burroughs Wellcome & Co. (U.S.A.) Inc., New York City
Cambridge Instrument Company Inc., New York City
Camel Cigarettes, New York City
Camaron Heartiometer Company Chicago, Illinois
Cameron Surgical Specialty Company Chicago and New York
S. H. Camp & Company Jackson Michigan
Canadian Radium & Uranium Corp. New York City
Carnation Company, Milwaukee Wisconsin
Ciba Pharmaceutical Products, Inc., Summit, New Jersey
The Coca Cola Company Atlanta, Georgia
Cutter Laboratories, Chicago Illinois
The Denver Chemical Mfg. Co., Inc., New York City
Doak Company Inc., Cleveland, Ohio
The Doho Chemical Corporation New York City
The Drug Products Company Inc., New York City
Eaton Laboratories Inc. Norwich, New York
Endo Products Inc Richmond Hill New York
C. B. Fleet Company Inc., Lynchburg, Virginia
Otis E. Glidden & Company Evanston, Illinois
Grant Chemical Company, Inc., New York City
Hanovia Chemical and Manufacturing Company Newark New Jersey
H. J. Heinz Company, Pittsburgh Pennsylvania
Hill Surgical Supply Company Syracuse, New York
Hoffmann La Roche Inc. Nutley, New Jersey
Holland Rantos Company Inc. New York City
The Hygeia Nursing Bottle Company Buffalo New York
International Vitamin Corp., New York City
The Kelley Koett Manufacturing Co., Covington, Kentucky
Kellogg Company Battle Creek, Michigan
Kidde Manufacturing Company Inc., Bloomfield New Jersey
H. W. Kinney & Sons Inc. Columbus, Indiana
Lakeside Laboratories Milwaukee Wisconsin
Lanteen Medical Laboratories, Inc., Chicago Illinois
Lea & Febiger Philadelphia, Pennsylvania
Lederle Laboratories, Inc., New York City
Libby McNeill & Libby Chicago, Illinois
The Liebel Flarsheim Company Cincinnati Ohio
Eli Lilly & Company Indianapolis, Indiana
J. B. Lippincott Company Philadelphia, Pennsylvania
The Malbie Chemical Company, Newark, New Jersey
Maltex Company Burlington, Vermont
The Maltine Company, New York City
T. H. McKenna, Inc New York City
McNeil Laboratories, Inc., Philadelphia Pennsylvania
Mead Johnson & Company, Evansville Indiana
Medical Film Guild New York City
The Mennen Company Newark New Jersey
Merck & Company Rahway New Jersey
The Wm. S. Merrell Company Cincinnati Ohio
Philip Morris & Company, New York City
National Dairy Council Chicago Illinois
National Dairy Products Company Inc., New York City
The National Drug Company Philadelphia, Pennsylvania
National Live Stock and Meat Board Chicago, Illinois
Nepera Chemical Company Yonkers, New York
Nestle a Milk Products, Inc. New York City
New York Medical Exchange New York City
Nutrition Research Laboratories, Chicago, Illinois
Ortho Pharmaceutical Corporation Linden, New Jersey
Oxygen Equipment Mfg. Company New York City
Parke, Davis & Company Detroit Michigan
Pet Milk Sales Corporation St. Louis, Missouri
The Procter & Gamble Company, Ivorydale, Ohio
Professional Nutrition Products Inc., New York City
The Radium Emanation Corporation, New York City
Rare Chemicals Inc Harrison New Jersey
Reese-Davis Drugs, Inc. Meriden Connecticut
L. & H. Reiner New York City
Riedel-de Haen Inc., New York City
Ritter Company Inc. Rochester New York
A. H. Robins Company Richmond Virginia
J. B. Roerig & Company Chicago, Illinois
Rogers Diesel & Aircraft Corp., New York City
Ryston Company New York City
Sandos Chemical Works Inc., New York City
Saratoga Springs Authority Saratoga Springs, New York
Schenley Laboratories Inc. New York City
Schering Corporation Bloomfield, New Jersey
Julius Schmid Inc. New York City
G. D. Searle & Company Chicago Illinois
Sharp & Dohme, Inc., Philadelphia Pennsylvania
Sinclair Pharmacal Company Inc New York City
Smith, Kline & French Laboratories Philadelphia, Pennsylvania
Specific Pharmaceuticals Inc., New York City
Spencer Incorporated New Haven Connecticut
E. R. Squibb & Sons, New York City
Frederick Stearns & Company Detroit Michigan
Tampax Incorporated New York City
The Tarbonis Company Cleveland, Ohio
Teca Corporation, New York City
U. S. Vitamin Corp. New York City
Varick Pharmacal Company Inc., New York City
Walker Vitamin Products, Inc., Mt. Vernon New York
Wallace & Tiernan Products, Inc., Belleville, New Jersey
William R. Warner & Company Inc., New York City
Westwood Pharmacal Corp., Buffalo, New York
White Laboratories, Inc., Newark New Jersey
Winthrop Chemical Company Inc. New York City
Wyeth Incorporated Philadelphia Pennsylvania

MEDICAL SOCIETY OF THE STATE OF NEW YORK



ESKADIAZINE

makes oral sulfadiazine therapy easier



ESKADIAZINE—the ideal oral sulfadiazine—
has these three advantages:—

1 **Fluid Form** This new fluid sulfadiazine is the ideal oral dosage form, especially for infants and children, and also for the many adults who object to tablet medication Each 5 cc (1 teaspoonful) contains 0 5 Gm (7.7 gr) of sulfadiazine.

2 **Exceptional Palatability.** Eskadiazine is so surprisingly palatable and pleasant in consistency that it is accepted willingly by all types of patients. Children actually like to take it

3 **More Rapid Absorption.** The findings of a recent clinical study by Flippin and associates (Am J M Sc , Aug 1945) indicate that with Eskadiazine desired serum levels may be far more rapidly attained than with sulfadiazine administered in tablet form

Smith, Kline & French Laboratories, Philadelphia, Pa

S.K.F.'s new, outstandingly palatable fluid sulfadiazine for oral use



"It's a Boy!"

—and his life expectancy is brighter, and longer by 15 years —thanks to medicine's "men in white"

● Cold figures with a warm, wonderful significance. Yes, the figures on increased life expectancy tell as much as a five-foot shelf of volumes on the amazing strides modern medical science has made in protecting and prolonging human life.



According to a recent independent nationwide survey

MORE DOCTORS SMOKE CAMELS

than any other cigarette

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 APRIL 1, 1946 NUMBER 7

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK *Publication Office* 20TH AND NORTHAMPTON STS , EASTON, PA *Editorial and Circulation Office* 292 MADISON AVE , NEW YORK 17, N Y *Change of Address* NOTICE SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS Twenty-five cents per copy—$2 00 per year *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa , under the Act of August 24, 1912*

CONTENTS

SCIENTIFIC ARTICLES

Disorders of the Blood-Forming Organs, *Ellery G Allen, B S , M D , F A C P* . 721

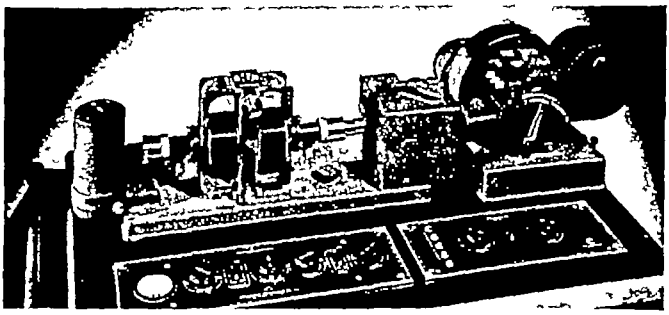
An Analysis of 200 Cases of Arthritis Admitted to An Army General Hospital, *Kenneth Goldstein, Maj ,(MC),AUS* 727

Penicillin in the Treatment of Vincent's Angina, *Lewis H. Bronstein, Capt ,(MC)* 735

The Clinical Diagnosis of Coronary Artery Sclerosis, *A Stuart Ferguson, M D* 737

Coarctation of the Aorta—A Report of Five Cases, *Robert Schwartz, Maj ,(MC),AUS* 739

(Continued on page 678)



AT THE 140th ANNUAL MEETING
MEDICAL SOCIETY OF THE STATE OF NEW YORK

Hotel Pennsylvania, April 29th to May 3rd

Doctor, you are cordially invited to visit the Cambridge Booth 71-72 to see our complete line of Cardiac Diagnostic Instruments including the "SIMPLI-TROL" Model Portable Electrocardiograph

CAMBRIDGE INSTRUMENT COMPANY, INC.

Pioneer Manufacturers of the Electrocardiograph

3733 Grand Central Terminal **New York 17, N. Y.**

CAMBRIDGE
all-electric
ELECTROCARDIOGRAPH

Cryptorchidism



Undescended testes are exposed to several hazards —atrophy, sterility, torsion and malignant degeneration. *Even if these unfortunate complications* do not eventuate, the very existence of cryptorchidism may be responsible for or contribute toward psychic disturbances in adolescence.

PRANTURON

Administration of PRANTURON, chorionic gonadotrophin, at an early age often causes the cryptorchid organ to assume its natural position and thereby promotes somatic and emotional readjustment.

PRANTURON is available in two strengths as a stable powder in multiple dose vials to permit flexibility in dosage, each vial containing 5,000 I U or 10 000 I U of dry highly purified hormone of pregnancy urine. When diluted with the sterile diluent provided solutions of 500 I U per cc. or 1,000 I U per cc. are obtained. Packaged in boxes of one vial

Trade-Mark PRANTURON—Reg. U S Pat. Off.

Schering CORPORATION BLOOMFIELD N J
In Canada, Schering Corporation Ltd., Montreal

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, MURRAY HILL 3-9841

CONTENTS—Continued from page 676

Pregnancy Following Treatment with Male Sex Hormone in Sterility Due to Functional Bleeding, *Arthur F Simon, M D* 743

Penicillin in Acute Cholecystitis, *Randolph Rosenthal, M D* 744

Safety Switch for Short-Wave Machine, *I Klein, M D* 746

EDITORIAL

The Chemistry of the Shock Syndrome 717
Pharmaceutic Trade-Marks 718
Safety in Childbirth 719
Current Editorial Comment 719

ANNUAL REPORTS

See Index 747

ANNUAL MEETING

Call to Meeting 793
Scientific Program 794
Scientific Exhibits 801
Technical Exhibits 806
Woman's Auxiliary to the Medical Society of the State of New York 822
Women's Medical Society of New York State 824

GENERAL FEATURES

Necrology 826

MISCELLANEOUS

State Society Officers 680, 682, 684
County Society Officers 830

℞ **Pediforme**
FOOTWEAR



To Relieve Simple Foot Disorders

. . . to provide proper foot control

. . . to avoid faulty pressure effects

. . . to help keep young feet normal

Send your patients to
A Convenient Pediforme Store

A SHOE FOR EVERY MEMBER OF THE FAMILY A SHOE FOR EVERY INDIVIDUAL REQUIREMENT

MANHATTAN, 34 West 36th St **NEW ROCHELLE,** 545 North Ave
BROOKLYN, 287 Livingston St. **EAST ORANGE,** 29 Washington Pl.
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, 241 Fulton Ave **HACKENSACK,** 299 Main St.

IN THE CORRECTION OF HYPOCHROMIC ANEMIA

More than Iron Alone

MAY BE NEEDED

Hypochromic anemia, whether caused by inadequate food intake, increased nutritional requirement, or by blood loss, usually tends to perpetuate itself Anemia engenders anorexia, hypochlorhydria and impaired digestion. This interferes with adequate intake, absorption and utilization of iron and other essential nutrients, thus intensifying the anemic state

For the speedy correction of the anemia syndrome and its associated multiple nutritional deficiencies, iron alone is usually inadequate *All* the lacking essential nutrients must be supplied, by both diet and appropriate medication.



★ **Heptuna**

a **ROERIG** *Preparation*

Heptuna presents a convenient and effective means of treating hypochromic anemia by supplying not only iron, but also other metabolic essentials frequently needed.

EACH CAPSULE CONTAINS:

★ **The Most Readily Available Form of Iron**

Ferrous Sulfate U.S.P	4½ Grains

★ **Natural Fat-Soluble Vitamins**

Vitamin A (Fish Liver Oil)	5,000 U S.P Units
Vitamin D (Tuna Liver Oil)	500 U S.P Units

★ **B-Complex Vitamins**

Vitamin B_1 (Thiamine Hydrochloride)	2 mg
Vitamin B_2 (Riboflavin)	2 mg
Vitamin B_6 (Pyridoxine Hydrochloride)	0 1 mg
Calcium Pantothenate	0.333 mg
Niacinamide	10 mg.

★ **Whole Natural B Complex**

Derived from Liver Concentrate (Vitamin Fraction) and Dried Yeast U S.P

J B ROERIG & COMPANY • 536 Lake Shore Drive • Chicago 11, Ill.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	EDWARD R CUNNIFFE, M D , Bronx
Past-President	HERBERT H BAUCKUS, M D , Buffalo
President-Elect	WILLIAM HALE, M D , Utica
Second Vice-President	STEPHEN R MONTEITH, M D , Nyack
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR., M D , Forest Hills
Treasurer	KIRBY DWIGHT, M D , New York
Assistant Treasurer	JAMES R. REULING, JR., M D , Bayside
Speaker	LOUIS H. BAUER, M.D , Hempstead
Vice-Speaker	F LESLIE SULLIVAN, M D , Scotia

TRUSTEES

GEORGE W KOSMAK, M D , *Chairman* New York 28

JAMES F ROONEY, M D	Albany	WILLIAM H ROSS, M D	Brentwood
ALBERT A. GARTNER, M D	Buffalo	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

EDWARD R. CUNNIFFE, M D	Bronx	WALTER P ANDERTON, M D	New York
WILLIAM HALE, M D	Utica	KIRBY DWIGHT, M D	New York
HERBERT H BAUCKUS, M D	Buffalo	LOUIS H. BAUER, M D	Hempstead

GEORGE W KOSMAK, M D New York

Term Expires 1946
CARLTON E WERTZ, M D
Buffalo
RALPH T TODD, M D
Tarrytown
CHARLES M ALLABEN, M D
Binghamton

Term Expires 1947
FLOYD S WINSLOW, M D
Rochester
J STANLEY KENNEY, M D
New York
HARRY ARANOW, M D
Bronx

Term Expires 1948
OLIVER W H MITCHELL, M D
Syracuse
MAURICE J DATTELBAUM, M D
Brooklyn
DAN MELLEN, M D
Rome

[*See pages 682 and 684 for additional Society Officers*]



Pure Bile Salts, concentrated Pancreatin, Duodenal Substance, Charcoal in Bidupan . . . improve biliary drainage, digestion of albumin, carbohydrates, fats; stimulate pancreatic secretion; remove fermentive factors . . . to speed relief in biliousness, intestinal indigestion, and recurrent flatulence Bottles of 50 and 100 tablets.

Send for Literature, address Dept. N

CAVENDISH PHARMACEUTICAL CORP., 25 West Broadway • New York 7

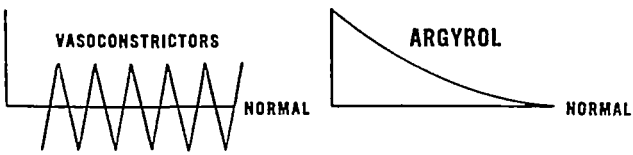
In treating Paranasal Infection

Avoid the Congestive Rebound

of Vasoconstrictors

Help restore normal function

with ARGYROL



This vicious circle of vasoconstriction and compensatory congestion with many vasoconstrictors does *not* lead to restoration of normal function in the nasal passages.

On the other hand, the cleansing demulcent and bacteriostatic actions of ARGYROL aid the natural defense mechanism without disturbing the normal physiology of the mucous membranes.

The Three-Fold Action of ARGYROL:

In contact with the mucous membrane ARGYROL possesses these unique advantages

1. ARGYROL is decongestive without irritation to the membrane and without ciliary injury
2. ARGYROL is definitely bacteriostatic, yet is non toxic to tissue.
3. ARGYROL cleanses, and stimulates secretion, thereby enhancing Nature's own first line of defense

Three-Fold Approach to paranasal therapy:

1. The nasal meatus — by 20 per cent ARGYROL instillations through the nasolacrimal duct.
2. The nasal passages...with 10 per cent ARGYROL solution in drops
3. The nasal cavities...with 10 per cent ARGYROL by nasal tamponage

ARGYROL *the Physiologic Anti-infective with broad, sustained action*



Made only by the **A. C. BARNES COMPANY • NEW BRUNSWICK, N. J.**

ARGYROL is a registered trade mark, the property of A. C. Barnes Company

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	EDWARD R. CUNNIFFE, M D , Bronx
Past-President	HERBERT H. BAUCKUS, M D , Buffalo
President-Elect	WILLIAM HALE, M D , Utica
Second Vice-President	STEPHEN R MONTEITH, M D , Nyack
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR , M D , Forest Hills
Treasurer	KIRBY DWIGHT, M D , New York
Assistant Treasurer	JAMES R. REULING, JR , M.D , Bayside
Speaker	LOUIS H. BAUER, M D , Hempstead
Vice-Speaker	F LESLIE SULLIVAN, M D , Scotia

TRUSTEES

GEORGE W KOSMAK, M D , *Chairman* New York 28

JAMES F ROONEY, M D	Albany	WILLIAM H. ROSS, M.D	Brentwood
ALBERT A GARTNER, M D	Buffalo	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

EDWARD R CUNNIFFE, M D	Bronx	WALTER P ANDERTON, M D	New York
WILLIAM HALE, M D	Utica	KIRBY DWIGHT, M D	New York
HERBERT H BAUCKUS, M D	Buffalo	LOUIS H BAUER, M D	Hempstead

GEORGE W KOSMAK, M D New York

Term Expires 1946	*Term Expires 1947*	*Term Expires 1948*
CARLTON E WERTZ, M D Buffalo	FLOYD S WINSLOW, M D Rochester	OLIVER W. H MITCHELL, M D Syracuse
RALPH T TODD, M D Tarrytown	J STANLEY KENNEY, M D New York	MAURICE J DATTELBAUM, M D Brooklyn
CHARLES M ALLABEN, M D Binghamton	HARRY ARANOW, M D Bronx	DAN MELLEN, M D Rome

[*See pages 682 and 684 for additional Society Officers*]



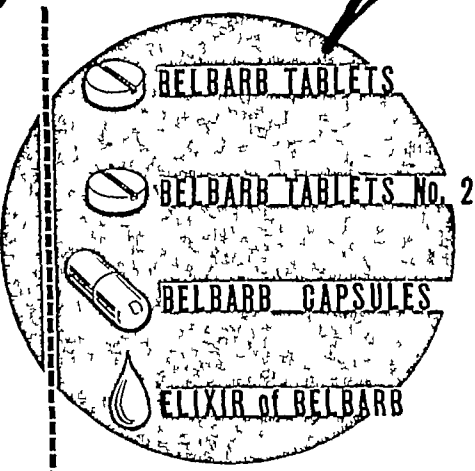
Pure Bile Salts, concentrated Pancreatin, Duodenal Substance, Charcoal in Bidupan . . . improve biliary drainage, digestion of albumin, carbohydrates, fats; stimulate pancreatic secretion; remove fermentive factors . . . to speed relief in biliousness, intestinal indigestion, and recurrent flatulence Bottles of 50 and 100 tablets.

Send for Literature, address Dept. N.

CAVENDISH PHARMACEUTICAL CORP., 25 West Broadway • New York 7

Adaptability





BELBARB

AN *Excellent*

SEDATIVE AND HYPNOTIC

More than a decade of clinical experience has established the safety, effectiveness, and smoothness of the sedative action of BELBARB

BELBARB is now available in FOUR DIFFERENT DOSAGE FORMS, enabling adaptation to the needs of the individual patient far better than with a single form. May we send samples and literature?

CHARLES C. HASKELL & CO., INC., RICHMOND, VIRGINIA

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

SECTION OFFICERS

1945–1946

ANESTHESIOLOGY

Milton C Peterson, *Chairman* — New York
Robert B Hammond, *Vice-Chairman* — White Plains
Rose M Lenahan, *Secretary* — Buffalo

DERMATOLOGY AND SYPHILOLOGY

Clarence H Peachey, *Chairman* — Rochester
E William Abramowitz, *Secretary* — New York

GASTROENTEROLOGY AND PROCTOLOGY

Stockton Kimball, *Chairman* — Buffalo
Descum C McKenney, *Vice-Chairman* — Buffalo
Harry E Reynolds, *Secretary* — Schenectady

INDUSTRIAL MEDICINE AND SURGERY

Russell C Kimball, *Chairman* — Brooklyn
Philip L Forster, *Secretary* — Albany

MEDICINE

Frederick W Williams, *Chairman* — Bronx
Harold F R. Brown, *Vice-Chairman* — Buffalo
George E Anderson, *Secretary* — Brooklyn

NEUROLOGY AND PSYCHIATRY

E Jefferson Browder, *Chairman* — Brooklyn
Burton M Shinners, *Secretary* — Brooklyn

OBSTETRICS AND GYNECOLOGY

Charles J Marshall, *Chairman* — Binghamton
Charles A Gordon, *Secretary* — Brooklyn

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Harold H. Joy, *Chairman* — Syracuse
Maxwell D Ryan, *Secretary* — New York

ORTHOPEDIC SURGERY

Robert M Cleary, *Chairman* — Buffalo
Joseph Buchman, *Secretary* — New York

PATHOLOGY AND CLINICAL PATHOLOGY

Fred W Stewart, *Chairman* — New York
Ellis Kellert, *Vice-Chairman* — Schenectady
M J Fein, *Secretary* — New York

PEDIATRICS

Carl H. Laws, *Chairman* — Brooklyn
Albert G Davis, *Vice-Chairman* — Utica
George R. Murphy, *Secretary* — Elmira

PUBLIC HEALTH, HYGIENE AND SANITATION

Joseph P Garen, *Chairman* — Saranac Lake
Henry B Doust, *Vice-Chairman* — Syracuse
Frank E Coughlin, *Secretary* — Albany

RADIOLOGY

Alfred L L. Bell, *Chairman* — Brooklyn
Lee A. Hadley, *Vice-Chairman* — Syracuse
Raymond W Lewis, *Secretary* — New York

SURGERY

Beverly C Smith, *Chairman* — New York
Stanley E Alderson, *Secretary* — Albany

UROLOGY

George E Slotkin, *Chairman* — Buffalo
John K deVries, *Vice-Chairman* — New York
Archie L Dean, Jr , *Secretary* — New York

SESSION OFFICERS

1945–1946

HISTORY OF MEDICINE

T Wood Clarke, *Chairman* — Utica
Judson B Gilbert, *Vice-Chairman* — Schenectady
Claude E Heaton, *Secretary* — New York

PHYSICAL MEDICINE

Walter S McClellan, *Chairman* — Saratoga Springs
Albert Richard Hatfield, Jr , *Secretary* — Utica

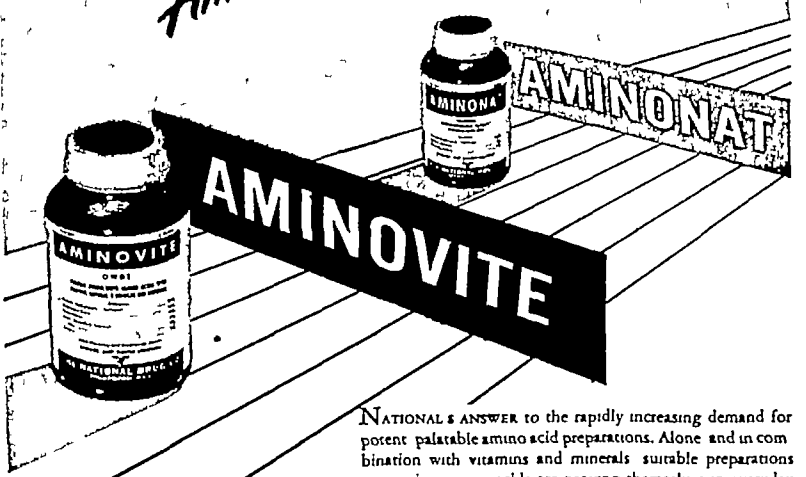
CHEST DISEASES

Nelson W Strohm, *Chairman* — Buffalo
Grant Thorburn, *Secretary* — New York

Euresol pro capillis
resorcinol monoacetate
COUNCIL ACCEPTED
℞ 1 dram to 4 ounces in a lotion or ointment
for dandruff, itching scalp and falling hair
BILHUBER-KNOLL CORP. - - ORANGE, NEW JERSEY

Announcing Two New

Amino Acid Preparations



NATIONAL'S ANSWER to the rapidly increasing demand for potent palatable amino acid preparations. Alone and in combination with vitamins and minerals suitable preparations containing amino acids are proving themselves in everyday practice. Each of these *new* products fills a need. You'll find them of immediate use in *your* practice.

AMINOVITE provides amino acids, B Complex factors and minerals. Palatable. Indicated as a general dietary supplement.

Contains. Protein Hydrolysate 70% Autolyzed Yeast 10% Hi Ribo 2% Liver Powder (secondary fraction) 2% Lactalbumin, 10% In 4 oz., 8 oz. and 1 lb. packages

AMINONAT supplies in a palatable and concentrated form amino acids required for tissue construction and regeneration. Indicated in hypoproteinemic states.

Contains. Protein Hydrolysate, 94% Sodium Chloride 2% Flavoring Agents, 4% In 4 oz., 8 oz. and 1 lb. packages.

AMIRON

is designed for use as a hematinic and to stimulate appetite.

Contains: (per fluidounce) Protein Hydrolysate 5% Liver Conc. (1 20) 5% Liquid Yeast 5% Carbohydrates, 35% Alcohol 10% Iron and Ammonium Citrates 4 gr. Thiamine Hydrochloride 8 mg. In 4 oz. 8 oz. pt. and gal. bottles

NATIONAL DRUG COMPANY

THE NATIONAL DRUG COMPANY, PHILADELPHIA PA

See the National Drug Company exhibit—Space No. 123 at the New York State Medical Society Convention, April 29—May 3

Announcing...

TWO NEW PENICILLIN PRODUCTS

of Schenley Laboratories, Inc.

PENICILLIN TROCHES SCHENLEY—

With a base which dissolves slowly, and thus gradually liberates penicillin at the site of infection, these troches provide an effective means for treatment of mouth and throat infections due to Vincent's organisms Penicillin Troches Schenley retain potency over long periods when kept at recommended temperature.



Penicillin Troches Schenley—1,000 units each Supplied in bottles of 25

PENICILLIN TABLETS SCHENLEY—

Buffered with calcium carbonate, these superior tablets are indicated in treatment of gonorrhea and in continuing therapy of pneumococcic, streptococcic, and staphylococcic infections after acute phase of infection has been controlled. Stability of tablets permits ambulatory patients to carry with them the required daily dose.



Penicillin Tablets Schenley — 25,000 units each Supplied in bottles of 20

SCHENLEY LABORATORIES, Inc.

Executive Offices

350 FIFTH AVENUE, NEW YORK CITY

Producers of PENICILLIN SCHENLEY

Your Local Distributor for **PENICILLIN** SCHENLEY *is*

ALBANY
A B Huested & Co , Inc.

BINGHAMTON
L. F Hamlin, Inc.

BROOKLYN
Bedford Surgical Supply Co
Brooklyn Physicians Supplies Co
Gardner Surgical Supply Co
Jacoff Surgical Supply Company
Jamison Laboratories
Lennon-Peck Surgical Co.
Mayflower Surgical Supply Co
National Surgical Stores Inc.
Park Surgical Company Inc.
Powell & Powell Surgical Company

BRONX
Guarantee Truss Company
N S. Low & Company
Mr H F Nusbaum
Joseph Weintraub Surgical Supplies

BUFFALO
Jeffrey Fell Company

ELMIRA
Elmira Drug & Chemical Company

ENDICOTT
L. F Hamlin Inc.

FLUSHING
Low Surgical Co , Inc.

HEMPSTEAD
Hempstead Surgical Company

JACKSON HEIGHTS
Professional Surgical Supply Co

JAMAICA
Fulton Surgical Co Inc

JOHNSON CITY
L. F Hamlin Inc

NEW YORK
J Beeber Company
Friedenberg Surgical Supply Co
Guarantee Truss Company
The Hospital Supply & Watters Lab
Industrial Drug Supplies, Inc.
Jamison Semple Co
Mr Raymond Kramer
Kramer Surgical Stores
Low Surgical Co Inc
N S. Low & Co Inc
Pharmaceutical Surgical & Lab Sup
Ringler Rados Surgical Corp
J H Slavin Surgical Company
Stanley Supply Company

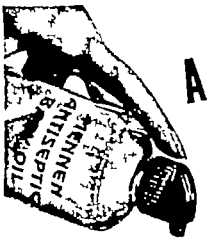
ROCHESTER
R J Strasenburgh Co Inc.

STAPLETON, S I
White Surgical Company

SYRACUSE
Hill Surgical Supply Company

TROY
John B Garrett

A proven aid in preventing rashes





Use of Mennen *Antiseptic* Baby Oil in the home can save you avoidable calls—because it helps to keep baby's skin smooth and healthy, free of many rashes and skin infections. No other oil or lotion can match the Mennen record of excellent results on *millions* of infants over the past 12 years. That is why, in recent surveys, baby specialists said—4 to 1—they prefer Mennen *Antiseptic* Baby Oil over all other oils and lotions. Hospital survey shows that 8 times as many hospitals prefer Mennen Antiseptic Baby Oil as *all other oils combined.*

MENNEN ANTISEPTIC BABY OIL

WELCOME!

VISIT MENNEN BOOTH NO. 84

THE MENNEN COMPANY, NEWARK 4, N J

Effective Convenient Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared

Mercurochrome

(H W & D brand of merbromin, dibromoxymercurifluorescein-sodium)

is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds

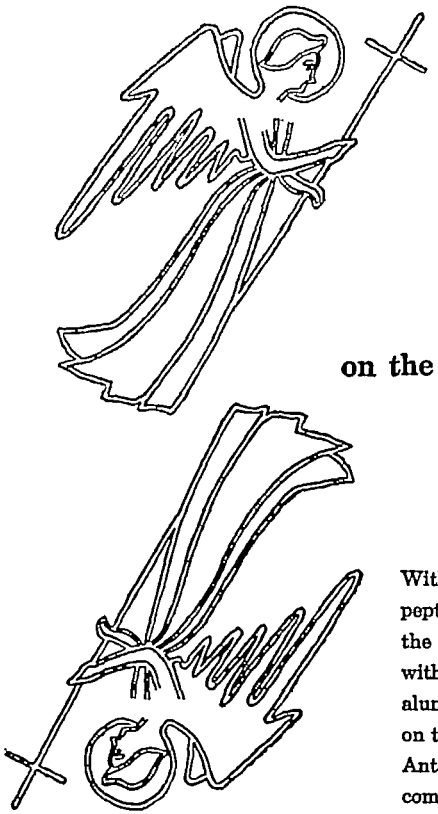
Complete literature will be furnished on request.



HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

INDEX TO ADVERTISERS

Ames Company, Inc.	714
A C Barnes Company	681
Dr Barnes Sanitarium	829
Bausch & Lomb Optical Co	829
Bilhuber-Knoll Corp	684
Ernst Bischoff Company, Inc.	813
Brewer & Co , Inc	821
Brigham Hall Hospital	827
Bristol Laboratories Incorporated	3rd cover
Brunswick Home	829
Burroughs Wellcome & Co	700
Cambridge Instrument Co Inc	676
Cavendish Pharmaceutical Corp	680
Commercial Solvents Corporation	701
Crookes Laboratories	815
Davies, Rose & Company, Limited	708
Doak Co , Inc	712
Eaton Laboratories Inc	819
Falkirk in the Ramapos	829
Gold Pharmacal Co	829
Halcyon Rest	829
Dr T H Halsted	831
Charles C Haskell & Co , Inc	683
Hoffman-La Roche, Inc	713
Hygeia Nursing Bottle Co , Inc	712
Hynson, Westcott & Dunning Inc	688
Interpines	827
The Lahey Clinic	709
Lakeside Laboratories	703
Lanteen Medical Laboratories, Inc	823
Libby, McNeill & Libby	694
Eli Lilly & Company	Between 688 and 689
J B Lippincott Company	817
Louden-Knickerbocker Hall, Inc	827
The Maltine Company	809
Mead Johnson & Company	4th cover
The Mennen Company	687
The Wm. S Merrell Company	2nd cover
Philip Morris & Co , Ltd , Inc.	710
National Dairy Council	690
National Discount & Audit Co	829
National Drug Company	685
Nestle s Milk Products	715
Nutrition Research Laboratories	692–693
Paine Hall	831
Pediforme Shoe Co	678
Pinewood	827
Z H Polachek	831
L & B Reiner	825
R. J Reynolds Tobacco Co	675
J B Roerig & Company	679
Rystan Company	691
Schenley Laboratories, Inc.	686
Schering Corporation	677
G D Searle & Co	705
Smith, Kline & French Laboratories	674, 696
Spencer Inc	704
Frederick Stearns & Company	695
Charles B Towns Hospital	827
Twin Elms	827
United-Rexall Drug Co	698
Varick Pharmacal Company, Inc.	702
Wallace Laboratories, Inc.	697
Wander Company	711
H F Wanvig	712
Wm R Warner & Co , Inc	689
West Hill	827
White Laboratories, Inc.	699, 707
Winthrop Chemical Company, Inc	706
Wyeth Incorporated	716
Yonkers Professional Hospital	829
Yorkshire Indemnity Company	832
The Zemmer Company	831



on the side of the angels

With 'GELUSIL'* Antacid Adsorbent, peptic ulcer therapy is not bedeviled by the constipation commonly associated with administration of ordinary alumina gels Through a therapy truly on the side of the angels, 'GELUSIL' Antacid Adsorbent affords distinctive combination of a uniquely acid resistant alumina and magnesium trisilicate.

For quick relief, prolonged relief, free from the drawbacks of unmodified common alumina gels, prescribe

William R. WARNER and Co. Inc. 113 WEST 18TH STREET NEW YORK 11 N Y

'gelusil'

*Trademark Reg U S Pat Off

antacid adsorbent

Bottles of 6 and 12 fluidounces
Bottles of 50, 100 and 1000 tablets

For National Rehabilitation



Ice Cream is so Delicious

it's hard to believe

it can be so Nutritious!

But look what it provides:

On top of its welcome deliciousness beyond its tempting, refreshing taste that everyone loves see what bounteous nourishment every helping of ice cream brings

Vitamins Ice Cream is a good source of Vitamin A and Riboflavin (Vitamin G) and contains other vitamins found in milk

Minerals Calcium, necessary for strong bones and teeth, is supplied abundantly by Ice Cream

Proteins Ice Cream provides high-quality proteins those found in milk to promote health and well being

No other single food provides Ice Cream's particular combination of nutritive elements *No wonder* Ice Cream is playing a leading role in national rehabilitation and in lifting everyone's morale

EST 1918 NATIONAL DAIRY COUNCIL

NATIONAL DAIRY COUNCIL

551 FIFTH AVENUE NEW YORK 17, NEW YORK

An educational organization promoting national health through a better understanding of dairy foods and their use

CHLOROPHYLL THERAPY

Proved in the laboratory! Proved in the clinic!
NOW PROVED IN PRACTICE!



Chloresium

REG. U.S. PAT. OFF.

The natural nontoxic healing agent containing the water soluble derivatives of chlorophyll For the treatment of wounds, burns, ulcerative conditions

1 Accelerates healing
2 Stimulates normal cell growth
3 Reduces scar formation
4. Controls infection
5 Is nontoxic—bland and soothing
6 Deodorizes malodorous lesions

During the past five years, exhaustive laboratory and clinical research has shown that the water-soluble derivatives of chlorophyll "a" contained in Chloresium measurably accelerate the healing of wounds, burns, ulcers and similar lesions, especially those of the chronic, indolent and resistant types In addition, Chloresium was shown to promptly eliminate the almost unbearable odors associated with suppurative conditions such as ulcerative carcinoma, chronic osteomyelitis leg ulcers and similar malodorous cases

Now—proved in general practice

The response of the medical profession to Chloresium since its introduction last October has been most gratifying In one recent month over five thousand requests for literature were received A steady volume of re-orders from hospitals and pharmacists is conclusive proof that physicians have found in Chloresium an important new therapy for healing and deodorizing

If you have not used Chloresium, send the coupon The results which it can achieve are the best evidence of what Chloresium can do

Chloresium is ethically promoted
Available at all leading druggists.

CHLORESIUM SOLUTION (PLAIN) 2-oz. and 8-oz. bottles
CHLORESIUM OINTMENT 1-oz tubes and 4-oz jars
CHLORESIUM NASAL SOLUTION ½-oz. dropper bottles and 2-oz. and 8-oz. bottles

Both CHLORESIUM SOLUTION (PLAIN) nd CHLORESIUM OINTMENT contain the purified, therapeutically active *water-soluble* derivati es of chlorophyll "a" ($C_{55}H_{72}O_5N_4Mg$) They are maintained to rigid chemical and physical standards and are pharmaceutically adjusted to a low surface tension to lavore penetrability CHLORESIUM NASAL SOLUTION contains these same *water-soluble* chlorophyll derivatives in an isotonic saline solution suitably buffered for nasal instillation. Indicated for symptomatic relief nd for accelerat ion of healing of acute and chronic inflammatory conditions of the upper respiratory tract.

FREE—mail coupon for literature and sample



RYSTAN COMPANY, Dept. N J-7
50 Church St. New York 7 N Y

Please send me, without obligation, "Chlorophyll—Its Use In Medicine," a review of over 60 published papers, with explicit directions for the use of Chloresium therapy—and sample of the products indicated: ( ) Chloresium Solution (Plain) ( ) Chloresium Ointment ( ) Chloresium Nasal Solution.

Name _____ M D
Street _____
City _____ State _____

RYSTAN COMPANY
50 CHURCH ST., NEW YORK 7, N.Y.

Sole Licensee—Lakeland Foundation



Ertron

IS DIFFERENT FROM

ANY OTHER ANTIARTHRITIC

THERAPEUTIC ACTION

Therapeutically, Ertron is different from any other antiarthritic Many patients in large series of clinical studies have experienced restoration of movement in affected joints, relief of pain and measurable evidence of reduced swelling Comprehensive published works are evidence of established therapeutic action

CHEMICAL COMPOSITION

It can now be said that chemically, too, Ertron is unique Ertron differs in chemical composition from the ordinary vitamin D preparations—a fact that undoubtedly accounts for the excellent results obtained with Ertron

Simply stated, Ertron is electrically activated vaporized ergosterol prepared by the Whittier Process Each capsule contains 5 mg of activation products *having a potency of not less than 50,000* U.S P Units of vitamin D

Ertron contains a number of hitherto unrecognized factors which are members of the steroid group The isolation and identification of these substances in pure chemical form further establish the chemical as well as the therapeutic uniqueness of Ertron

ERTRONIZATION THERAPY

Physician control of the arthritic patient is essential for optimum effect To Ertronize employ Ertron in adequate daily dosage over a sufficiently long period to produce beneficial results If signs of overdosage appear, discontinue medication for about ten days—then continue with three capsules per day gradually building up to the patient's level of tolerance.

Ertron is the registered trade-mark of Nutrition Research Laboratories

SUPPLIED IN BOTTLES OF 50, 100 AND 500 CAPSULES

Parenteral for supplementary intramuscular injection



Ethically promoted

NUTRITION RESEARCH LABORATORIES • • • CHICAGO

No Other Infant Foods

OFFER THIS DUAL PROCESSING AND ITS ADVANTAGES

FIRST STRAINED, then HOMOGENIZED—a dual process applied to all Libby Baby Foods—makes these homogenized foods more easily digestible, of a finer texture, and safe for feeding as early as the fifth week of life.

Homogenization, an exclusive Libby process in baby foods, ruptures the food-cell capsules within which the actual nutrients are contained. The largest resultant particles found in Libby's Strained and Homogenized Baby Foods measure 250 microns or less, while in foods which have been merely strained the size reaches 840 microns or more.

Rupture of the cells releases the contained nutriment, disperses it uniformly, and exposes it directly to the action of the digestive juices, making it more easily digestible. At the same time, the inert cellulose fibers of the cell capsules are comminuted to ultraminute fragments which are not irritating to the digestive tract, yet retain their value as "bulk."

Libby's Baby Foods are of such fine, smooth texture that they flow freely through an ordinary-size nipple opening when incorporated in the baby's "formula."

And it has been shown that *homogenization* increases the availability of iron in strained vegetable foods, early feeding of Libby's Baby Foods is a valuable prophylactic measure against the so-called "physiologic" anemia in early infancy.

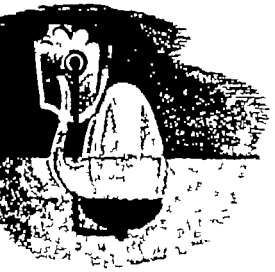
Libby, McNeill & Libby

Chicago 9, Ill.

NOT MERELY STRAINED *Homogenized too!*



ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods and Nutrition



When the pressure is low—
the circulation slackens

In chronic hypotension or states of circulatory deficiency associated with convalescence mild collapse, and other asthenic states Sympatol provides convenient symptomatic therapy Orally effective Sympatol improves the peripheral circulation by raising systolic and venous pressure and increasing cardiac output. Circulation time is shortened although the pulse rate is frequently slowed

Sympatol

To Improve Peripheral Circulation

THERAPEUTIC APPRAISAL: A synthetic pressor drug—para methylaminoethanolphenol tartrate—for providing safe circulatory stimulation. Sympatol on oral administration increases venous and systolic pressures significantly diastolic pressure only slightly with little or no effect on the central nervous system Repeated doses are consistently and uniformly effective

INDICATED for symptomatic treatment of circulatory atony—to improve peripheral circulation to increase cardiac output and shorten circulation time; to increase cardiac efficiency



DOSAGE: Adults—1 to 3 tablets three times daily or 1 to 2 cc. of solution every four to six hours. Children—5 to 20 minims of solution repeated as required.

SUPPLIED in 100 mg tablets, bottles of 50 10% solution (100 mg per cc.) for oral use bottles of 30 cc.

Frederick Stearns & Company
Division
DETROIT 31 MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY AUSTRALIA AUCKLAND, NEW ZEALAND

a new liquid dosage form



Available in 6 fl oz bottles

Benzedrine Sulfate—formerly supplied in tablet form only—is now available also as

BENZEDRINE SULFATE ELIXIR

Benzedrine Sulfate Elixir, N N R —highly palatable, pleasant in appearance and easily tolerated—is identical in action with Benzedrine Sulfate Tablets It is a preferred form of administration for invalids, convalescents, children and the aged This new preparation contains Benzedrine Sulfate (racemic amphetamine sulfate, S K.F), 2 5 mg per 5 cc (1 teaspoonful), and has the same pharmaceutical properties as low-alcoholic, mildly acidic elixirs

NOTE When you next write for Benzedrine Sulfate, please remember to specify which of the two dosage forms you wish to prescribe— 'Tablets' or 'Elixir'

Smith, Kline & French Laboratories, *Philadelphia, Pa*

New, effective treatment for impetigo...



ULCERS	INFECTED WOUNDS
ABRASIONS	INFECTED DERMATITIS
FOLLICULITIS	SYCOSIS VULGARIS
FURUNCULOSIS	INFECTED CYSTS

Tyrothricin's full germ-killing power utilized

● Containing tyrothricin *in true solution*, Bactra Tycin Ointment meets a vital need in the treatment of many common diseases of the skin.

In impetigo, healing proceeds rapidly from first application. Reports from private and clinic practice show that involved areas clear up in a matter of days

The response of surface infections, particularly with staphylococci and streptococci, to Bactra Tycin is prompt and favorable. It is bactericidal on contact, its use also promotes growth of granulation tissue and repair

Each gram of Bactra Tycin contains 1 mg. tyrothricin

This ointment is stable, requires no refrigeration. It is soothing, non toxic, easily applied.

Descriptive literature and sample on request.

BACTRA-TYCIN
REG U S PAT OFF
OINTMENT
Containing
TYROTHRICIN



WALLACE LABORATORIES, INC.

NEW BRUNSWICK, NEW JERSEY

YOU CAN'T OVERRATE THE VALUE OF CONTROL



Everyone can see the need for control measures against *obvious* dangers But dramatic and constant campaigning is necessary to win public support in the fight against the unseen menace of cancer. Interest must be awakened and education conducted to enlist the public co-operation requisite to success This challenging work is the responsibility of the Field Army of the American Cancer Society

To give appropriate significance to these efforts and to focus nation-wide attention on this vital problem, Congress has designated April, "Cancer Control Month " And again this Spring, as in each drive spearheading the next year's activities, the Field Army's straightforward appeal to all Americans is "GIVE, to Conquer Cancer."

Once more, over 10,000 Rexall Drug Stores across the country unite in behalf of this cause. Urging Americans to heed the Society's plea, these stores contribute facilities for distribution of literature cautioning "Consult your doctor" at the first moment of cancer's "danger signals."

UNITED-REXALL DRUG CO.

Rexall DRUGS

PHARMACEUTICAL CHEMISTS FOR MORE THAN 43 YEARS

LOS ANGELES • BOSTON • ST LOUIS • CHICAGO • ATLANTA • SAN FRANCISCO
PORTLAND • PITTSBURGH • FT WORTH • NOTTINGHAM • TORONTO • SO AFRICA

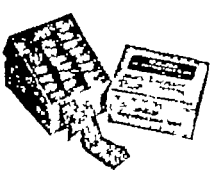
prevention OF SECONDARY POST-TONSILLECTOMY HEMORRHAGE WITH

"A preliminary study of the routine use of sulfathiazole gum after tonsillectomy indicated a reduction in the incidence of secondary hemorrhage. In addition, the gum appeared to exert a favorable effect on the healing of the pharyngeal wound."

—McGovern, F. H.: Arch. Otolaryngology 40:196-197 (Sept.) 1944.

White's SULFATHIAZOLE GUM*

AVAILABLE
In packages of 24 tablets, sanitaped, in slip-sleeve prescription boxes.



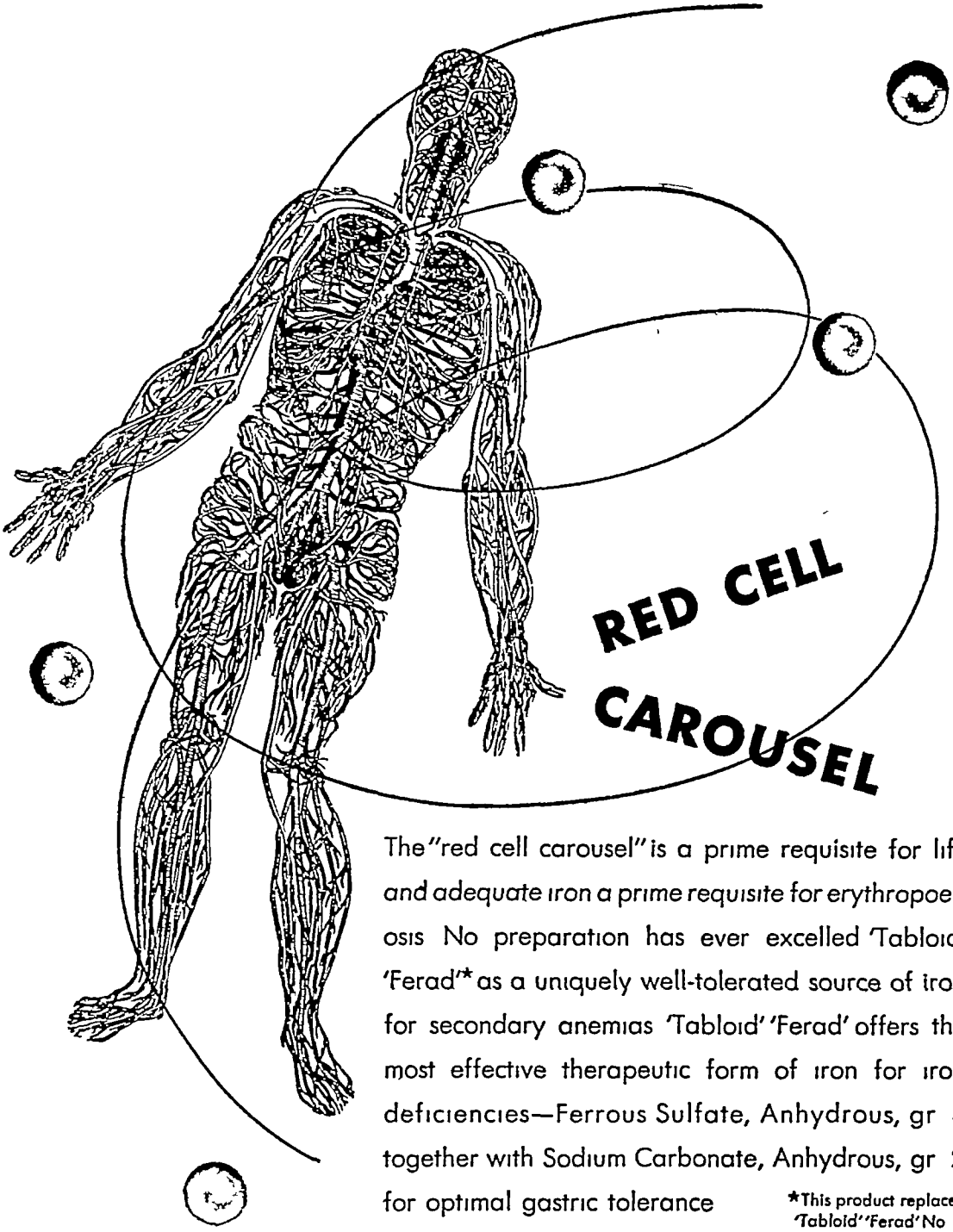
IMPORTANT:
Please note that your patient requires your prescription to obtain this product from the pharmacist.

When a single tablet of pleasantly flavored Sulfathiazole Gum is chewed for one-half to one hour it provides a high salivary concentration of *locally active* sulfathiazole averaging 70 mg. per cent. Moreover resultant blood levels of the drug, even with maximal dosage, are so low (rarely reaching 0.5 to 1 mg. per cent) that systemic toxic reactions are virtually obviated.

INDICATIONS:
Local treatment of sulfonamide-susceptible infections of oropharyngeal areas, acute tonsillitis and pharyngitis—septic sore throat—infectious gingivitis and stomatitis—Vincent's infection. Also indicated in the prevention of local infection secondary to oral and pharyngeal surgery.

DOSAGE:
One tablet chewed for one-half to one hour at intervals of one to four hours depending upon the severity of the condition. If preferred, several tablets—rather than a single tablet—may be chewed *successively* during each dosage period *without significantly increasing the amount* of sulfathiazole systemically absorbed.

A PRODUCT OF
WHITE LABORATORIES, INC.
PHARMACEUTICAL MANUFACTURERS NEWARK 7, N. J.



The "red cell carousel" is a prime requisite for life and adequate iron a prime requisite for erythropoiesis No preparation has ever excelled 'Tabloid' 'Ferad'* as a uniquely well-tolerated source of iron for secondary anemias 'Tabloid' 'Ferad' offers the most effective therapeutic form of iron for iron deficiencies—Ferrous Sulfate, Anhydrous, gr 3 together with Sodium Carbonate, Anhydrous, gr 2 for optimal gastric tolerance

*This product replaces 'Tabloid' 'Ferad' No 2

'TABLOID' 'FERAD'.

Bottles of 100 and 500 'Tabloid' and 'Ferad' Reg Trademarks

BURROUGHS WELLCOME & CO (U S A) INC, 9 & 11 EAST 41ST ST, NEW YORK 17, N Y

Now

MILLIGRAM-UNITAGE LABELED



Effective immediately, every vial of Penicillin-C S C will state the potency of the product in units per milligram

The high state of purification achieved in Penicillin-C S C is indicated by this unitage per milligram statement—in no instance will Penicillin C.S C. contain less than 1300 units per milligram.

PENICILLIN-C.S.C.

As the illustration indicates, Penicillin-C.S C. now offers two important advantages

A) Exact milligram unitage labeling enables the physician to know precisely what he is administering so far as purity is concerned

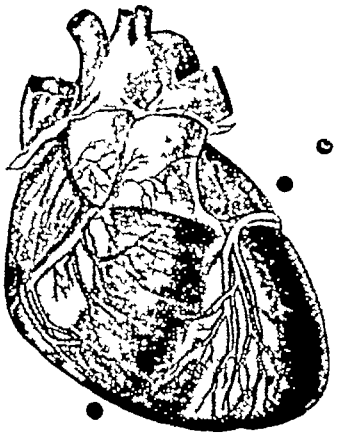
B) Purity above 1300 units per milligram largely avoids the reactions attributed by many investigators to insufficient purification

CSC PHARMACEUTICAL DIVISION

COMMERCIAL SOLVENTS CORPORATION

17 East 42nd St., New York 17 N Y

Penicillin-C.S C. is accepted by the Council on Pharmacy and Chemistry of the American Medical Association.



No different instructions needed for the patient— No difference in therapeutic procedure

Yet All These Advantages

DIGITALINE NATIVELLE—pure crystalline digitoxin—the chief active glycoside of Digitalis purpurea, offers many advantages in the treatment of congestive heart failure, auricular flutter and fibrillation

Its administration is identical with that of whole digitalis leaf preparations, since one tablet of Digitaline Nativelle (0 1 mg) is the therapeutic equivalent of 1 5 gr of standardized whole leaf Hence no different instructions to the patient are necessary, no greater caution need be observed One such tablet of Digitaline Nativelle has been found to be the average maintenance dose, to be increased or decreased if necessary

Because it is pure crystalline digitoxin, the dosage of Digitaline Nativelle is measured by weight, hence unvarying potency is provided Digitaline Nativelle is absorbed in toto, probably directly from the stomach, making for greater tolerability and virtual freedom from nausea and vomiting due to local irritation

ACCEPTED AMERICAN MEDICAL ASSN

COUNCIL ACCEPTED

Digitaline Nativelle also provides the outstanding advantage of rapid, complete digitalization from oral administration The average digitalizing dose is 1 2 mg , given either at one time or in 2 doses of 0 6 mg each at a 3- to 6-hour interval Digitalization is complete in 6 to 10 hours

Physicians are invited to send for samples, literature and bibliography

VARICK PHARMACAL COMPANY, INC.

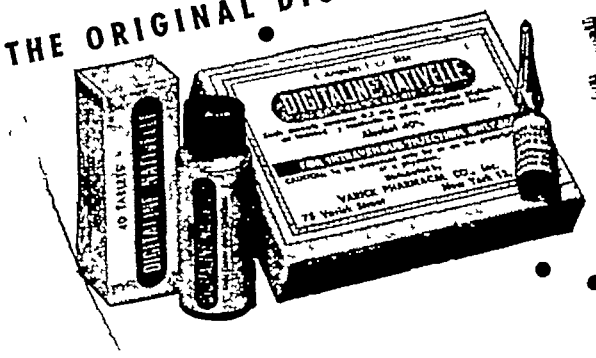
A Division of E. Fougera & Co., Inc.

75 Varick Street, New York 13, New York

Digitaline Nativelle

REG. U S PAT OFF

THE ORIGINAL DIGITOXIN, IN PURE, CRYSTALLINE FORM



WHEN THE ORAL ROUTE IS DENIED . . .

Digitaline Nativelle is available in ampuls of 0.2 mg. (1 cc.) and 0.4 mg. (2 cc.), in packages of 6 ampuls.

FASTER HEMOGLOBIN *restoration*

Licuron B facilitates the answer to those nutritional deficiencies which have accumulated in winter The general debility so frequently reflected in the colds and infections of spring responds dramatically in many cases to the bi active antianemic, Licuron B

Licuron B, containing copper iron, restores hemoglobin faster and to a higher level than does iron alone.* The dose of iron required is accordingly less and this avoids side effects such as constipation But Licuron B also assures that, as the hemoglobin level rises, the general nutrition of the patient is improved In addition to copper iron Licuron B provides liver B-vitamins augmented by the crystalline vitamins thiamine, riboflavin and niacinamide. Because it is thus bi active, Licuron B is efficient therapy in debilitated and anemic states Small and easy-to-take, the sugar coated tablet of Licuron B assures patient-cooperation. Lakeside Laboratories, Milwaukee 1, Wisconsin

*Shapiro S Segard C. P and Tabachnick, E. N : Prevention of Hemorrhagic Anemia after Blood Donation in Normal Adults N Y State J Med. 45:1394, 1945 (Reprint on request.)

LIC. 461



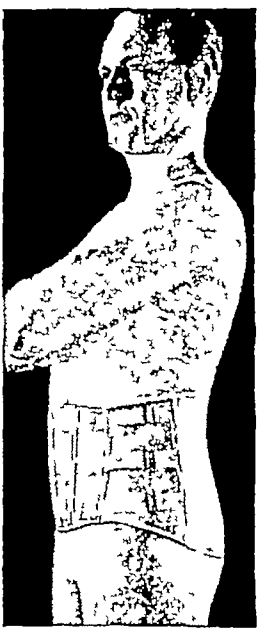
bi active

Licuron-B

LIVER COPPER IRON B COMPLEX

LAKESIDE

Have You Patients WITH ANY OF THESE 25 CONDITIONS?



Spencer Abdominal Support ing Belt designed especially for this man Grips pelvis firmly, effectively coordinates abdominal and back support

Each Spencer Support is individually designed cut and made *after* a description of the patient's body and posture has been recorded — and many measurements have been taken This assures the doctor that the support will be correct from standpoint of body mechanics, that it will fit exactly, be perfectly comfortable

For a dealer in Spencer Supports look in telephone book for "Spencer corsetiere" or "Spencer Support Shop," or write direct to us

Visceroptosis or Nephroptosis with Symptoms
Inoperable Hernia
Sacroiliac or Lumbosacral Sprain
Fractured Vertebrae
Protruding Disc
Spondylolisthesis
Spondylarthritis
Kyphosis, Lordosis, Scoliosis
Osteoporosis
Obesity
Antepartum-Postpartum Breast Conditions
Following Hysterectomy
Nephropexy
Nephrectomy
Cholecystectomy
Colostomy
Cesarean Section
Herniotomy
Spinal Surgery

SPENCER, INCORPORATED
129 Derby Ave , New Haven 7, Conn
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd , Banbury Oxon
Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment "

May We Send You Booklet?

Name M D

Street

City & State C-4-46

SPENCER *INDIVIDUALLY DESIGNED* **SUPPORTS**
Reg. U.S. Pat. Off.
For Abdomen, Back and Breasts

INDEX TO ADVERTISED PRODUCTS

Aminonat and Aminovite (National Drug Company) 68
Argyrol (A. C Barnes Company) 68
Baby Oil (The Mennen Company) 68
Bactra-Tycin (Wallace Laboratories, Inc) 69
Belbarb (Charles C Haskell & Co , Inc) 68
Benzedrine Sulfate Elixir (Smith, Kline & French Labs) 69
Bidupan (Cavendish Pharmaceutical Corp) 68
Chloresium (Rystan Company) 69
Clinitest (Ames Company, Inc) 71
Cot-tar (Doak Co , Inc) 71
Demerol (Winthrop Chemical Co , Inc) 70
Diatussin (Ernst Bischoff Co , Inc) 81
Digitaline Nativelle (Varick Pharmacal Co , Inc) 70
Digitalis (Davies, Rose & Company, Ltd.) 70
Elixir Bromaurate (Gold Pharmacal Co) 82
Enkide (Brewer & Co , Inc) 82
Enzo-Cal (Crookes Laboratories) 81
Ertron (Nutrition Research Labs) 692–69
Eskadiazine (Smith, Kline & French Labs) 67
Euresol (Bilhuber-Knoll Corp) 68
Floraquin (G D Searle & Co) 70
Gelusil (William R. Warner & Co , Inc) 68
Heptuna (J B Roerig & Company) 67
Hexestrofen (Wm S Merrell Company) 2nd cove
Lanteen Lilac (Lanteen Medical Labs , Inc) 82
Licuron-B (Lakeside Laboratories) 70
Lorophyn Jelly (Eaton Laboratories Inc) 81
Maltine with Vitamin Concentrates (The Maltine Company) 80
Mercurochrome (Hynson, Westcott & Dunning, Inc) 68
Mol-Iron (White Laboratories, Inc) 70
Ovaltine (Wander Company) 71
Pantopon 'Roche' (Hoffman-La Roche, Inc) 71
Penicillin (Bristol Laboratories Inc) 3rd cove
Penicillin (Commercial Solvents Corporation) 70
Penicillin (Schenley Laboratories, Inc) 68
Pranturon (Schering Corporation) 67
Purodigin (Wyeth Incorporated) 71
Rexall Drugs (United-Rexall Drug Co) 69
Sulfathiazole Gum (White Laboratories, Inc) 69
Sympatol (Frederick Stearns & Company) 69
'Tabloid' 'Ferad' (Burroughs Wellcome & Co) 70

Dietary Foods

Baby Foods (Libby, McNeill & Libby) 69
Evaporated Milk (Nestle's Milk Products) 71
Ice Cream (National Dairy Council) 69
Pablum (Mead Johnson & Company) 4th cove

Medical and Surgical Supplies

Cardiotron (L & B Reiner) 82
Electrocardiograph (Cambridge Instrument Co , Inc) 67
Hearing Aids (Dr T H Halsted) 83
Microscope (Bausch & Lomb Optical Co) 82
Nursing Bottles (Hygeia Nursing Bottle Co , Inc) 71
Orthopedic Shoes (Pediforme Shoe Co) 67
Supports (Spencer, Incorporated) 70

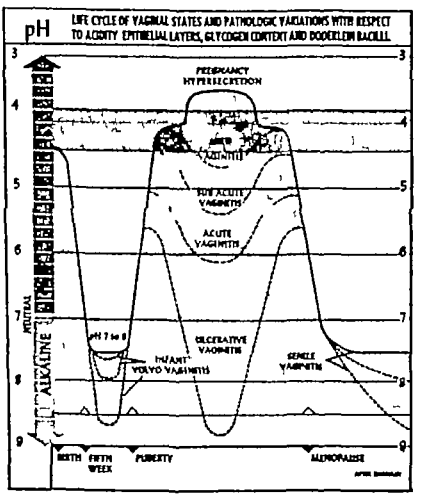
Miscellaneous

Cigarettes (Camel) (R J Reynolds Tobacco Co) 67
Cigarettes (P Morris & Co , Ltd , Inc) 71

REHABILITATES

VAGINAL

MUCOSA...



Desquamation of vaginal epithelium, due to inflammatory reaction, is frequently encountered in acute, subacute and chronic vaginitis.

Floraquin allays such inflammatory conditions; destroys pathogenic organisms; provides carbohydrates for the restoration of mucosal glycogen; facilitates regeneration of vaginal epithelium; restores the normal vaginal pH—thus aiding reestablishment of the normal vaginal flora

Floraquin—a product of Searle Research—contains the nontoxic protozoacide, Diodoquin, together with adequate lactose, dextrose and boric acid to adjust and to *maintain the pH at approximately* 4.0 when mixed with vaginal secretions.

Floraquin and Diodoquin are the registered trademarks of G. D. Searle & Co., Chicago 80, Illinois

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE



SAFE • Four years of intensive clinical research, with more than 1,400 published cases, have established Demerol analgesia in labor as a safe procedure Demerol analgesia is harmless to mother and baby It does not weaken uterine contractions or lengthen labor There are no post-partum complications due to the drug

SIMPLE AND EFFECTIVE • Demerol hydrochloride is administered orally or by intramuscular injection Average dose: 100 mg , when the pains become regular, repeated three or four times at intervals of from 1 to 4 hours In analgesic power Demerol hydrochloride ranks between morphine and codeine; it also has a spasmolytic effect comparable with that of atropine, as well as a sedative action It may also be used in conjunction with scopolamine or barbiturates for amnesia.

WRITE FOR DETAILED LITERATURE

DEMEROL

Trademark Reg. U. S. Pat. Off. & Canada

HYDROCHLORIDE

BRAND OF MEPERIDINE HYDROCHLORIDE
(Isonipecaine)

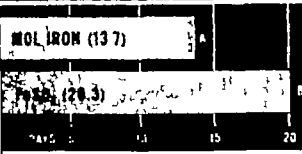
SUBJECT TO REGULATIONS OF THE FEDERAL BUREAU OF NARCOTICS

WINTHROP CHEMICAL COMPANY, INC

PHARMACEUTICALS OF MERIT FOR THE PHYSICIAN

NEW YORK 13, N Y WINDSOR, ONT

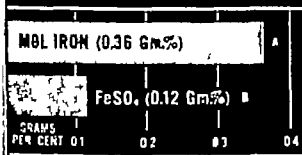
Rapidity of Clinical Response



(A) Completely effective therapeutic response (return to normal blood values) was obtained in an average of 13.7 days of Mol-Iron therapy

(B) Ferrous sulfate therapy *failed* to produce normal hemoglobin values after an average of 20.3 days.

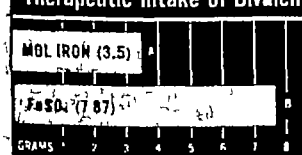
Average Daily Hemoglobin Increase



(A) The group treated with Mol-Iron averaged a daily hemoglobin increase of 2.48 per cent (0.36 Gm. per cent).

(B) The group treated with ferrous sulfate showed an average daily gain of hemoglobin of 0 83 per cent (0 12 Gm. per cent)—a response about one-third as effective.

Therapeutic Intake of Bivalent Iron



(A) The Mol-Iron treated group received an average total of 3.528 Gms. of bivalent iron to produce the sought for result (return to normal blood values).

(B) While an average ingestion of 7 871 Gms. of bivalent iron failed to achieve an optimal response in the ferrous sulfate treated group.

The charts summarize the results of a controlled study of comparative therapeutic response in post-hemorrhagic and nutritional hypochromic anemias.

The series includes 49 cases treated with Mol Iron and 21 with exsiccated ferrous sulfate; the results are typical of those observed in treatment of iron-deficiency anemias with White s Mol-Iron.

A DEFINITE ADVANCE IN TREATMENT OF HYPOCHROMIC ANEMIA

White's MOL-IRON TABLETS

As compared with ferrous sulfate given in equivalent dosage—

1 Normal hemoglobin values are found to be restored more rapidly with White's Mol Iron. Daily rate of hemoglobin formation may be *increased as much as 100% or more.*

2 Iron utilization is similarly more complete

3 Gastrointestinal tolerance is notably satisfactory—even where other iron preparations have previously been poorly tolerated.

INDICATIONS: Hypochromic (iron-deficiency) anemias caused by inadequate dietary intake or impaired intestinal absorption of iron, excessive utilization of iron, as in pregnancy and lactation, chronic hemorrhage

DOSAGE: One or two tablets three times daily after meals.

Available in bottles of 100 and 1000 tablets

Ethically promoted—not advertised to the laity

PHARMACEUTICAL White LABORATORIES, INC. KANSAS CITY, MISSOURI

With this in hand



The Cardiologist~

is assured of

Dependability in Digitalis Administration

Being the powdered leaves made into
physiologically tested pills,
all that Digitalis can do, these pills will do.

Trial package and literature sent to physicians on request.

DAVIES, ROSE & COMPANY, Limited
Manufacturing Chemists, Boston 18, Massachusetts

D14

THE LAHEY CLINIC, BOSTON, MASSACHUSETTS

Postgraduate Course in Surgery

May 14, 15, 16, 1946

The diagnosis and management of common surgical disorders will be presented by members of the Lahey Clinic Staff in demonstrations and lectures.

There will be no charge for personnel on active duty in the armed forces. Registration fee will be $25 00 Applications will be limited and accepted in the order in which they are received. Registration fee should be enclosed with application.

Further information will be furnished on request.

PROGRAM

NEW ENGLAND MUTUAL HALL

Tuesday, May 14

MORNING SESSION—9 00 A M

DISEASES OF THE OESOPHAGUS, STOMACH AND SMALL INTESTINE

Introduction	Dr Neil W Swinton, *General Chairman*
Oesophageal Diverticulum	Dr Frank H. Lahey
Perforation of the Oesophagus	Dr Ralph Adams
Indications for Surgery in Peptic Ulcer	Dr Sara M Jordan
Surgical Treatment of Peptic Ulcer	Dr Frank H. Lahey
Cancer of the Stomach	Dr Samuel F Marshall
Experiences with Massive Hemorrhage from the Gastrointestinal Tract	Dr Richard B Cattell

AFTERNOON SESSION—2 00 P.M

DISEASES OF THE BILIARY TRACT

Gastroenterological Investigation in Suspected Biliary Tract Disease	Dr Sara M Jordan
Acute Cholecystitis and Pancreatitis	Dr Samuel F Marshall
Methods of Investigating Jaundice	Dr S. Allen Wilkinson
Surgery of the Gall Bladder and Common Duct	Dr Frank H Lahey
Indications for Splenectomy	Dr Donat P Cyr
Surgical Removal of Cancer of the Pancreas	Dr Richard B Cattell

EVENING SESSION—8 00 P M.

GYNECOLOGY

Abnormal Uterine Bleeding	Dr Neil W Swinton
Problems of Sterility	Dr A. S. Parker Jr
Dysmenorrhea	Dr Bentley P Colcock
Treatment of Varicose Veins	Dr Kenneth W Warren
Treatment of Cancer of Cervix and Uterus	Dr Hugh F Hare
Plastic Procedures on the Pelvic Outlet	Dr Herbert D Adams
Subtotal, Total and Vaginal Hysterectomy	Dr Richard B Cattell

Wednesday, May 15

MORNING SESSION—9 00 A.M

SURGICAL SPECIALTIES

Experience with Brain and Spinal Cord Tumors	Dr. Gilbert Horrax
Surgical Treatment of Hypertension	Dr James L. Poppen
Experience with Nerve Graft and Suture in Facial Nerve Paralysis	Dr Frank D Lathrop
Carcinoma of the Larynx	Dr Walter B Hoover
Surgical Pulmonary Infections of the Chest	Dr Herbert D Adams

AFTERNOON SESSION—2 00 P M

SURGERY OF THE COLON AND RECTUM

Principles in the Treatment of Anorectal Disease	Dr Neil W Swinton
The Etiology and Treatment of Diarrhea	Dr Everett D Klafer
Regional Ileitis	Dr Samuel F Marshall
Ulcerative Colitis	Dr Richard B Cattell
Management of Ileostomy and Colostomy	Dr Bentley P Colcock
Cancer of the Colon and Rectum	Dr Frank H. Lahey

Thursday, May 16

MORNING SESSION—9 00 A M

POSTOPERATIVE TREATMENT

Spinal Anesthesia	Dr Urban H. Eversole
Complications of Anesthesia	Dr Morris J Nicholson
Postoperative Phlebitis and Thrombophlebitis	Dr James A. Evans
Management of Postoperative Urinary Complications	Dr Earl E. Ewert
Management of the Painful Shoulder	Dr G E. Haggart
Pre- and Postoperative Nutritional Problems	Dr F N Allan
The Use of the Miller Abbott Tube	Dr Bentley P Colcock
Diagnosis and Management of Peripheral Vascular Disease	Dr Herbert D Adams
Principles of Radiation Therapy for Malignant Disease	Dr Hugh F Hare

AFTERNOON SESSION—2 00 P M

THYROID SURGERY

Cancer of the Thyroid	Dr Richard B Cattell
Intrathoracic Goiter	Dr Neil W Swinton
Preparation of Patients with Hyperthyroidism for Surgery with Thiouracil and Thiobarbital	Dr Elmer C Bartels
Clinical Aspects of Hyperthyroidism	Dr Lewis M. Hurxthal
Complications of Thyroid Surgery	Dr Frank H. Lahey

"What are the MAGIC WORDS?"

No magic words, no magic wand can improve a cigarette. *Something more tangible is needed.*

PHILIP MORRIS superiority is due to a different method of manufacture, which produces a cigarette *proved* definitely less irritating to the smoker's nose and throat.*

Perhaps you prefer to make your *own* test. Many doctors do. There is no better way to prove to your own satisfaction the superiority of PHILIP MORRIS.

* *Laryngoscope, Feb 1935, Vol XLV, No 2, 149 154*
Laryngoscope, Jan 1937, Vol XLVII, No 1, 58-60



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

TO PHYSICIANS WHO SMOKE A PIPE We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE Made by the same process as used in the manufacture of Philip Morris Cigarettes.



WHEN *Living Itself* PROVES DIFFICULT

Stamina and strength, essential to a joyous, optimistic outlook, are vitally linked to the nutritional status, and will quickly wane if undernutrition is allowed to develop Zestful living and boundless energy are hardly compatible with nutritional deficiencies

For the below par patient whose inadequate nutritional intake is the responsible factor, Ovaltine as a dietary supplement can make a real contribution toward assuring nutritional balance A good source of high quality protein, readily utilized carbohydrate, well emulsified fat, and essential vitamins and minerals, Ovaltine can prove a significant factor in restoring the desired state of optimal nutrition Three glassfuls daily, made with milk as directed, provide appreciable amounts of essential nutrients as indicated by the table. The low curd tension of Ovaltine assures rapid gastric emptying, hence the appetite for regular meals is not impaired Ovaltine is equally enjoyed with meals and between meals

THE WANDER COMPANY, 360 N MICHIGAN AVE , CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine each made of ½ oz. of Ovaltine and 8 oz of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	1.50 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.81 mg.
CALCIUM	1.12 Gm.	VITAMIN C	39.6 mg
PHOSPHORUS	0.839 Gm.	VITAMIN D	417 I.U
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.

See the improved Hygeia Nursing Unit

- Easy to clean
- Fewer parts to handle — just bottle, nipple, and cap
- *When bottles are filled, only necessary to remove cap at feeding time*
- Sterilized cap makes handy container for baby's other foods

CAP . . . Keeps nipple germ-free for storing or out-of-home feeding Sterilized cap may be used for orange juice, cereals, etc

NIPPLE . . . Famous breast-shaped nipple has a patented airvent to insure steady flow of formula and reduce "wind-sucking" Sanitary tab keeps nipple sterile when applying *Not necessary to touch feeding surfaces of nipple*

BOTTLE . . . Wide mouth—easy to clean—no funnel required for filling Red measuring scale easy to read Tapered shape makes it easier for baby to hold

• • •

Sample free to doctors on request Sold by druggists everywhere Hygeia Nursing Bottle Co , Inc , 1210 Main St , Buffalo 9, N Y



All Hygeia national ads say

"CONSULT YOUR DOCTOR REGULARLY"

HYGEIA NURSING BOTTLES NIPPLES WITH CAPS

Sold complete as illustrated, or parts separately

MALPRACTICE INSURANCE PROTECTION*

for

INFORMATION, ADVICE OR ASSISTANCE

refer to

HARRY F WANVIG

Authorized Indemnity Representative of

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

70 PINE STREET NEW YORK CITY 5

Telephone Digby 4-7117

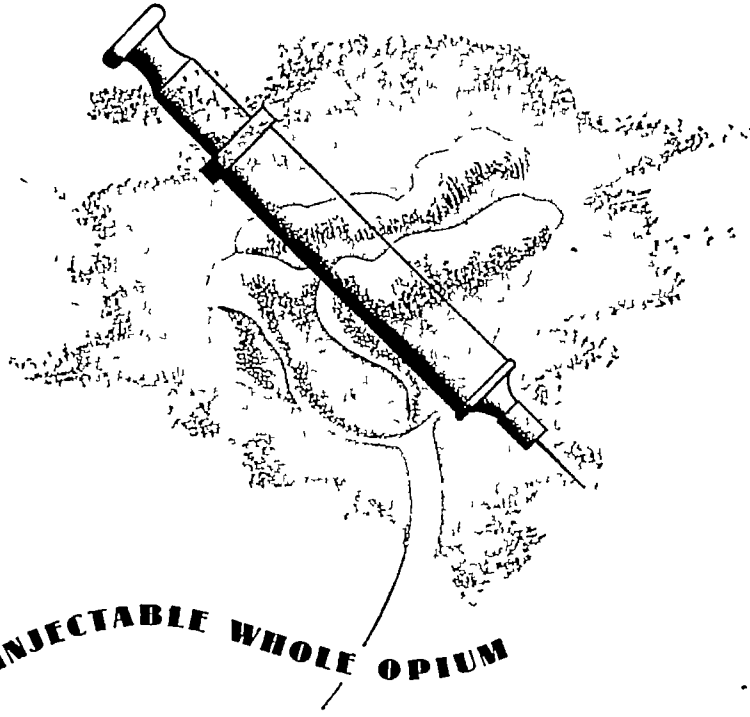
**For Members of the State Society only*

COT-TAR
PIX-LITHANTHRACIS 5%

- Suitable in exudative and chronic eczema—particularly in children's eczema
- A flexible non-peeling coat of tar
- Avoids staining of linen
- Removable with Tersus, a soapless detergent and water
- No untoward irritation

Please write for sample and literature NY 4-46

DOAK CO., INC.
CLEVELAND, OHIO



INJECTABLE WHOLE OPIUM

In all cases requiring opiates, Pantopon Roche' is preferred by thousands of physicians, for Pantopon contains all the alkaloids of opium in water soluble form suitable for injection. It is a highly purified preparation freed from the gums, resins and waxes occurring in the crude drug Pantopon Roche is available in ampuls, in hypodermic and oral tablets, and in powder form

HOFFMANN LA ROCHE, INC., ROCHE PARK, NUTLEY 10, N. J.

PANTOPON 'ROCHE'



COMPANION PRODUCTS . . .

for Urine Analysis

ALBUMINTEST Tablet, *No Heating* Method for Quick Qualitative Detection of Albumin

CLINITEST Tablet, *No Heating* Method for Detection of Urine-Sugar

Both products provide simple, reliable tests that can be conveniently used and safely carried by physicians and public health workers They are equally satisfactory for large laboratory operations Clinitest is also available in special Tenite plastic pocket-size set for patient use

Distributed through regular drug and medical supply channels only

ALBUMINTEST—in bottles of 36 and 100

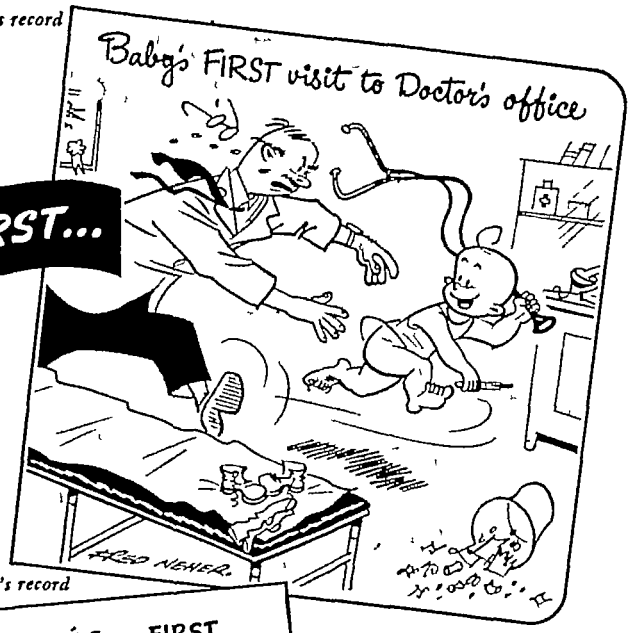
CLINITEST—*Laboratory Outfit (No 2108)* includes tablets for 180 tests, additional tablets can be purchased as required *Plastic Pocket-Size Set (No 2106)* includes all essentials for testing *Clinitest Reagent Tablets (No 2101)* 12x100's for laboratory and hospital use

Complete information upon request

HYGEIA COMPANY, Inc., Elkhart, Indiana

Sold complete as illustr

for Mother's record

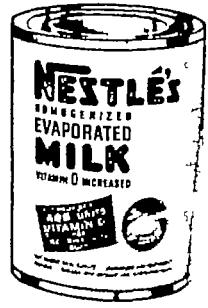


FIRST...

for Doctor's record

NESTLÉ'S FIRST EVAPORATED MILK WITH 400 UNITS OF PURE VITAMIN D_3 PER PINT

A great improvement in evaporated milk for infant feeding since 25 *USP units of vitamin* D_3 are added to each fluid ounce of Nestlé's offering *protection against rickets,* and *promotion of optimal growth*



SAFE, SURE, ADEQUATE SOURCE OF NUTRITION

PURODIGIN now costs no more than preparations of whole digitalis leaf

Facts ON PURODIGIN

REG U S PAT OFF

PURODIGIN contains the highly purified glycoside, digitoxin ($C_{41}H_{64}O_{13}$)—"first in the choice of digitalis materials for general therapeutic use."—Gold et al., J Pharmacol *82* 187, 1944

PURODIGIN is approximately 1000 times as potent in man as digitalis leaf

PURODIGIN is safe. The ratio of therapeutic dose to toxic dose is the same as in the case of digitalis.

PURODIGIN is rapidly and completely absorbed following oral administration.

PURODIGIN is well tolerated. Small dosage and complete absorption minimize gastrointestinal irritation.

PURODIGIN dosage is based on weight, eliminating the confusion of biologic units

Digitalization can be accomplished with 1.2-1 5 mg , in single or divided doses.

Digitalization can be maintained in most patients with a dose of 0 2 mg. per day.

PURODIGIN is the first American-made digitoxin.



0 2 mg tablets, vials of 30 and bottles of 100

0 1 mg tablets, bottles of 100

Wyeth

REG U S PAT OFF

WYETH INCORPORATED • PHILADELPHIA 3 • PA.

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1946 by the Medical Society of the State of New York

GEORGE W KOSMAK, M D, *Managing Editor*
LAURANCE D REDWAY, M.D., *Assistant Managing and Literary Editor*
NORMAN S MOORE M D Ithaca, *Assistant Literary Editor*
DWIGHT ANDERSON, *Business Manager*
WILLIAM L. SIMMONS *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M D., *Chairman*
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M.D
WALTER P ANDERTON M D

VOLUME 46 APRIL 1, 1946 NUMBER 7

Editorial

The Chemistry of the Shock Syndrome

The theory that surgical shock is primarily due to a loss of effective blood volume has been justified by the dramatic results of replacement therapy during the war Nevertheless, the whole story of the shock syndrome is yet to be told Recent experimental work has opened an entirely new approach to the problem

From the very beginning of research on shock the hypothesis that the vasomotor changes causing pooling of the blood and loss of intravascular volume were due to toxic products of tissue damage has received much attention Histamine, callicrein, adenylic acid, acetylcholine, and bacterial toxins are examples Like the obvious suspects in modern murder mysteries, these substances apparently are to be replaced by an entirely new villain

The newer research is based on the work of Chambers, Zweifach, and their associates [1,2] They demonstrated in experimental animals that the shock syndrome consists of two stages, an initial compensatory and a subsequent decompensatory phase In the initial phase the capillaries and metarterioles of the omentum showed increased vasoconstriction activity and response to epinephrine This was favorable to vascular readjustments to reduced blood volume With prolongation of profound hypotension this hyper-reactivity was gradually replaced by a loss of vasoconstriction and an overflow into the vascular bed with progressive venular stagnation Once this hyporeactive stage had fully developed, replacement therapy had only a transient effect The condition became irreversible

That these two reactions are due to two antagonistic substances, one a vasodepressor and one a vasoexcitant, was proved by transference to normal animals, where they produced corresponding effects on the mesenteric vessels

The importance of this discovery was immediately recognized and served as a stimulus to further research What are these vasoexcitor and vasodepressor principles? Where do they originate? What mechanisms cause their formation and destruction? The answer to these questions was the objective of an extensive experimental study by Shorr, Zweifach, and Furchgott [3] The

[1] Zweifach, B W., Lee, R. E., Hyman C., and Chambers R.: Ann. Surg. 120: 232 (1944)
[2] Zweifach, B W Abell R G., Chambers, R., and Clowes, C. H. A. Surg., Gynec. Obst. 80: 593 (1945)
[3] Shorr E. S., Zweifach B. W., and Furchgott R. F.: Science 102 480 (Nov 16) 1945

extensive experimental work carried out by these workers seems to justify the following conclusions

1 The vasodepressor material (abbreviated to VDM) demonstrated by Zweifach, Chambers *et al*, originates in liver and skeletal muscle Its genesis is due to tissue anoxia

In hemorrhagic shock the liver is the major source In traumatic shock the damaged muscle may provide an additional amount of VDM to account for the differences in this two types of shock

2 The vasoexcitor material is produced chiefly in the kidneys under anaerobic conditions, but if shock is prolonged the production ceases and VEM disappears from the blood

3 The VEM is probably identical with the renin-angiotonin system, whose hypertensive action is well established The VDM of hepatic origin is its physiologic antagonist

The therapeutic implications of these studies are of great interest "The immediate problem of freeing the vascular bed from the deleterious influence of VDM can be approached in several ways It might be possible to antagonize its actions by supplying VEM in amounts sufficient to insure the resumption of the compensatory type of vascular reactivity, which in turn would lead to the restoration of an adequate blood flow to the tissues, particularly to liver and kidney The re-establishment of aerobic conditions in the liver should, to judge from in vitro experiments, halt any further production of VDM, thereby limiting the problem to the counteraction of inactivation of the VDM which had been previously released into the circulation In addition to direct antagonism by VEM, the possibility should also be considered of inactivating VDM in the blood stream by appropriate agents Mention has already been made of a cell-free liver extract which has proved capable of inactivating VDM under aerobic conditions in vitro "[3]

Some Thoughts on "Politics"

Not so long ago one of our valued readers criticized the Editors of this JOURNAL for venturing certain comments in their department dealing with local as well as world politics and social upheavals Well, why should not the doctors express themselves on these subjects? They come pretty closely into our professional lives, and not only ours but our patients', for we have to deal with the mishaps that result from them For example, an irresponsible labor leader in the largest city of this State tried to tie up its transport facilities and claims that this "may cause 5,000 deaths", other labor difficulties paralyze harbor traffic and the delivery of essential fuels, in many places, mass picketing defies court injunctions and woe to him who tried to break through the lines, public schools are closed by fear of violence, men and women who want to work are slugged to keep them from working, and the constituted authorities can do little or nothing about it Work stoppages bring on loss of wages and consequent family distress Restraints to production in the factories, to the production of food in the farms, the distribution of subsidies, of grants-in-aid, of unrestrained spending by government and individuals, of centralized control of our lives and activities, all are among the many factors which contribute to this present universal condition of doubt and unrest To say that the doctor has no interest either as a citizen or a professional man in these matters is absurd and nonsensical He has a definite interest and he must express him-

self as an individual and in his organized groups. He seems loath to do either unless he can be roused to do so as an essential obligation For he can be a power in his community if he so desires. Call it politics if you will, but participation need not label the doctor as a politician in a derogatory sense As an individual and as a class, he must recognize how important his influence is in community life, how much responsibility rests upon his shoulders, and how he cannot escape from assuming his part. Legislators make laws, but they receive their directives from the people and among the latter the doctor has a voice as well as his neighbor Let him use it

Safety in Childbirth

Puerperal mortality in this country for many years occupied an unenviable position. The possibility of its prevention or reduction was often doubted Deaths from childbirth were accepted as one of the unavoidable risks to which woman was heir This conception has changed, and in a recent article contained in the *Statistical Bulletin of the Metropolitan Life Insurance Company* (December, 1945) due credit is given to the various groups of interested physicians who combined to make a careful study of individual cases and did not hesitate to make public their findings The original New York Academy of Medicine report was assailed at the time as visionary and unwarranted, but a reduction in the maternal death rate in New York City from 64 per 10,000 in 1933 to 17, or a decrease of 73 per cent, emphasizes the contention that improvement was possible

There are deaths from childbirth which, even with our present knowledge, cannot well be prevented, but even this number is declining year by year as advances in medical research begin to bear fruit One need only point to the introduction and wider employment of the sulfa drugs and penicillin There remain certain factors, probably preventable, which require further efforts before they can be eliminated or their effects reduced, but the medical profession may well be proud of the accomplishments developed through its own effort.

Current Editorial Comment

Public Health Services for Veterans Opportunities and facilities for the health protection of the veteran and his family formed the theme of an address presented recently by Dr V A VanVolkenburgh, assistant commissioner for local health administration, before the training school for Veteran Guidance Counselors, State Division of Veterans Affairs

Emphasizing that every possible health safeguard must be utilized in behalf of the veteran and his dependents, Dr VanVolkenburgh said

"It is not enough to provide medical and surgical skills after illness occurs Every possible preventive skill within the limits of scientific knowledge must and shall be employed to protect against illness and premature death It is the obligation of state and local health departments to provide such protection

"Health department responsibilities are concerned primarily with the practice of community preventive medicine rather than individual curative medicine It is on this basis that the responsibilities of health personnel, the restrictions placed on the public, and the provisions for aid have been formulated. These are set forth in the Public Health Law and the Sanitary Code of the State"

Among the public health services readily available through health departments to veterans as well as to other population groups, Doctor VanVolkenburgh mentioned facilities for the early diagnosis and treat-

ment of cancer, tuberculosis, venereal and other communicable diseases, free advice on sanitation problems, maternity, infancy, and child-hygiene diagnostic and advisory clinic services, medical, nursing, and hospital care for the wives and children of men in certain grades of military service, administered by the State Department of Health under the federal Emergency Maternity and Infant Care Program, medical rehabilitation consisting primarily of care for physically handicapped children and remedial services for adults with abnormalities resulting from poliomyelitis, and health education materials including literature, posters, and motion pictures

. . .

The Onset of Labor What brings on labor? Frankly speaking, we do not know although the effort to solve the question has occupied the attention of many investigators Among the theories which have been advanced is that the full attainment of placental growth has something to do with it, but apparently this is not the case, as discussed in a recent article by Mandel, Graff, and Graff [1]

. It has been assumed that there is a coincidence between the full period of gestation and placental senescence From histologic evidence numerous investigators have concluded that the placenta is a senile organ at term Yet others have shown that the amounts of estrogen and progesterone, presumably produced by the placenta, reach their highest levels at term This high level of functional activity seems inconsistent with the degenerative changes noted by the former group The authors of this study have attacked the problem from another point of view, namely, the status of the NCR The latter is defined as the ratio of the volume of nucleus to the volume of cytoplasm and as this decreases from its period of greatest activity in youth to old age, it is possible to measure the "functional" age of a tissue by measuring its NCR This method has been applied in a study of 186 placentas of varying periods of gestation at the Sloane Hospital with great care and precision It revealed from an estimation of the nucleocytoplasmic ratio that the placenta aged in a uniform and continuous manner all through its existence, that toxemia had no effect on it but that death of the fetus lowered it The writers were impelled to conclude, therefore, that there is no correlation between placental senescence and the onset of labor The problem of what factor terminates pregnancy will remain a matter to be approached from another standpoint

[1] Am J Obst & Gynec, November, 1945 p 471

Hotel Reservations for Annual Meeting

Reservations are being made in the following hotels for guests at the Annual Meeting

Hotel Pennsylvania	300 rooms
Governor Clinton Hotel	75 rooms
McAlpin Hotel	50 rooms
Martinique Hotel	20 rooms
Hotel Victoria	10 double rooms
Hotel Times Square	20 double rooms
	445 single rooms and 30 double rooms

It is essential that those desiring to attend the Annual Meeting make reservations as soon as possible

DISORDERS OF THE BLOOD FORMING ORGANS

ELLERY G ALLEN, B S , M D , F A C P , Syracuse, New York

A SPECIALIST is, by Webster's definition, "one who devotes himself to a particular branch of a profession, etc" A specialist in internal medicine is, therefore, one who has, for certain elective reasons or by force of circumstances, become interested in a certain phase of medicine, although he must, in all humility, confess that his knowledge is not all-embracing or that he possesses extraordinary diagnostic or therapeutic acumen not generally possessed by capable internists Medical specialists have been variously described, both sincerely and facetiously, of the latter group, we have heard them defined as "physicians who know more and more about less and less" In a similar vein, another wit has suggested that "a specialist is occasionally a pretty good fellow who is likely to be a hell of a long way from home"

For obvious reasons, then, I do not wish to be regarded as a specialist, rather, I should hope to appear before my medical colleagues as one who has been lured into yet another interesting field of internal medicine, hematology, because of a fortunate association with inspiring teachers and a close partnership with medical students, both students and teacher studying clinical pathology

My purpose in delivering this discourse is twofold first, to discharge an obligation to the members of your Society, who so graciously invited me to address you, helping thus to keep alive my egoism, and second, to present, for mutual discussion, some of the practical problems that we have encountered in dealing with the improperly designated "diseases of the blood"

Whether the blood-forming organs constitute the largest in the body, or the most important, needs little comment, let it suffice that the bone marrow, the reticuloendothelial system, the lymphoid structure, and the peripheral blood constitute, in health, a vast and orderly collection of delicately balanced mechanisms Disorders of one or several of the hematologic constituents result in deviations from the normal that test the skill and ingenuity of the physician, and it is a practical discussion of these disorders that prompts me to present this brief and general résumé.

Only a few years ago we were content, because of our ignorance and complacency, to regard a study of the peripheral blood as sufficient, in the majority of instances, for the accurate appraisal of the so-called "diseases of the blood" The research of Minot and Murphy, now twenty years old, marked an epoch in hematologic interest and stimulated a relentless study of the basic reasons for derangements that produced abnormalities in the peripheral blood These investigations have included, as all of us are aware, many additional pathologic and physiologic studies of all the "blood forming organs," and it would hardly be an exaggeration to assert that progress in this field, during the past years, has indeed been fruitful

I have selected the following three main topics for discussion, earnestly hoping that a mutual exchange of personal experiences may prove of some general interest

1 Anemia and polycythemia
2 Leukocytosis and leukopenia
3 Hemorrhagic diseases

Anemia and Polycythemia

For many years physicians have been content to regard the average red blood count for a woman to be 4,500,000, and to allow men a little more than a 10 per cent increase, or 5,000,000 Many do not recall, however, that these figures are almost a hundred years old, were given by Vierdort as the results of three blood counts he performed in 1852, and have been handed down from generation to generation, hallowed and inviolable Indeed, it is a tribute to the conservatism of our profession that these figures have so stoutly resisted attempts at alteration We must recognize, however, that women in health present erythrocyte counts varying between 3,800,000 and 5,500 000 with an average of approximately 4,800 000, and that the red-cell levels of men vary between 4,600,000 and 6,5000,000, with an average of approximately 5,400,000

As regards the hemoglobin values, it can safely be said that for both men and women, 3 Gm. per million red cells is a correct figure

It is our experience that a healthy woman may have a hemoglobin as low as 11 49 Gm (76 per cent) and a man may present a reading as high as 19 5 Gm. (130 per cent), neither level being abnormal for that particular individual For practical purposes, a hemoglobinometer reading in grams is preferable to one reading in per cent, since various hemoglobinometers have different standards as representing 100 per cent, and I am convinced that nothing has more confused the matter of color-index estimations than this fact

* Presented at the Annual Meeting of the Ulster County Medical Society December 5 1945.

The hematocrit is a valuable instrument for estimating the volume of packed red cells, the volume index, and the mean corpuscular volume of the average individual erythrocyte, and should be employed in all cases of anemia Calculation of the color index gives us an impression as to the hemoglobin content of the average cell, whereas the volume-index estimations indicate their average size Thus anemias may be classified as hyperchromic, normochromic, and hypochromic, on the basis of the color-index studies, and macrocytic, normocytic, and microcytic, on the basis of volume-index calculations Of the two, the volume studies, as obtained by the red count and hematocrit reading, are probably preferable to the color-index figures, since it is possible to read a hematocrit level more accurately than the color in the hemoglobinometer

Anemia

An individual is said to be anemic when the amount of circulating hemoglobin has been reduced below his normal level Although at one time we were prone to regard anemias as "primary" and "secondary," chiefly because it seemed necessary to separate pernicious anemia from other types, we now know that all anemias are "secondary," and that the terms should be abandoned From the laboratory standpoint, anemias are classified on the basis of color or volume-index studies Practical clinical classification, based on etiology, demands that one consider whether the anemia is caused by increased blood loss, increased blood destruction, defective blood formation, or any combination of the three The anemias caused by blood loss are common and are likely to be of the hypochromic or microcytic type. The hemolytic anemias, caused by increased blood destruction, may exhibit any type of color or volume index, whereas the anemias caused by decreased blood formation are likely to be hyperchromic and macrocytic, although such factors as inadequate dietary iron, infection, increased hemolysis, and blood loss may considerably alter this picture

In any case of anemia, the physician should ask himself is the anemia caused by blood loss, is there evidence of increased blood destruction, and are any factors present that could depress the marrow function? Obviously, one must subject the patient to a thorough study in order to decide this matter and unless this be done in every case, one cannot have any rational basis for intelligent treatment A thorough history and physical examination should include attention to the possibility of inadequate diet, infection, abnormal loss of blood, hemorrhagic phenomena, toxic drugs and chemicals, disease of the gastrointestinal tract, hepatic disorders, jaundice, enlarged lymph glands and spleen, a history of exposure to x-ray or radium, and diseases affecting the bone marrow itself Complete laboratory studies, including x-rays of the gastrointestinal tract, gastric analysis, studies of the stools and urine for blood, examinations for evidence of increased hemolysis, lymph-node biopsy, and sternal-marrow biopsy, may be necessary in the cases in which the cause is not obvious, and even when all this has been done, a rare case may defy causative diagnosis

The successful treatment of anemia depends on our ability to remove the cause, and any antianemic therapy is merely treating a symptom unless this is possible One must insist on the removal of agents or physical conditions known to depress the marrow function, increase hemolysis, or cause bleeding, if this be possible Adequate diet, control of infections, and hemorrhage must receive close attention The anemia of primary thrombopenic purpura and congenital hemolytic icterus are best treated by splenectomy Liver extract is specific for pernicious anemia and aids greatly in the management of some of the anemias secondary to deficiency states, especially those in which hyperchromic blood is present Oral iron is valuable in most of the hypochromic anemias, but I am not convinced that liver extract or the addition of copper is of distinct value in this variety Some observers have expressed the opinion that severe hypochromic anemias may occasionally fail to respond to oral iron until one or more transfusions have been given, this has not been my own experience, and I recall that the most severe case of hypochromic anemia I have seen, in a Christian Scientist with chronic blood loss, bilateral hydrothorax, ascites, and anasarca, and boasting a hemoglobin of 2 2 Gm , recovered quickly and completely on oral iron, since she refused, with characteristic emphasis, the benefits that might have been obtained from transfusions

Parenteral iron is never justified, I believe, and any physician who gives "iron injections" must admit that he is either ignorant of the fact that it is not necessary and is probably ineffective, or that he is giving "iron shots" for his own financial gain or possibly practicing some form of psychotherapy Transfusions of blood are usually not indicated in types of anemia known to respond to specific therapy, although it may be necessary occasionally to employ this valuable procedure when the hemoglobin level approximates 4 5 Gm (30 per cent) to prevent circulatory collapse, to control hemorrhage, or to tide the anemic patient over until a definite diagnosis can be made

Considerable discussion has arisen as to the therapeutic effect of various diets in the manage-

ment of anemic patients It is my observation that, except in the deficiency states, when patients are unable to procure, digest, or assimilate a reasonable amount of well-balanced foods, diet plays a very minor role It is also my view that vitamins, either singly or in combination, whether given orally or parenterally, do not exert any specific effect in anemic patients, although the frank deficiency states may be exceptions

Certainly most of us will recall, for one reason or another, the depression following 1929, when great numbers of our civilian population were forced to accept community charity and were allowed about thirty cents a day for food At that time, uncomplicated cases of pernicious anemia and iron-deficiency anemia showed satisfactory responses to specific therapy, and fortunately for both the patient and the public nurse, the indiscriminate use of vitamins had not appeared on the scene As to the value of other drugs in the treatment of anemia, almost nothing need be added The anemia sometimes associated with myxedema usually gradually disappears after proper thyroid medication, but it is doubtful if the drug exerts a direct and specific effect on the maturation of the erythrocytes

Our experience with pernicious anemia has permitted us to draw several conclusions In about ten years, at the University Hospital and the Syracuse Free Dispensary Hematology Clinic, my associates and I administered approximately ten thousand injections of liver extract intramuscularly From our observations, we conclude that liver extract caused clinical remission in every uncomplicated case The average case in relapse received twenty to thirty units of liver extract on the first day of treatment and no more for a week, if a satisfactory reticulocyte response followed Subsequent dosage averaged ten units weekly until the hemoglobin and red-cell levels were normal In occasional cases, the addition of iron was found to be of benefit when the red-cell level had reached approximately 3,500,000, especially if the color index had fallen below 1 0 Following remission, the patients received 10 units once in two to four weeks

Occasionally a case required more frequent injections and a rare patient was controlled by one injection of 10 units every six weeks Those patients exhibiting objective neurologic signs have been treated with 10 units once a week, irrespective of their normal blood levels, and no patient has failed to improve, at least symptomatically No patient with objective neural signs has recovered completely, although a few have been noted to have gained improvement in vibratory sensation and reflexes. Two patients with partial loss of vision caused by optic neuritis have recovered almost completely A rare patient with multiple peripheral neuritis was thought to recover, although it was felt that the addition of parenteral thiamin may have been of distinct aid in hastening recovery

It is important to realize that patients with pernicious anemia may also have other physical defects requiring urgent attention We have seen patients who also had the complication of vascular disease, infection, gastric malignancy, chronic nephritis with nitrogen retention, and myxedema Thus, if one is not constantly aware of such possibilities, therapeutic efforts may prove unavailing

The hemolytic anemias, caused by increased blood destruction, include those caused by toxic agents, such as sulfonamide drugs, lead, the inhalation of arseniureted hydrogen, phenyl hydrazine, benzedrine, potassium chlorate, phosphorus, benzol and its derivatives, and snake venom Hodgkin's disease and infections, such as malaria and severe sepsis, may be causative agents The rare, acute hemolytic anemia of Lederer, usually associated with an infectious process, may respond satisfactorily to blood transfusions The hemolytic anemia of Cooley, seen chiefly in children of Mediterranean stock, does not respond to any type of treatment, nor do satisfactory results follow therapy for sickle-cell anemia Studies of erythroblastosis fetalis, shown to be caused by immunization of an Rh-negative mother by an Rh-positive fetus with the production of agglutinins, which causes hemolysis of the fetal blood cells, have added distinctly to our knowledge of this occasional serious disorder Hemolytic anemia of the newborn may be fatal, or may respond well to intramuscular injections of blood serum or frequent small transfusions

Congenital hemolytic icterus is characterized by varying degrees of anemia, jaundice, and bouts of fever, and is diagnosed on the basis of family history, increased fragility of the erythrocytes, and the presence of spherical microcytes in the peripheral blood In rare cases, the presence of hemolytic icterus with increased erythrocyte fragility may occur late in life, without a family history suggestive of the disorder or previous jaundice or anemia. Such a case, with severe anemia, jaundice, and fever, appearing for the first time in a woman more than 70 years old, was recently seen and will be published in another report. Following fifteen transfusions, the anemia, jaundice, fever, and other symptoms disappeared, although the increased fragility persisted Splenectomy is the treatment of choice, although we have seen at least three patients who appeared to improve temporarily

study and detailed and repeated laboratory observations Even with all the data at hand, it is occasionally impossible to make a correct diagnosis, and treatment, although often successful in certain ailments, is frequently disappointing in others The problems of leukemia, the bone-marrow depressions of unknown cause, and the obscure hemorrhagic disorders offer the greatest challenge to our investigators, but it can confidently be hoped that time and effort will give us a suitable answer in these obscure states, as has been the case in pernicious anemia, some of the purpuras, erythroblastosis fetalis, transfusion reactions, and in the bleeding known to be due to vitamin-K deficiency

922 State Tower Building

Circle This Date on Your Calendar Now

WEDNESDAY, MAY 1

THE Annual Banquet of the Medical Society of the State of New York will be held at the Hotel Pennsylvania, 33rd Street and Seventh Avenue, on Wednesday evening, May 1

Why not participate in this first postwar renewal of the only social activity of the Society?

Use the blank below for reservations at Five Dollars

Dr Clarence G Bandler, Chairman, Banquet Committee
Medical Society of the State of New York
292 Madison Avenue
New York 17, New York

Dear Dr Bandler

Please send me —— tickets for the Annual Banquet of the Medical Society of the State of New York, to be held Wednesday evening, May 1, 1946 at the Hotel Pennsylvania Enclosed is my check for $——

My guests will be 1._____

2 _____

3._____

Please seat us with Dr._____

Very truly yours,

AN ANALYSIS OF 200 CASES OF ARTHRITIS ADMITTED TO AN ARMY GENERAL HOSPITAL

KENNETH GOLDSTEIN, Maj ,(MC),AUS,* Thomasville, Georgia

(From the General Medical Section Finney General Hospital)

THIS communication is an analysis of 200 cases of arthritis in the General Medical Section of a Medical Service in an Army General Hospital These cases were observed over a period of one and a half years During this time there were admitted to the Medical Service 5,524 cases, of which arthritis and its allied disorders occurred in 3 6 per cent.

The following classification of joint disease was employed (Steinbocker[1])

Articular Disorders

Joint disease of known cause

1 Specific infectious arthritis gonorrheal, tuberculous, suppurative, etc.
2 Gout
3 Traumatic arthritis
4 Arthritis of serum sickness
5 Neoplasms of joints cyst, sarcoma, xanthoma, hemangioma, synovioma, metastatic carcinoma
6 Neuropathic articular diseases
Tabes, syringomyelia
7 Hemophiliac arthritis
8. Pulmonary osteoarthropathy
9 Aseptic bone necrosis (?) Nonarticular

Joint disease of unknown cause

1 Rheumatoid arthritis
2 Osteoarthritis
3 Rheumatic fever

Nonarticular ("Rheumatic") Disorders (of Known and Unknown Cause)

1 Fibrositis myositis, myofascitis, muscular rheumatism, fasciitis, tendonitis, fibromyositis, neuromyositis, periarthritis, perineuritis
2 Neuritis neuralgia, neuropathy
3 Bursitis
4 Synovitis
5 Tenosynovitis
6 Skeletal anomalies
7 Postural defects static disturbances
8 The "algias" myalgia, arthralgia, neuralgia, psychalgia, vasomotor instability, sympathetic tonia

Every patient admitted with joint symptoms was studied completely A diagnosis of the type of arthritis was made to initiate the proper therapy early Following is the plan of study for every patient admitted having joint symptoms

1 Complete and detailed history
2 Complete and detailed physical examination
3 Complete blood count, including a differential count
4 Urinalysis, Kahn test, sedimentation rate, serum proteins, albumin-globulin ratio, and uric-acid determination
5 X-ray examination of one or more of the affected joints
6 Dental examination for foci of infection
7 Provocative walking test

Additional examinations performed as indicated were as follows

1 Nose and throat consultation for examination of tonsils and sinuses
2 Gonorrheal complement fixation
3 Genitourinary consultation with examination of prostate and prostatic smears for white blood cells
4 Basal metabolic rate If symptoms of hypo- or hyperthyroidism were present
5 Electrocardiogram if there was a question of rheumatic fever

Having established a working classification and plan of study of the arthritic, careful clinical records were kept, enabling us after a period of twenty months to summarize our observations

TABLE I.—NUMBER OF CASES

Type	Number	Per Cent
1 Hypertrophic	80	40
2. Rheumatoid	64	32
3 Fibrositis	35	17 5
4 Mixed	10	5
5. Palindromic rheumatism	5	2 5
6. Gout	3	1 5
7 Psoriatic	2	1
8. Gonorrheal arthritis	1	0 5
Total	200	100 0

As indicated in Table 1 above, the majority were of the osteoarthritic type, while the next most prevalent type was rheumatoid, and third fibrositis Ten were found to have evidences of both infectious arthritis and osteoarthritis. Three were definitely gout, two were of the psoriatic type of arthritis, and five were compatible with the syndrome of palindromic rheumatism as described by Hench and Rosenberg

* Home address, 131 Linwood Avenue Buffalo, New York.

TABLE 2 —Age Incidence

Type	Number
Hypertrophic	
20–25 years	5
25–30 years	17
30–35 years	20
35–40 years	25
40–45 years	8
45–55 years	5
Rheumatoid	
20–25 years	20
25–30 years	14
30–35 years	15
35–40 years	15
40–45 years	1

Osteoarthritis appeared mainly in the age group between 25 and 40, with the majority occurring between the ages of 35 and 40 In the rheumatoid group they were evenly distributed between the ages of 20 and 40, with the majority occurring in the younger age group between 20 and 25

Predisposing or Contributory Factors —1 Climate Exactly how climate affects the origin and course of rheumatoid arthritis is not yet clearly understood The disease definitely predominates in temperate zones and northern countries where cold and dampness exist Although the condition may develop in any climate or at any time, it is more frequent and more subject to relapse during the changeable weather of Spring and Fall As indicated in Table 5, the greater number had the onset of their joint signs and symptoms when they were exposed to these conditions Among the osteoarthritics the most important causative factors were trauma, postural defects, and articular abnormalities In osteoarthritis of the knees and ankles 73 per cent gave a history of previous trauma, 16 per cent of the patients with osteoarthritis of the spine demonstrated some postural defect, either scoliosis, lordosis, or kyphosis, or had evidence of juvenile epiphysitis, 5 per cent gave a previous history of trauma to the spine

TABLE 3 —Hypertrophic Arthritis with History of Trauma

	No of Cases
Knees and ankles	22
Spine, associated with skeletal deformities	13
Spine, associated with trauma	4

Our criteria for the diagnosis of the various arthritides are worthy of mention It is an easy error to make the diagnosis of rheumatoid arthritis merely because the patient has subjective complaints referable to his joints It is to be remembered, however, that rheumatoid arthritis is a systemic disease with many systemic symptoms and signs One of the important factors is the presence of constitutional symptoms such as anorexia, weight loss, and loss of appetite Some of the patients with early rheumatoid arthritis presented these symptoms plus a migratory aching and stiffness with little or no puffiness of the small joints Frequently these subjective symptoms and an elevated sedimentation rate were the only clinical findings present The greater number, as will be shown later, demonstrated constitutional symptoms, slight joint swelling, pain, and tenderness of the proximal interphalangeal joints, and involvement of some of the larger joints, namely the knees In some of our early cases in which the sedimentation rates were not particularly elevated, we applied provocative exercise tests which proved helpful in the diagnosis of early rheumatoid arthritis It is generally accepted that the sedimentation rate becomes rapid in the presence of tissue damage or severe trauma With this principle in mind we subjected our patients with early rheumatoid arthritis to a 4–5 mile hike, taking sedimentation rates before and after the hikes and daily sedimentation rates for four days In those who had true rheumatoid arthritis, subjectively and objectively, symptoms and signs were considerably aggravated following the hike The sedimentation rate was found to be considerably elevated at the end of one hour on the days following the hike We conducted controls and found no elevation of sedimentation rate following this exercise test It gave us also an index to the amount of the relative severity of the infection and the activity of the arthritis

Our diagnosis of osteoarthritis was made on (1) history, (2) objective findings, and (3) roentgenologic findings It is interesting to note that the mere presence of articular lipping, in either the knee joints or spine, was not an essential prerequisite for the diagnosis The presence of symptoms, objective findings, and the absence of positive x-ray findings were sufficient evidence for a diagnosis of osteoarthritis It is a frequent error to attribute low-back pain to osteoarthritis merely because there are hypertrophic changes in the lumbar spine It has been stated by Comroe that 50 per cent of all patients with architectural weakness of the spine have no symptoms whatever resulting from such a disturbance [2 3].

TABLE 4 —Racial Incidence

Type	Number of Cases	
	Colored	White
Hypertrophic	15	65
Rheumatoid	8	56

As indicated in Table 4, most of the arthritics were white and in proportion to the number of colored and white admissions

The syndrome of fibrositis has become a rather common finding in the Army, mainly because the average soldier is subject to a considerable amount of exposure and chilling We have employed a causative classification of fibrositis, namely, a primary type which was independent of any other recognized disease and a secondary type due to toxic infection The diagnosis was made on the clinical symptomatology of pain, stiffness, aching and soreness appearing abruptly in any area of muscles or around joints, more pronounced on awakening or after periods of prolonged inactivity, relieved by exercise and the application of heat

TABLE 5.—THEATER OF OPERATIONS—NUMBER OF CASES

	China India	Alaska	Europe	S.W. Pacific
Rheumatoid	3	4	22	15
Hypertrophic	6	2	38	11
Fibrositis			19	4

As shown in Table 5, the greater number of patients with rheumatoid arthritis came from the European Theater of Operations, where exposure to wet, damp, and cold weather may have been an important precipitating factor Most of the patients with hypertrophic arthritis and fibrositis were evacuated from the European Theater

TABLE 6.—DURATION OF SYMPTOMS

	Number of Cases					
Months	Hypertrophic	Rheumatoid	Fibrositis	Psoriatic	Gout	Palindromic
6-12	12	32	15			3
Years						
1-2	14	12	4	1		3
2-3	18	4	5	1	1	1
3-4	13	7	5		1	1
4-5	2	2	6		1	
5-6	2	1				
6-7	2	1				
7-8	10	5				
9-10	7					

Of the 80 patients with hypertrophic arthritis, 57 had symptoms of four years' duration The majority of the patients with rheumatoid arthritis had symptoms of relatively short duration—six months to two years In our group of fibrositis, 15 patients had symptoms of six to twelve months' duration

As indicated in Table 7, rheumatoid arthritis affected the lumbar and lumbosacral spine in 11 patients and the sacroiliac joints in 18 patients There was generalized joint involvement in 5 patients. In 12 of the patients the knees were solely involved, in 4 the feet, and in 20 the proximal interphalangeal joints In 9 cases the hand, and wrists were involved in 8 the knees and ankles, and in 9 the ankles alone In 1 case the temporomandibular joint alone was affected and the other sternoclavicular associated with an

TABLE 7.—JOINT INVOLVEMENT

Rheumatoid	Number of Cases
Spine	11
Sacroiliac joints	18
Generalized	5
Knees	12
Feet	4
Proximal interphalangeal joints	20
Hands and wrists	9
Knees and ankles	8
Ankles	9
Elbows	5
Temporomandibular	1
Sternoclavicular	1
Hypertrophic	**Number of Cases**
Dorsal spine	10
Cervical spine	9
Lumbar spine	28
Knees	21
Ankles	9
Sacroiliac joints	11
Hips	2
Feet	5
Hands	1
Fibrositis	**Number of Cases**
Knees	5
Generalized	2
Lumbar muscles	18
Palindromic Rheumatism	**Number of Cases**
Wrists and hands	2
Psoriatic Arthritis	**Number of Cases**
Knees and hands	1
Hands	1

ankylosing spondylitis of the Marie-Strumpell type In short, rheumatoid arthritis involved principally the small joints of the hands, second the wrists, and third the knees and ankles

Sixteen of the soldiers had evidence of infectious arthritis of the sacroiliac joints, 11 of these were associated with involvement of the articular facets In only 2 of the 11 were we able to demonstrate calcification in the paravertebral and interspinous ligaments Among the group of spondylitis, restriction of spinal mobility was a constant objective finding Among the patients with fibrositis the lumbar muscles were affected in most of the cases In the 2 cases of palindromic rheumatism the hands and wrists were involved The patients with hypertrophic arthritis, for the most part, had involvement of the dorsal and lumbar spine, knees, and sacroiliac joints The stress and strain of military service probably hastened the development of osteoarthritic changes in these weight-bearing bones

TABLE 8.—SYMPTOMATOLOGY

Rheumatoid	Number of Cases
Constitutional symptoms (anorexia, malaise weight loss, easy fatigue)	26
Hypertrophic	
Stiffness	24
Soreness	19
Cervical root pain	6
Sciatica	10
Dull pain	61
Symptoms worse in wet and damp	21
Symptoms worse by lifting and bending	12

Of the 64 patients with rheumatoid arthritis, 26 had constitutional symptoms, consisting of anorexia, malaise, weight loss, and easy fatigue Most of the patients with hypertrophic arthritis had dull pain referable to the involved joints The remainder had some symptoms of stiffness and soreness which were worse in wet and damp weather and aggravated by lifting and bending

TABLE 9 —Physical Signs

Rheumatoid	Number of Cases
Swelling of proximal interphalangeal joints	22
Swelling of toe joints	1
Swelling, redness, elevated skin temperature of knees	14
Swelling, redness, elevated skin temperature of wrists	4
Ankles	9
Ankylosis	4
Muscle spasm of lumbar muscles—limited forward flexion	18
Ulnar deviation of wrists and fingers	2
Atrophy of muscles	5
Pain on manipulation of joints	14
Hypertrophic	**Number of Cases**
Limited forward flexion in lumbar spine	40
Crepitus elicited—knee	17
Muscle spasm	12
Pain and tenderness over lumbar spine	28
Pain of manipulation and limited motion	11

As outlined in the above table, 34 per cent of the patients with rheumatoid arthritis had swelling of the proximal interphalangeal joints and 62 per cent had redness and elevated skin temperature All of the patients suffering from rheumatoid spondylitis had muscle spasm of the lumbar muscles and limitation of forward flexion Only four soldiers, at the time of admission, demonstrated ankylosis and fixation of the involved joints, five demonstrated atrophy of the muscles of the hands All of the patients who had hypertrophic arthritis with involvement of the knee joints had objective findings, namely, crepitation on manipulation Fifty per cent of the patients with hypertrophic arthritis with spine involvement had limitation of forward flexion with some localized pain and tenderness over the lumbar spine, 14 per cent had pain on manipulation of the involved joints, and muscle spasm was demonstrated in 15 per cent of the patients with hypertrophic arthritis

As indicated in Table 10, 53 per cent of the patients with rheumatoid arthritis showed an elevated sedimentation rate of 15 to 35 mm at the end of one hour, 30 per cent—35 to 55 mm at the end of one hour Ninety-three per cent of the entire group of patients who had rheumatoid arthritis showed an elevated sedimentation rate The table shows, as has been stated in the literature, that the erythrocyte sedimentation rate is increased in over 90 per cent of patients with active rheumatoid arthritis It has been our experience that both the leukocytes and sedimentation rate parallel the severity of the arthritic process Both of these become decreased after the clinical signs of activity have subsided Seventy per cent of the patients with rheumatoid arthritis had leukocytosis of 8,000 to 12,000, 15 per cent had leukocytosis of 12,000 to 15,000, and 7 per cent had leukocytosis of 15,000 to 20,000 Twenty-three per cent showed a red blood count of 2,5000,000 to 3,5000,000, 39 per cent, 4,000,000 to 4,500,000, and 20 per cent, 4,5000,000 to 5,000,000 Thirty-one per cent revealed a hemoglobin of 55 per cent to 70 per cent, 13 per cent showed values of 70 per cent to 80 per cent and 15 per cent showed 80 per cent to 90 per cent

TABLE 10 —Laboratory Work—Rheumatoid Arthritis

Sedimentation Rate	
Mm at the End of One Hour	Number of Cases
15–25	19
25–35	15
35–45	9
45–55	10
55–65	5
65–85	2
Provocative Walking Test with Elevation of 5 mm or More in Sedimentation Rate Following Exercise	19
White Blood Count	
8,000–10 000	31
10,000–12,000	14
12,000–15,000	10
15,000–20,000	5
Red Blood Count	
2,500,000–3,000 000	7
3 000 000–3,500 000	8
4,000 000–4 500,000	25
4,500,000–5 000 000	13
Hemoglobin	
Per Cent	
55–60	7
60–70	13
70–80	22
80–90	10

TABLE 11 —X-Ray Changes

Hypertrophic	Number of Cases	Per Cent
Lipping and spur formation	61	76
Rheumatoid	**Number of Cases**	**Per Cent**
Osteoporosis	29	45
Sclerosis of sacroiliac joints	13	20
Soft-tissue swelling	15	21
Roughened articular surface	3	4
Calcification of anterior longitudinal ligaments with fuzziness of articular facets	6	9

Seventy-six per cent of those who had osteoarthritis demonstrated x-ray changes in the form of marginal lipping and spur formation In the spine these changes were frequently associated with thinning of the intervertebral disks In the group with rheumatoid arthritis 45 per cent showed osteoporosis and 21 per cent soft-tissue swelling as the earliest x-ray findings Only 4 per

cent disclosed advanced involvement with marginal erosion and destruction of cartilage All of the patients with infectious arthritis with sacroiliac joint involvement demonstrated sclerosis and obliteration of the joints, and 6 in this group had x-ray changes in the spine characteristic of the Marie-Strumpell type

TABLE 12.—DISPOSITIONS

Rheumatoid	Number of Cases
Arthritis center	11
Certificate disability discharge	
Sacroiliac	15
Otherwise	8
Nonstrenuous duty	30
Hypertrophic	
Certificate disability discharge	46
Limited duty	29
Certificate disability discharge to Veterans facility	5

Treatment

In the management of our patients with rheumatoid arthritis we followed a more or less conservative program of therapy which varied with each patient, depending on the peculiarity of that case. Only presently recognized measures of therapy were used All patients with rheumatoid arthritis were required to have at least ten to fifteen hours of rest daily Physical therapy in the form of diathermy with short-wave therapy and hydrotherapy was carried out All acutely inflamed joints were properly splinted to avoid ankylosis The joints were placed in position so that if ankylosis occurred they would be in a position most useful to the patient The splints were removed daily and affected joints were put through at least several painless motions to prevent formation of dense adhesions within the joints Joints that were acutely inflamed were manipulated as little as possible and kept at rest All patients with rheumatoid arthritis were given high-caloric high-vitamin diets If the patient was underweight, a 4,000-calorie diet was administered Obviously infected foci, such as tonsils, were either treated or removed as recommended by the Nose and Throat Department Chronic sinus infection and prostatitis were treated in the appropriate departments In addition to these measures, sodium salicylate and sodium bicarbonate, brewer's yeast, and multiple vitamins were also supplied If, despite this regimen, the patient's disease continued to show progression as evidenced by inflamed swollen joints and elevated sedimentation rate, he was given a course of typhoid vaccine intravenously The first injection consisted usually, of 10,000,000 organisms of triple typhoid, subsequent injections consisted of doubling the previous injection unless the previous reaction was too severe. The course was composed usually of six injections, given twice weekly If no benefit was derived from the course of typhoid vaccine, the patient was usually transferred to the Arthritis Center, Hot Springs, Arkansas, for further therapy The patients with osteoarthritis were treated mainly with physiotherapy in the form of diathermy massage analgesics, and multiple vitamins In the management of fibrositis we employed analgesics and physiotherapy, with the larger percentage of patients showing improvement of their symptoms

Case Reports

Case 1.—Hypertrophic arthritis (Left Knee)—A 25-year-old white man was admitted to Finney General Hospital on February 7 1945 from the Hawaiian Islands with an admission diagnosis of hypertrophic arthritis of the left knee joint.

Onset followed an injury to his left knee during desert maneuvers in California about one and a half years previously Since then the patient had continuous dull aching pain and occasional redness and swelling of the knee joint Walking, cold and damp weather aggravated these symptoms This condition became progressively worse and was aggravated by hiking, excessive walking, or activity Following jungle maneuvers in the Maui Islands his knee became very painful and swollen and he was admitted to the Tripler General Hospital on November 21, 1944 Examination showed the patient walked with a marked limp and with considerable tenderness and swelling about the left knee joint. Range of motion was normal but movement elicited considerable discomfort. X-rays revealed moderately advanced hypertrophic changes.

Physical examination at Finney General Hospital disclosed a moderate amount of pain and tenderness on manipulation of the left knee joint. There was no limitation of motion. A considerable amount of crepitation and grating was elicited on manipulation. Laboratory work, including blood count, sedimentation rate, and stool examination, was essentially normal X-rays of the left knee joint revealed severe osteoarthritic changes with spur formation and hyperostosis.

Case 2.—Hypertrophic arthritis (Lumbar Spine)—The patient was a 36-year-old white man who since about November, 1942 had had dull aching pains, stiffness, and soreness in both shoulders, hip joints, and the lower part of the back. This was usually worse in wet damp weather and also in the morning on awakening and after prolonged inactivity The patient had been repeatedly hospitalized for a total period of almost one year Because his complaints became more severe while in the European Theater of Operations he was hospitalized on October 26 1944 at the 217th General Hospital. Examination there revealed considerable limitation of motion of the lumbar spine with some localized pain and tenderness over the lumbar and lumbosacral spine. X-rays of the lumbosacral spine showed hypertrophic changes of the fourth lumbar vertebral body and roughening of the inferior border of both the right and left rami of the pubis and ischium Both

shoulders were normal on x-ray Because of these findings he was evacuated back to the Zone of Interior with a diagnosis of hypertrophic arthritis of the lumbar and lumbosacral spine and of the ischium

Complete physical examination here revealed some crepitation on manipulation of both knee joints with some pain on extreme flexion and extension There was also some localized pain and tenderness over the paravertebral muscles of the lumbar and lumbosacral spine with some spasm of these muscles There were about 20 to 35 degrees limitation of forward bending of the lumbar spine and a considerable amount of pain and tenderness localized over both sacroiliac joints The remainder of the physical examination was negative Laboratory work was essentially normal

Case 3—Rheumatoid arthritis—In September, 1944 a patient, while on duty overseas, noticed that he was losing weight gradually, had lost his appetite, and felt generally tired Within the next three weeks he developed an acute migratory polyarthritis with acute joint swelling, redness, pain, and tenderness of the left ankle, right ankle, and knees Following this, both wrists, finger joints of both hands, and later both elbows became affected All of the above-mentioned joints became extremely swollen, reddened, hot, and very tender A diagnosis of acute infectious polyarthritis was made Because of the acute swelling of both knee joints, an aspiration of the left knee was done on November 1, 1944 and two weeks later he had an aspiration of the right knee Each time 30 cc of fluid was removed Since this attack, the swelling gradually subsided but stiffness and limitation of motion of the knees and wrists persisted Examination of stools, agglutination tests, x-rays, and sigmoidoscopic examination were all essentially normal

At the time of admission to this hospital the patient complained of swelling, pain, and soreness of both knee joints, wrists, ankles, feet, hands, and both hip joints Physical examination revealed some fusiform swelling with spindling at the proximal interphalangeal joints of both hands, particularly on the right There were also some swelling of both wrist joints with some elevated skin temperature There were about 10 to 15 degrees limitation of flexion and extension and also some limitation of abduction and adduction in both wrist joints There was a considerable amount of muscular atrophy, particularly of the small muscles in the dorsum of both hands Examination of both knees revealed swelling of both joints with loss of topography, elevated skin temperature, but no definite fluid could be demonstrated in the knee joints by examination There were about 20 to 25 degrees limitation of flexion and about 5 to 10 degrees in extension of both knee joints There were atrophy of the muscles in the calves and thighs of both lower extremities and also of the muscles of the right arm and forearm. Genitourinary examination revealed the patient to have a prostatovesiculitis, nonsuppurative, nonvenereal, the cause of which was undetermined. Serum proteins, albumin-globulin ratio, serology, malarial smear, urinalysis, and blood count were normal. The sedimentation rate was elevated to 70 mm at the end of one hour

The patient was placed on a 4,000-calorie diet with five units of insulin before meals, analgesics, multiple vitamins, physiotherapy, and a course of typhoid vaccine At the end of three weeks the patient had gained six pounds, the acute joint signs and symptoms had subsided, and he was in better general condition to be transferred to an Arthritis Center

Case 4—Gout—The patient had his first attack of severe pain in his right big-toe joint following an operation for a strangulated hernia six years before admission The attacks awoke him in the early hours of morning, the right big-toe joint became swollen, reddened, and very painful This lasted for approximately three weeks and the condition was diagnosed as gouty arthritis at that time He had one other attack similar to this just before his entrance into the Army, with the onset also in the early hours of the morning, which lasted three or four weeks

Since then, until the recent attack, he has had dull continual pain in the right big-toe joint On September 20, 1944, while overseas, the patient awoke about 4 00 A.M. with severe pain in his right great toe, which became swollen, reddened, and very painful, so that he couldn't get his shoes on. Physical examination after admission to the hospital revealed a purplish-red, exquisitely tender swelling of the right great toe joint in the region of the first metatarsal phalangeal joint with no evidence of tophi about the joints or ears Laboratory studies revealed a blood uric acid of 10 mg per 100 cc which gradually receded to 6 8 mg per 100 cc On October 20, 1944 the uric-acid level was $2^1/_2$ mg per 100 cc and the sedimentation rate varied between 39 mm per hour and 25 mm. per hour X-ray of the right foot revealed mild hypertrophic changes at the first metatarsal phalangeal joint with no areas of rarefaction seen The patient was subsequently evacuated to the Zone of Interior Since his original attack overseas the patient has had a continual dull pain in his right great-toe joint

Physical examination here was essentially negative except for the right great toe, which showed some purplish-bluish discoloration with pain and tenderness on manipulation Blood uric acid was 3 8 X-ray of the right foot showed hypertrophic changes of the first metatarsal phalangeal joint of the right foot No areas of rarefaction were seen.

Case 5—Palindromic rheumatism—About two years before admission the patient had migratory polyarthritis involving all the joints, starting in the right knee He was in bed approximately four months and was told he had rheumatic fever All the joints at the time of involvement were red and swollen, with no residual damage or changes of joints following his recovery Since February, 1944 the patient has had periodic episodes of swelling affecting the wrists, finger joints of the right hand, and both feet and toes These attacks occurred about every two to three weeks, and lasted for one to two days There was no history of hay fever or asthma in the family Previous x-rays of the bones and joints involving the right hand were negative. All previous sedimentation rates were normal. Swelling of the right hand, metacarpal-phalangeal joints, were noted at previous hospitals These

joints were reddened, swollen, and quite painful There has never been any swelling in the left hand.

At the time of admission to Finney General Hospital physical examination was negative. While in the hospital the patient had seven to eight episodes of sudden onset of swelling of all the proximal interphalangeal joints of the right hand, the dorsum of the right wrist, and some soft tissue swelling of the right forearm The overlying skin was reddened with somewhat increased temperature These episodes of swelling usually lasted forty-eight to seventy-two hours and then completely subsided with no residual symptoms. All x-rays of the bones and joints of the wrist and hand revealed no abnormalities. Blood counts and sedimentation rates were repeatedly normal Serum proteins and the albumin-globulin ratio were normal The eosinophile count ranged from 5 to 6 per cent with a platelet count of 184,000 Nose and throat examination revealed the presence of chronic, suppurative, ethmoidal sinusitis and chronic, bilateral, follicular tonsillitis, and on February 15, 1945 tonsillectomy was performed.

It was our opinion that, in view of the sudden onset of swelling of the joints of the right hand and the soft-tissue swelling of the right forearm and its sudden disappearance with no residual symptoms and the normal sedimentation rate, this patient was suffering from a so-called palindromic rheumatism, as described by Hench.

Case 6.—Fibrositis—The patient was a 22-year old white man who stated that his present illness had had its onset about four months before admission, with dull aching pain, stiffness, and soreness in the lower part of his back and in both knees, more severe in the left knee He described his symptoms as being a dull aching pain associated with stiffness and soreness which was more pronounced on awakening in the morning or after periods of prolonged activity It was relieved by mild exercise aspirin, and heat. His symptoms became worse after considerable exposure to wet and damp weather at Camp Gordon Johnston, Florida. Because of these symptoms he was admitted to the Station Hospital, Camp Gordon Johnston, Florida, on March 14, 1945 Physical examination at that hospital was essentially negative. Nose and throat examination revealed the presence of a deviation of the nasal septum to the right and some clouding of both right and left antra. X-rays of the sinuses revealed marked clouding of the left antrum and thickening of the lining membranes, slight clouding of the right ethmoids and right frontal sinus. All laboratory work, including sedimentation rate, was essentially negative. He received physiotherapy and salicylates with subjective improvement, and was subsequently transferred to Finney General Hospital on March 30, 1945

Physical examination at Finney General Hospital was essentially negative except for the bones and joints. There was localized pain and tenderness over the lumbar muscles and over the lumbar and lumbosacral regions. There was no muscle spasm. There was about 15 to 20 degrees limitation of forward bending of the lumbar spine. There was slight limitation of lateral motion. The sedimentation rate was 6 mm. at the end of one hour It was thought that this patient's clinical history and findings were quite characteristic of fibrositis involving the lumbar muscles.

Case 7.—Rheumatoid spondylitis—The patient's present illness goes back to 1932, when in civilian life he was told he had rheumatism At that time he had pains, aches, and stiffness in the lower part of his back and hips, with difficulty in walking. Since that time, until six or seven weeks, before examination the soldier had periodic attacks of low back pain, stiffness, and soreness over the lower back and hips usually worse in the morning and after prolonged inactivity, but somewhat relieved by exercise and application of heat. In April, 1945 he noticed the onset of another attack of stiffness and soreness in his lower back, but this time it progressed up the lumbar spine to his neck and shoulders and left him completely stiff and he was unable to bend his neck. Because of this he was admitted to a Station Hospital on April 6 1945

Physical examination at Finney General Hospital was essentially negative except for the bones and joints. Examination of the back revealed a considerable amount of spasm of the muscles overlying the entire spine and limitation of motion in both shoulder regions particularly in abduction. The patient was able to raise both arms only to about the level of the shoulder regions. There was a considerable amount of limitation of forward bending of both the cervical and dorsal lumbar regions. He was able to bend his spine in these regions only about 25 to 30 degrees. There were localized pain and tenderness over the entire cervical, dorsal, lumbar and both sacroiliac joints. Chest expansion was limited to 1/2 inch. Laboratory work revealed hemoglobin of 80 per cent, red blood count, 4,280,000, white blood count, 14 150, normal differential, sedimentation rate on two occasions of 52 mm. at the end of one hour Serum proteins were 7 1 Gm. per cent, albumin, 4 5 Gm per cent, and globulin, 2 6 Gm per cent. Urinalysis was essentially normal. X rays showed moderate scoliosis of the dorsal spine with convexity of curvature toward the right, with ossification of the anterior spinal ligaments in several areas, and bone bridging anteriorly between the tenth, eleventh, and twelfth dorsal bodies. There were no definite arthritic changes demonstrable in the articular facets. There were arthritic changes present in both sacroiliac joints, consisting of sclerosis and obliteration of joint margins. It was the impression of the roentgenologist that the patient had ankylosing spondylitis of the lower dorsal region.

Summary and Conclusions

1 Two hundred patients with arthritis have been admitted to this hospital during the interval of September, 1943 to May, 1945

2 All of these cases were classified and careful observations made during their hospital stays as to predisposing causes, symptomatology, physical signs, laboratory and x-ray findings

3 A provocative walking test employing the

sedimentation rate has been described to aid in the early diagnosis of rheumatoid arthritis

4 Osteoarthritis was the most prevalent of the arthritic diseases, with rheumatoid arthritis and fibrositis following in that order

5 Climate and adverse influence of service manifestly have been strong factors in precipitating signs and symptoms in osteoarthritis, rheumatoid arthritis, and fibrositis

6 Most of the patients with osteoarthritis had involvement of the spine Those who had rheumatoid arthritis were affected principally in the small joints of the hands, second the wrists, and third the knees and ankles

7 Seventy-one per cent of our cases of rheumatoid arthritis had constitutional symptoms and 93 per cent showed an elevated sedimentation rate

8 Seventy-six per cent of the patients with osteoarthritis had symptoms, all of them demonstrated positive objective findings

9 Conservative management with recognized measures of therapy resulted in improvement in the greater number of our patients with arthritis Those showing progression were transferred to an Arthritis Center

References

1 Steinbocker O Arthritis in Modern Practice, Philadelphia, W B Saunders Co , 1942
2 Comroe, B I Arthritis and Allied Conditions, Philadelphia, Lea and Febiger, 1941
3 Comroe, B I J.A.M.A. 127 392 (Feb 17), 1945

INOCULATION OF VALUE IN PREVENTING TUBERCULOSIS

Results of a ten-year study in Chicago to prove the value of inoculating children against tuberculosis and results of a similar program in New York City reaching back sixteen years were reported on November 7, 1945 at Cornell University Medical College

The papers were presented at the thirty-fifth clinical session on chronic pulmonary diseases of the Tuberculosis Sanatorium Conference of Metropolitan New York in cooperation with the New York Tuberculosis and Health Association

Records were presented by the Chicago experimenters to show that vaccination with BCG in the first seven years of life is of value in preventing tuberculosis The New York doctor declared that routine vaccination with BCG of children from tuberculous homes is less advantageous than removal of tuberculous subjects from such homes

BCG is the product resulting from a method of treating live tubercle bacilli to make them less virulent, developed by the French scientists Calmette and Guerin

The report of the New York investigation was made by Dr Milton I Levine, assistant professor of pediatrics, Cornell University Medical College His study was confined to the first five years of life of 2,084 children of tuberculous families, of which 1,011 were vaccinated and 1,073 were held as controls The children were followed for varying periods, according to the date of their birth, some as long as sixteen years previous to January 1, 1944, when the study ended

All children studied were from tuberculous families, and with rare exceptions were placed under observation before they were 12 months old Although the method of selecting those to be held as controls and those to be vaccinated was changed part way through the study, results were essentially similar, the mortality of the controls was more than four times that of the vaccinated group The possible effect of various factors on the comparative results, such as parental cooperation, economic condition, racial distribution, and exposure to infection was assessed in the conclusions

"From a public-health standpoint," Dr Levine concluded, "the efficacy of BCG must be judged by its ability to reduce the tuberculosis mortality of children vaccinated in their homes in the midst of a tuberculous environment As a public health measure, therefore, the routine vaccination with BCG of children from tuberculous homes is less advantageous than removal of the tuberculous subject from the home "

Results of the Chicago study were presented by Dr Sol Roy Rosenthal, of the Chicago Municipal Tuberculosis Sanatorium and the University of Illinois School of Medicine

"BCG has been found to be entirely innocuous both locally and generally in animal studies over a period of ten years, and infant studies over a period of seven years," said Dr Rosenthal "In 1,204 vaccinated children, where no known source of contact with tuberculosis was known, 3 cases of tuberculosis developed and one death from the disease In 1,213 controls there were 23 cases of tuberculosis and four deaths from the disease

"In 98 vaccinated newborn, who were in contact with tuberculosis following vaccination, there was 1 case of tuberculosis and no deaths, whereas in 63 controls there were 4 cases of tuberculosis and three deaths Considering the contact and noncontact group as a whole, there were 27 cases of tuberculosis in the control group against four cases in the vaccinated There were seven deaths from tuberculosis in the control group and one in the vaccinated

"From these results it may be concluded that in the first seven years of life, BCG vaccination is of definite value in the prevention of tuberculosis "

PENICILLIN IN THE TREATMENT OF VINCENT'S ANGINA

LEWIS H BRONSTEIN, CAPT ,(MC), New York City*
(*From the Regional Hospital Fort G G Meade, Maryland*)

SINCE September, 1944, penicillin has been used at this installation for the treatment of ulceration of the tonsils due to the Vincent's organisms During this period, 105 patients have been treated by intramuscular injection of this antibiotic Adequate evaluation of the results obtained from this treatment called for a comparable control group because of the great variability in individual response to this infection

Such a control group was found consisting of 32 patients These patients were treated with peroxide and perborate gargles, rigid dental attention to the gums where indicated, and high doses of cevitamic acid, nicotinic acid, and thiamin chloride as recommended by the Dental Service These unselected cases were so treated because they were admitted to wards other than the Communicable Disease Section and were started on the above treatment Others were admitted to this section and were inadvertently started on the oxidizing and vitamin routine by new personnel All these patients were allowed to continue on this type of medication They were admitted throughout the period during which the penicillin treated patients were admitted It is, therefore, felt that the general bacterial flora was the same in both groups Unfortunately, it was not possible to burden the Laboratory with additional bacteriological material at that time However, in many instances culture of the exudate was done in both groups of cases and similar organisms were recovered

It is realized that this is not a perfect control group It is however, a better group than one composed of patients who had been treated in previous years or in different seasons of the same year The factors of secondary infection which undoubtedly play a role in the clinical course of the disease are, therefore, more nearly comparable

In all cases the diagnosis was based on the usual criteria of Vincent's infection a foul-smelling ulcerative tonsillar lesion with pseudomembrane and a smear showing numerous spirochetes and fusiform bacilli Most of the patients had severe pain

Previously, in a much smaller group, it had been decided to treat the lesion locally with penicillin in bentonite, a diatomaceous earth This material had sufficient body so that it remained on the lesion for some time The concentration was 500 units per Gm The nurse spread this medication on the ulcerative lesion every three hours and the patient was given the material to apply to his gums It was found that this method did not give better results than were being obtained with the usual methods of treatment employed at that time

It was therefore decided to try the effects of intramuscular penicillin therapy The dosage was 20,000 units used every three hours for either eight or sixteen doses, depending on the appearance of the lesion on admission We did not study the rate of disappearance of the organisms as carefully as others have [1] We made routine smears at the end of the course of penicillin and in every case found that there were no spirochetes to be seen The number of fusiform bacilli was also markedly decreased so that the laboratory reports read "few" to "none" Smears were repeated at two-day intervals until the patient was discharged, and in all cases, neither spirochetes nor fusiform bacilli were subsequently seen. Thus, in a larger series of cases than has been previously reported,[1-3] we have been able to confirm the rapidity and thoroughness of the disappearance of the organisms under the influence of penicillin In the control group, it was found that the organisms usually disappeared in about five days with the spirochetes going first The time for this occurrence was quite variable and not as prompt as with penicillin

The relief of pain is as remarkable as the rapid disappearance of organisms Under no other therapy that has been attempted have the patient's symptoms disappeared as rapidly Within twelve to fourteen hours practically all pain was gone and the patient was able to take food by mouth This relief was dramatic in every case

An analysis of the length of time it took to give the tonsil a normal appearance, without ulceration or inflammation, shows that the results are not as spectacular as would be implied from the reports in the literature We measured the length of time from the start of treatment to the day that the tonsil looked normal, at which time there were also no Vincent's organisms. In the penicillin-treated group of 105 cases, the average was 6.2 days with a standard deviation to 2 55 In the group of 32 cases treated with oxidizers the average length of time was 8 1 days with a

* Home address, 235 W 102 Street, New York City

standard deviation of 2 89 This large standard deviation shows that there was a wide spread in the number of days it took to clear these lesions with either form of therapy This may very well be due to the factor of secondary infection—a point which requires further study for proper evaluation If one attempts to apply statistical criteria to these averages, it is found that the standard error of the difference between these means is 0 56, whereas the difference itself is 1 9 Such calculations show that the possibility of chance itself resulting in this difference is less than one in four hundred It would, therefore, seem that the difference is probably due to the action of the drug

The nature of the work done at this camp made it impossible to study the recurrence rate This will have to be done at an installation with a more permanent population

Patients with gingival involvement should have dental attention for the removal of debris at the bases of the teeth and the treatment of gingival flaps This should be done in conjunction with the penicillin injections We did not attempt to treat patients with gingivitis alone unless they were hospitalized for other conditions There are not enough of these cases to report In those cases in which smears were made from the gingivae, it was found that the organisms disappeared from these areas under intramuscular penicillin therapy more slowly than from the tonsillar areas The dental department has been using penicillin in bentonite in addition to their other measures for gingivitis They have found rapid clinical improvement, particularly of pain, but no bacteriologic studies were done

Conclusion

Penicillin is a very useful agent in the treatment of Vincent's infection of the tonsil, but should be used in conjunction with dental measures where the gums are also involved It results in

1 Rapid bacteriologic clearing of the tonsillar lesions, as evidenced by disappearance of the spirochetes and fusiform bacilli

2 Rapid disappearance of pain

3 Somewhat quicker clinical cure of the lesions than with oxidizers

References

1 Pearce, W F , and McDonald, J B J A.M A 128 342 (June 2) 1945
2 Schwartz, B M J A M A. 128 704 (July 7) 1945
3 Shallenberger, P L , Denny, E R., and Pyle, H D J A M.A 128 706 (July 7) 1945

RELAPSING FEVER, LUNG ABSCESS BEING CONQUERED BY PENICILLIN

Two more diseases—relapsing fever and abscess of the lungs—are on the way to being conquered by penicillin, according to reports appearing in the December 8 issue of the *Journal of the American Medical Association*

Although relapsing fever is not common in the United States, 11 cases were treated at an army hospital in Texas by Capt William C Taft and Capt John B Pike, Army Medical Corps

They wrote that by giving sixty injections of penicillin into the muscles, a total dosage of 2,400,000 units, they effectively checked the disease

Relapsing fever is an acute infectious disease, caused in this instance by a tick common in Texas The disease is characterized by intermittent periods of fever It usually begins within seven days of infection.

The onset is sudden with fever, chills, headache, pains in the back and limbs, loss of appetite, nausea, vomiting, sometimes abdominal pain and tenderness, and constipation Within a few days red spots, the size of a dime or quarter, may appear

"Penicillin reduces the length of disability from the disease to a minimum," the authors wrote The patients treated with penicillin recovered within two weeks after treatment began

Previously, treatment consisted of arsenical injections, with or without bismuth, into the veins The results were very unsatisfactory, no patient was hospitalized for less than one month.

The treatment with penicillin, given every three hours day and night, produced a rapid subsidence of symptoms and signs, prevented subsequent relapses and eliminated the long convalescence characteristic of patients otherwise treated, the authors stated

Two other investigators, Charley J Smyth, M D , and Thomas H Billingslea, M D , reported success with penicillin in the treatment of four patients suffering with abscess of the lungs at the Wayne County General Hospital, Eloise, Michigan

The patients received long and continued treatment with penicillin which was injected into the muscles every three hours, day and night The total dosage varied from 6,000,000 to 14,000,000 units per patient The authors stated that long-continued treatment was necessary in order to control the surrounding infection adequately

The condition may be caused by the draining of infective material from the upper respiratory tract or it may result from the wedging of a foreign body in a large bronchus or from wounds on the chest The abscess cavity usually contains blood, bacteria, and pus which often has a foul odor

The authors stated in conclusion that "if lung abscesses are recognized early and vigorously treated by long continued penicillin administration there will be an appreciable reduction in the morbidity and mortality from this disease"

THE CLINICAL DIAGNOSIS OF CORONARY ARTERY SCLEROSIS

A STUART FERGUSON, M.D., Newburgh, New York

CORONARY artery sclerosis is a disease entity with which every physician is thoroughly familiar. It is a pathologic condition characterized by chronic, progressive, obstructive narrowing of the lumen of the coronary arteries. It may be a part of a general arteriosclerotic disease of the body or it may be a selective disease of the coronary system alone.

Symptoms of this disease may occur at any age from the second decade on. They occasionally occur in the late thirties, frequently in the forties, and most often in the so-called dangerous fifties. The symptoms occur about three times as frequently in men as in women. The latter, as a group, are apt to develop symptoms after middle life.

If there is any one disease which strikes terror to the mind of the average patient, it is "heart disease." This may be due in part to the *frequent experience of patients who have witnessed* the sudden and unexpected death of a relative or friend. Following such an experience, it is not unusual for patients to consult their physician for reassurance concerning some anxiety that may develop relative to their heart.

It is the general practitioner who most frequently observes the earliest manifestations of coronary disease. A discussion of the symptom complex and approach to some of the problems of clinical diagnosis is the purpose of this paper.

For a moment, let us consider the dynamics of the heart. It is normally a well regulated pump engine. Its principal fuel is oxygen, which is furnished by the intricate coronary arterial system. The mechanical efficiency of the stroke output is directly dependent on energy liberation, as a result of complete oxidation through patent coronary arteries. Any departure from this normal supply of fuel to the pump engine through narrowing of the coronary arteries is what we understand as chronic progressive coronary arteriosclerosis, which results in so-called coronary insufficiency.

When portions of the myocardium are deprived of blood, such heart muscle unquestionably fails by virtue of decreased and, ultimately, absence of energy liberation. As this condition progresses, the pump engine becomes overloaded during unusual exertion and the first subjective clinical symptom, fatigue, appears. The fatigue syndrome may continue for many months or even years before a noticeable breathlessness for grade or stair climbing appears.

Gastrointestinal symptoms begin to appear, such as belching and abdominal bloating after a good meal, especially the evening meal. Eventually the anginal syndrome appears either abruptly with a definite precordial or substernal distress following exertion or emotional stress but promptly relieved by rest, or by an indefinite ache in the chest which is so slight and transient that the patient is not too much disturbed by it but rather puzzled because it is promptly relieved by a belch of gas or a dose of baking soda and may not appear again for some days.

When coronary insufficiency is ushered in by the abrupt, definite chest pain which may radiate to the precordium or down one or both arms, causing the victim to stop at once for relief, it *may reasonably be concluded that closure of a* coronary vessel will probably take place in from a couple of weeks to two or three months. There are exceptions, of course, to this general observation.

Most patients with early cardiac complaints are seen in the office. The usual complaint that brings them to the physician in suspected coronary heart disease is pain in the chest, precordial region, left shoulder, or left arm. A careful history with leading questions is helpful in evaluating the symptoms.

How long has the patient had this distress? Just where does it occur? Does the pain spread in any direction? Does he wake up with it in the morning? Does it last all day? Does it occur only when he is at rest? If so, is it relieved by walking or working? What relieves this pain when it occurs? Can he walk up two flights of stairs without difficulty? Can he walk up a hill? What else does he complain of? The location of distress may be a clue. Anginal distress most often is parasternal or substernal across the upper part of the chest. Next in order is over the precordial region. A pain described below and to the left of the nipple is least likely to be of cardiac origin.

A clear-cut chest or precordial distress described as an oppression, constriction, or ache, definitely associated with exertion or following excitement or anger, which may or may not radiate down the left arm or both arms and is relieved in a few minutes by rest, should be considered anginal in character until it is proved otherwise.

Presented at a clinical conference, St. Luke's Hospital, Newburgh, New York, December 5, 1945.

standard deviation of 2 89 This large standard deviation shows that there was a wide spread in the number of days it took to clear these lesions with either form of therapy This may very well be due to the factor of secondary infection—a point which requires further study for proper evaluation If one attempts to apply statistical criteria to these averages, it is found that the standard error of the difference between these means is 0 56, whereas the difference itself is 1 9 Such calculations show that the possibility of chance itself resulting in this difference is less than one in four hundred It would, therefore, seem that the difference is probably due to the action of the drug

The nature of the work done at this camp made it impossible to study the recurrence rate This will have to be done at an installation with a more permanent population

Patients with gingival involvement should have dental attention for the removal of debris at the bases of the teeth and the treatment of gingival flaps This should be done in conjunction with the penicillin injections We did not attempt to treat patients with gingivitis alone unless they were hospitalized for other conditions There are not enough of these cases to report In those cases in which smears were made from the gingivae, it was found that the organisms disappeared from these areas under intramuscular penicillin therapy more slowly than from the tonsillar areas The dental department has been using penicillin in bentonite in addition to their other measures for gingivitis They have found rapid clinical improvement, particularly of pain, but no bacteriologic studies were done

Conclusion

Penicillin is a very useful agent in the treatment of Vincent's infection of the tonsil, but should be used in conjunction with dental measures where the gums are also involved It results in

1 Rapid bacteriologic clearing of the tonsillar lesions, as evidenced by disappearance of the spirochetes and fusiform bacilli

2 Rapid disappearance of pain

3 Somewhat quicker clinical cure of the lesions than with oxidizers

References

1 Pearce, W F , and McDonald, J B J A M A 128 342 (June 2) 1945
2 Schwartz, B M J A M A. 128 704 (July 7) 1945
3 Shallenberger, P L , Denny, E R , and Pyle, H D J A M A 128 706 (July 7) 1945

RELAPSING FEVER, LUNG ABSCESS BEING CONQUERED BY PENICILLIN

Two more diseases—relapsing fever and abscess of the lungs—are on the way to being conquered by penicillin, according to reports appearing in the December 8 issue of the *Journal of the American Medical Association*

Although relapsing fever is not common in the United States, 11 cases were treated at an army hospital in Texas by Capt William C Taft and Capt John B Pike, Army Medical Corps

They wrote that by giving sixty injections of penicillin into the muscles, a total dosage of 2,400,000 units, they effectively checked the disease

Relapsing fever is an acute infectious disease, caused in this instance by a tick common in Texas The disease is characterized by intermittent periods of fever It usually begins within seven days of infection.

The onset is sudden with fever, chills, headache, pains in the back and limbs, loss of appetite, nausea, vomiting, sometimes abdominal pain and tenderness, and constipation. Within a few days red spots, the size of a dime or quarter, may appear

"Penicillin reduces the length of disability from the disease to a minimum," the authors wrote The patients treated with penicillin recovered within two weeks after treatment began

Previously, treatment consisted of arsenical injections, with or without bismuth, into the veins The results were very unsatisfactory no patient was hospitalized for less than one month

The treatment with penicillin, given every three hours day and night, produced a rapid subsidence of symptoms and signs, prevented subsequent relapses and eliminated the long convalescence characteristic of patients otherwise treated, the authors stated

Two other investigators, Charley J Smyth, M D , and Thomas H Billingslea, M D , reported success with penicillin in the treatment of four patients suffering with abscess of the lungs at the Wayne County General Hospital, Eloise, Michigan

The patients received long and continued treatment with penicillin which was injected into the muscles every three hours, day and night The total dosage varied from 6,000,000 to 14,000,000 units per patient The authors stated that long-continued treatment was necessary in order to control the surrounding infection adequately

The condition may be caused by the draining of infective material from the upper respiratory tract or it may result from the wedging of a foreign body in a large bronchus or from wounds on the chest The abscess cavity usually contains blood, bacteria, and pus which often has a foul odor

The authors stated in conclusion that "if lung abscesses are recognized early and vigorously treated by long continued penicillin administration there will be an appreciable reduction in the morbidity and mortality from this disease"

COARCTATION OF THE AORTA

A Report of Five Cases

ROBERT SCHWARTZ, Maj ,(MC),AUS*

(From the Veterans Administration Facility, Aspinwall Pennsylvania)

COARCTATION of the aorta is a far more prevalent disease than is commonly believed. Its frequency was strikingly illustrated to us at the Aspinwall Facility by observing 5 cases in the brief period from December, 1943 to May, 1944

The findings in coarctation are quite typical and diagnosis should not be difficult once it is considered In any young adult with hypertension one's first thoughts should be to examine the arterial pulsations in the lower extremities and determine the blood pressure in the popliteal spaces [1] Two factors determine the clinical picture in any given case (1) the degree of obstruction, and (2) the collateral circulation There may be narrowing, stenosis or complete atresia of the aorta.[2,3] From 1 to 3 inches of the vessel is involved, usually in the arch at the site of the obliterated ductus arteriosus or beyond the origin of the subclavian artery Collateral circulation takes place through the subclavian arteries (first and second intercostals), internal mammary arteries (third to eleventh intercostals), and the superior epigastric arteries, which anastamose with the inferior epigastrics and external iliacs. An atypical form of coarctation has been described recently [4] in which the orifice of the left subclavian artery is obstructed and there is no obstruction to the blood flow in the thoracic aorta. In these cases the diagnosis can only be proved by angiocardiographic studies

In a classic example of aortic coarctation, hypertension will be elicited in the upper extremities while the popliteal blood pressure is lower Pulsations of the aorta and femoral arteries are diminished, signs and symptoms of arterial insufficiency may be present in the lower extremities. The patient may be well developed above and underdeveloped below the waist. Pulsating internal mammary arteries or cutaneous arteries over the scapulae may be visible The heart is apt to be enlarged and a basal systolic murmur is usually present this is transmitted to the neck and posterior part of the chest, and may or may not be accompanied by a diastolic murmur A systolic thrill may be felt in the neck vessels X ray usually reveals a prominent ascending aorta with a small or absent knob, a notched, scalloped appearance is often produced in the lower margins of the posterior ribs by the dilated intercostal arteries.

The pathogenesis of coarctation is uncertain. Some feel that it results from a thrombus in the ductus arteriosus with subsequent narrowing of the aorta due to cicatricial contraction [4] Another theory favors an abnormal embryonic development at the junction of the left fourth, fifth, and sixth aortic arches For some time the hypertension was thought to be mechanical in origin. However, Friedman Selzer, and Rosenblum[5] have demonstrated an appreciable decrease in renal blood flow in such cases, and postulate that the hypertension is due to primary renal ischemia with secondary arteriolar spasm Steele reviewed 217 cases[1] and found the diastolic pressure usually elevated above 100 mm in the femoral as well as the brachial arteries, indicating a general distribution of increased peripheral resistance

The prognosis in these cases is variable. Patients often survive to adult life. On the other hand, they are subject to rupture of the aorta, bacterial endocarditis, and all the complications of hypertension (myocardial insufficiency, renal failure, arteriosclerosis, and cerebral hemorrhage) Treatment is purely symptomatic and can only be directed at any of the above complications However a recent experimental study, with a report of two human patients suggests that operative correction of coarctation may become feasible [6] The procedure consists of completely dividing the narrowed upper thoracic aorta, or excising a segment of it, and reconstructing the vessel by end to-end anastomosis.

Case Reports

Case 1.—H W D was seen on December 7, 1943 during an outpatient examination. He was a 28-year-old white man who had been discharged from service on May 18, 1943 for coarctation of the aorta and chronic prostatitis." Since discharge he had been employed as a furnace installer

The veteran had no knowledge of rheumatic fever scarlet fever, or venereal disease in the past There was a history of "inflamed left kidney' dating back to 1938. The family history was negative

In 1941, while undergoing kidney studies at a hospital in Pittsburgh, Pennsylvania, the veteran was discovered to have hypertension and told that he had a form of congenital heart disease. When inducted into the Army on May 23 1942, his blood pressure was 130/80 and heart examination was negative. He apparently carried out his military duties fairly well until November 28, 1942, when he was hospitalized because of urinary symptoms A history of dizziness, headaches, and tinnitus was then elicited dating back several years. In addition, the patient admitted having precordial pain and cold sensations in the legs and feet for some months. With the findings of elevated blood pressure (160/104) diminished femoral pulsations, a systolic aortic murmur transmitted to the neck and posterior chest, and notching of the lower borders of many ribs, a diagnosis of coarctation was made. Left nephrectomy for calculus hydronephrosis in 1941

After discharge, the veteran experienced fairly constant

Published with permission of the Medical Director Veterans Administration who assumes no responsibility for the opinions expressed or conclusions drawn by the author

* Formerly cardiologist at present Chief of the Medical Service Veterans Administration Facility Aspinwall Pennsylvania.

region about the operative site He also complained of dyspnea after climbing two flights of stairs and pains over the precordium which came on both at rest and after exertion, lasting five to ten minutes There was no history of ankle edema, palpitation, nocturnal dyspnea, orthopnea hemoptysis, or nosebleeds Other symptoms were headaches, nocturia (two to three times), and nocturnal cough

Examination revealed a fairly well-developed and well-nourished white man, not appearing acutely or chronically ill There was no orthopnea, edema, cyanosis, or clubbing Exercise test caused mild dyspnea which subsided gradually The heart was not enlarged to percussion or palpation, the point of maximal impulse was felt in the fifth left interspace within the midclavicular line A systolic thrill was felt over the aortic valve area, transmitted along the right carotid artery No abnormal pulsations were noted over the chest Heart sounds were of good quality, the aortic second sound not being accentuated A loud systolic murmur was heard at the apex and base of the heart, a similar murmur was audible over the upper two thirds of the posterior chest No arrhythmia, gallop, or rub was present There were no neck-vein distention, basal rales, or hepatic enlargement The retinal arteries were tortuous, brachial vessels were a bit thickened, femoral pulsations were markedly diminished, the popliteal, posterior tibial, and dorsalis pedis arteries were not palpable Blood pressure readings in mm of mercury were as follows right arm, 158/104, left arm, 166/94, popliteal areas, 100/82

Electrocardiogram showed left axis deviation and was suggestive of myocardial damage X-ray showed no cardiac enlargement, a wavy contour was noted on the inferior borders of the posterior portions of the left fifth to eighth ribs and right fourth and fifth ribs Blood Wassermann and Kahn tests were negative, urinalysis normal

The diagnoses were coarctation of aorta, hypertensive heart disease, and retinal and peripheral arteriosclerosis

Case 2—R J C, a 31-year-old white man, a machinist by occupation, entered the Veterans Facility in Aspinwall on December 13, 1943 for treatment of "hypertension" The patient stated he had always been in good health prior to Army induction There was no history of rheumatic fever, nephritis, heart disease, or syphilis The family history was negative

In July, 1943, while undergoing a routine physical examination for Officer Candidate School, the patient was discovered to have high blood pressure He was discharged from service on October 5, 1943 From that time on, he noticed a constant tired feeling, fatigability, and nervousness, going uphill or climbing stairs caused shortness of breath Aside from occasional spells of dizziness, there were no other symptoms referable to the cardiovascular system

Examination revealed a well-developed and well-nourished adult man, not appearing acutely or chronically ill There was no dyspnea, orthopnea, cyanosis, edema, or clubbing of the fingers The heart was not enlarged, no thrills or abnormal pulsations were noted Heart sounds were of good quality, with the aortic second sound louder than the pulmonic second sound, the rhythm was regular At the base of the heart a rough, systolic murmur was heard, which was loudest in the recumbent position This murmur was transmitted to the right side of the neck In addition, a soft systolic murmur was audible medial to the right scapula There were no signs of congestive heart failure Exercise tolerance was normal Blood-pressure readings were as follows 176/120 (left arm), 166/120 (right arm), 146/116 (right popliteal), and 150/116 (left popliteal) There was some diminution of the femoral pulsations, the dorsalis pedis vessels could not be felt although the posterior tibials were palpable No cutaneous pulsations were noted over the parasternal or scapular areas The retinal arteries were tortuous, narrowed, and spastic, with some arteriovenous nicking

Electrocardiogram showed left axis deviation X-ray revealed a small aortic knob with slight widening of the ascending aorta, the heart was not enlarged, the inferior borders of the ribs were smoothly outlined Urinalysis, blood count, and blood nonprotein nitrogen were normal The Wassermann and Kahn tests were negative

The diagnoses were coarctation of aorta, hypertension, and retinal arteriosclerosis

*Case 3**—J S M, a 20-year-old white man, a student, entered the Veterans Facility in Aspinwall on March 3, 1944 for treatment of "pulmonary stenosis and mitral heart disease"

The past history was negative except for measles, mumps, and pneumonia during childhood The patient had no knowledge of rheumatic fever, nephritis, or syphilis In the family history it was noted that a brother had heart disease and his mother had asthma

The patient had always been in good health, indulging in such strenuous exercise as football without any symptoms In June, 1943, while in military service, he began to experience headaches and dizziness Some time later, an examination revealed the presence of hypertension (200 mm Hg systolic pressure) After a period of hospitalization, he was discharged from service on December 2, 1943 The patient continued to experience headaches and dizziness and also complained of occasional ankle edema after long walks He was able to climb two flights of stairs without dyspnea, slept comfortably on one pillow, and experienced no precordial or retrosternal pain There were no urinary symptoms

Examination revealed a well-developed and well-nourished man of asthenic habitus, not appearing acutely or chronically ill There was no dyspnea, orthopnea, cyanosis, clubbing, or edema Retinal arteries were tortuous and showed acute branching There was no thyroid enlargement or venous distention in the neck Faint pulsations could be felt in the suprasternal notch A harsh systolic bruit was heard in the left supraclavicular fossa.

The apex of the heart was felt in the fifth left interspace, 8 cm from the midsternal line, within the midclavicular line Percussion revealed no cardiac enlargement The sounds were normal, with the aortic and pulmonic second sounds of equal intensity A harsh systolic murmur was audible at the base of the heart A similar murmur was heard posteriorly over the upper thoracic spin No thrills, gallop, or arrhythmia were noted Exercise tolerance was normal Brachial and radial arteries were soft Femoral, popliteal, posterior tibial, and dorsalis pedis pulsations were absent Blood pressure readings were as follows Brachial—160/80 (right), 142/82 (left) Popliteal—112/104 (right), 120/92 (left)

No dilated arteries were visible over the chest or back The liver and spleen were not enlarged Pulsations of the abdominal aorta could not be felt, despite a scaphoid abdomen

X-ray revealed a small aortic knob and a rounded

* Case of Maj A. S Glushien, (MC)

left ventricle which was not definitely enlarged There was no notching of the ribs Electrocardiogram was normal Urinalyses and blood count were normal Blood Wassermann and Kahn tests were negative.

The diagnoses were coarctation of aorta, hypertension, and retinal arteriosclerosis.

Case 4—R W was examined as an outpatient on March 6, 1944 He was a 21-year-old white man who had been discharged from service on December 21, 1943 for a "congenital anomaly of the heart (coarctation of the aorta) and paroxysmal tachycardia." Since his discharge he had been employed as a machine operator

There was no past history of nephritis or venereal disease The veteran stated he had had "growing pains in the knees" at the age of 9, at which time he was found to have a "leaking valve in the heart" The family history was negative.

At the age of 9 years, the patient also had his first episode of tachycardia. A physician was called who diagnosed the "leaking heart valve" From then on, attacks of rapid heart action recurred at intervals varying from once a week to once in six months and lasting ten seconds to three hours at a time. They were usually brought on by severe exercise These episodes ceased entirely for a period of two years, up until July, 1943 when the veteran contracted malaria, following this illness, symptoms recurred. He would also experience an aching sensation over the precordium for one to two hours after these attacks which could be relieved somewhat by massaging the chest He could often stop the palpitation by lying flat with the legs elevated or holding his breath for a few seconds. During the six months prior to examination, some exertional dyspnea had been noticed climbing two to three flights of stairs caused shortness of breath. On one occasion, following a long railroad trip during which his feet hung down all the time there was mild swelling of the ankles. The veteran's only other symptoms were frequent headaches and "nervousness", he did not complain of nocturnal dyspnea, orthopnea cough, dizziness, nocturia, or nosebleeds. He was under the care of a local physician, taking "pills for his nerves.

Examination revealed a fairly well-developed and well-nourished white man who did not appear acutely or chronically ill There was no orthopnea, cyanosis, clubbing, or edema. Exercise tolerance was fairly good The point of maximal impulse of the heart was felt in the fifth left interspace 8 cm from the midsternal line and within the midclavicular line. Percussion revealed no cardiac enlargement No thrills were felt No abnormal pulsations were seen over the chest or back Heart sounds were of good quality the aortic second sound being louder than the pulmonic second sound There was no arrhythmia. A loud, rough systolic murmur was heard at the base of the heart transmitted to the left axilla and along the neck vessels. A systolic murmur was also heard over the posterior chest between the scapulae No gallop or pericardial rub was audible There was no neck-vein distention, basal pulmonary congestion, or hepatic enlargement

The retinal vessels appeared normal the brachial arteries were soft and compressible. Pulsations in the feet and ankles were practically absent. Blood pressure readings in mm of mercury were as follows left arm, 140/98 right arm, 150/90, left popliteal, 100/? right popliteal, 100/80 The feet were cold and paled on elevation.

Chest x-ray showed a small aortic knob with wavy irregularity of the lower margins of the fifth and sixth ribs posteriorly Electrocardiogram was suggestive of myocardial damage. Blood Wassermann and Kahn tests were negative, urinalysis normal

The diagnoses were coarctation of the aorta, and hypertensive heart disease

Case 5—J L. G was seen on May 2, 1944 during an outpatient examination He was a 22 year-old white man who had been discharged from service on June 24, 1943, for "hypertension." Since discharge he had worked steadily as an electroplater

During childhood the veteran had a tonsillectomy scarlet fever measles, chickenpox, and a ten-day illness which was thought to have been rheumatic fever, although he remembered none of the symptoms There was no history of chorea subcutaneous nodules, growing pains nephritis or venereal disease The family history was negative.

In 1941, the veteran first learned that he had hypertension. This was discovered when he was refused employment because of a "blood pressure of 150" In 1942, he was told by a physician that he had a heart murmur During that time, he felt well except for occasional headaches and dizziness When inducted into the Army on October 24, 1943 the blood pressure was 132/80 and examination of the heart was reported as negative In May, 1943 while undergoing a routine physical examination for air cadet, hypertension was found to be present and the patient was hospitalized, during which time his blood pressure varied between 150/100 and 190/130 Hypertension persisted despite treatment with potassium thiocyanate, aminophylline and sedatives

Following his discharge, the veteran had no symptoms until November, 1943 at which time he began to experience frequent dizzy sensations and fullness in the head, particularly when he became overheated during exertion He also noticed mild dyspnea after climbing two or three flights of stairs. He did not complain of precordial pain, palpitation, orthopnea, nocturnal dyspnea, cough, or nocturia. There was no history of ankle edema, hemoptysis, or nosebleeds. The veteran was under the care of a local physician, being treated for "high blood pressure.

Examination revealed a well-developed and well-nourished white man, not appearing acutely or chronically ill. There was no orthopnea, cyanosis clubbing, or edema. Exercise tolerance was normal. The heart was not enlarged to percussion or palpation the point of maximal impulse was felt in the fifth left interspace 9 cm from the midsternal line and inside the midclavicular line. No thrills were felt. The neck vessels pulsated vigorously In addition prominent pulsations were noted along either side of the sternum Heart sounds were of good quality, the aortic second sound was not accentuated. A rough systolic murmur was heard at the apex and base transmitted along the carotid arteries, where it was most intense. A systolic murmur was also audible over the posterior chest medial to the left scapula. There was no arrhythmia gallop or rub The retinal arteries showed narrowing, tortuosity and increased light reflex. The brachial arteries were thickened. Femoral pulsations were barely palpable posterior tibials and dorsalis pedis pulsations were absent Blood pressure readings in mm of mercury were as follows right arm, 202/114, left arm 204/126, right popliteal, 120/?, left popliteal 110/? There were no neck vein distention, basal rales, or hepatic enlargement.

TABLE 1.—Clinical Findings in 5 Male Patients with Coarctation of the Aorta

Name Age	H. W. D. 28	R. J. C. 31	J. S. M. 20	R. W. 21	J. L. G. 22
Past history	Hypertension and congenital heart disease—1941	Hypertension—1943	Hypertension—1943	"Leaking valve in heart" and paroxysmal tachycardia—1932	Hypertension—1941 Heart murmur—1942
Symptoms	Precordial pains, coldness in legs, exertional dyspnea, dizziness, headaches, tinnitus	Fatigue, nervousness, exertional dyspnea, dizziness	Headaches, dizziness, ankle edema	Palpitation, precordial pain, exertional dyspnea, headaches, nervousness	Headaches, dizziness, exertional dyspnea
Blood pressure					
Brachial	162/100	172/120	152/80	148/94	204/120
Popliteal	100/82	148/116	116/98	100/86	118/?
Heart					
Size	Normal	Normal	Normal	Normal	Normal
Murmur	Base of heart and posterior chest	Base of heart and medial to right scapula	Base of heart and over upper dorsal spine	Base of heart and between scapulae	Base of heart and medial to left scapula
Thrill	Present	Absent	Absent	Absent	Absent
Peripheral pulsations	Femorals diminished Popliteal, post-tibial dorsalis pedis absent	Femorals diminished Dorsalis pedis absent	Femorals, popliteals post-tibials and dorsalis pedis absent	Post-tibials and dorsalis pedis very feeble	Femorals barely felt. Post-tibials and dorsalis pedis absent
Cutaneous pulsations	Absent	Absent	Absent	Absent	Present
X-ray	Wavy contour of inferior border of posterior ribs	Small aortic knob Widened ascending aorta	Small aortic knob	Small aortic knob Wavy irregularity posterior ribs	Small aortic knob Wavy lower borders of posterior ribs
Electrocardiogram	Left axis deviation suggestive of myocardial damage	Left axis deviation	Normal	Suggestive of myocardial damage	Normal
Cardiac decompensation	Absent	Absent	Absent	Absent	Absent
Renal function	Good	Good	Good	Good	Good

Electrocardiogram was normal. X-ray showed no cardiac enlargement, the aortic knob was small, and several ribs showed wavy, irregular lower borders in their posterior halves. Urinalysis was normal. Blood Wassermann and Kahn tests were negative.

The *diagnoses* were coarctation of the aorta, hypertension, and retinal and peripheral arteriosclerosis.

Summary

Five cases diagnosed as coarctation of the aorta are presented, with a tabular analysis of the clinical data. The increased frequency of this condition reflects the younger age group of World War II veterans who are being hospitalized and examined for rating purposes. The ease of diagnosis is stressed, provided one considers coarctation in every young adult with hypertension.

References

1. Levine, Samuel A. Clinical Heart Disease, Philadelphia, W. B. Saunders Co., 1937, p. 200.
2. Kapp, Louis A., and Lattman, Morris. Med. Bull. Veterans Admin. 20: 373 (April) 1944.
3. Stroud, William D. Diagnosis and Treatment of Cardiovascular Disease, Philadelphia, F. A. Davis Co., vol. 1, 1940, p. 25.
4. Grishman, A., Sussman, M. L., and Steinberg, M. F. Am. Heart J. 27: 217 (Feb.) 1944.
5. Cunningham, Robert S. Med. Bull. Veterans Admin. 20: 215 (Oct.) 1943.
6. Friedman, Meyer, Selzer, Arthur S., and Rosenblum, Harold R. J. Clin. Investigation 20: 107 (March) 1941.
7. Steele, J. Murray. J. Clin. Investigation 20: 473 (Sept.) 1941.
8. Gross, Robert E., and Hufnagel, Charles A. New England J. Med. 233: 287 (Feb.) 1944.

Technical Exhibits

Physicians attending the Annual Meeting of the Medical Society of the State of New York, April 29–May 3, are urged to visit the Technical and Scientific Exhibit Hall located in the Grand Ball Room of the Pennsylvania Hotel.

PREGNANCY FOLLOWING TREATMENT WITH MALE SEX HORMONE IN STERILITY DUE TO FUNCTIONAL BLEEDING

ARTHUR F SIMON, M.D., New York City

FOR a number of years male sex hormones have been used in patients with meno- and metorrhagia due to functional disturbances. As such a condition is not infrequently the cause of sterility, I was surprised that I could not find any case in the medical literature in which treatment with male sex hormones in patients suffering from such ailments resulted in pregnancy. As I had the opportunity to see such a case it may be worth while to report it.

Mrs. P. E., aged 37, a housewife was referred to me in November, 1943. Thirteen years before this the right adnexa had been removed for an ectopic pregnancy, the convalescence was complicated by an embolism of the lung. Five years later she had a normal delivery. There were no more pregnancies afterwards. Three weeks prior to her visit her child was accidently killed. Due to the fact that she had had that embolism and because two other physicians had told her that she had a fibroid tumor and had warned her not to have another pregnancy she wanted to have my advice concerning this question.

The patient was very depressed because of the loss of her child. As long as her child was living she had avoided another pregnancy, but now all her thoughts were concentrated on the idea of having another one if possible. She was very obese, weighing 225 pounds, her height was 5 feet 4 inches. There were some varicosities of her legs, besides that she was suffering from chronic cholecystitis. The uterus was slightly enlarged and hard but no fibroma could be detected.

The right ovary was slightly enlarged, otherwise no other pathology was present. Her periods were regular, every twenty-eight days, of normal strength, and lasted from three and a half to four days. Due to the fact that five years after that embolism she had had a normal delivery and that organically she was essentially normal, she was encouraged to try to have another baby.

I saw her again on May 14, 1944. Her menstrual periods had become slightly more profuse than formerly. Her last period had started just four days previously and was almost finished, when suddenly a severe hemorrhage occurred. On examination the uterus was found as before, the vagina and the applied towels were covered with clots and fluid blood. Under bed rest and administration of styptics, the bleeding subsided within one and a half to two days. From that time on her periods became progressively more profuse and prolonged. Neither several courses of progestin and frenosil (mammary luteinic extract) administered during the secretory phase of the cycle nor styptics given during the bleeding had any visible effect. Gonadotropin seemed to aggravate the condition. Her menstrual period meanwhile had increased in duration to ten to twelve days, and the bleeding was so profuse that she developed anemia with about 65 per cent hemoglobin.

I therefore decided to make a trial with male sex hormone. On March 24, 1945 I started a series of eight injections of 25 mg. each, given every other day. The following period lasted only four days, and was of normal volume, except that on the second day there was a heavier flow. In order to normalize this still more I gave another series, beginning April 19. The type of the following period was the same. There was one more similar period, but the period that she had expected on July 4 did not come, and further examinations and tests proved her to be pregnant. At the time of writing the patient was in her seventh month of pregnancy.

Summary and Discussion

A case of functional bleeding connected with sterility has been presented, in which the patient, after unsuccessful treatments with other medicaments which are usually given for such conditions, was cured by male sex hormone and subsequently became pregnant.

For various reasons an endometrial biopsy could not be done but there cannot be any doubt that the male sex hormone counteracting an excess of estrogen caused the involution of the hypertrophic endometrium and made the embedding of the ovum possible. Between November, 1943 and May, 1944 the periods had become slightly stronger until from that time on the changes became more marked. During these one and a half years the patient did not conceive. However, after the regulating of the periods by male hormone, pregnancy occurred very soon.

It may be suggested to give male hormone in those cases of sterility where hypermenorrhagia seems to be its cause.

124 East 84th Street

CORRECTION NOTICE

The Post-Graduate Courses announced by the University of Buffalo School of Medicine, as being held the week of March 18, 1946, have been rescheduled to be held the week of April 22 through April 27.

PENICILLIN IN ACUTE CHOLECYSTITIS

RANDOLPH ROSENTHAL, M D , New York City

(From the Bronx Hospital)

THE paucity of reports dealing with the use of penicillin in acute cholecystitis is somewhat surprising in view of the fact that organisms known to be penicillin sensitive (as well as those known to be penicillin insensitive) are among those incriminated as causative agents [1] From a practical standpoint, it is rarely possible, in spite of Lyon-Meltzer drainage and bacteriologic study of duodenal aspirate, to determine the nature of the offending bacterium involved in a case not submitted to operation Since it is known that penicillin is recoverable in the bile[2 3] in concentration sufficient to be effective against penicillin-sensitive organisms, the rationale for the use of penicillin in those cases of acute cholecystitis not subjected to operation, for whatever reason, is apparent [3]

The case presented in this paper is in a patient who was hospitalized because of a recent diagnosis of Addison's disease During the course of hospitalization, which was originally prescribed for purposes of confirming the diagnosis and establishing adequate dosage levels for desoxycorticosterone acetate and adrenal cortex extract,[4] the patient developed an attack of acute cholecystitis which precipitated an Addisonian crisis The patient's condition became critical Medical and surgical consultants agreed that the underlying Addison's disease militated against operative interference. Penicillin was administered

Report

(Hospital #157357) A 50-year-old white woman was first seen at home complaining of severe weakness and an oppressive sensation in the chest Physical examination revealed heart sounds of poor quality and a blood pressure of 94/60 Pigmentation of the arms was erroneously thought to be a souvenir from Florida, where the patient had spent the winter Urine and blood count were essentially normal and an electrocardiogram showed nothing to suggest myocardial damage The past history threw no light on the present illness Recurrent attacks of gallbladder colic had occurred at rare intervals during the past ten years A history of oophorectomy and salpingectomy which revealed tuberculosis of the organs involved twenty years prior to the present illness could not be confirmed by the surgeon when contacted as far as cause was concerned

Under observation, the pigmentation of the skin became deeper and more generalized, involving the buccal mucosa as well as the forearms and anterior and posterior aspects of the chest and legs Asthenia grew more profound, and the diagnosis of Addison's disease was made when the patient was hospitalized for confirmation of diagnosis and therapeutic control of the Addison's disease

Work-up in the hospital confirmed the diagnosis with a report of blood chlorides of 410 mg per cent (525–600 normal), and nonprotein nitrogen of 59 4 mg per cent Fasting blood sugar was 93 The brilliant response of the patient's asthenia and hypotension to desoxycorticosterone acetate further confirmed the diagnosis After therapy was established, blood chemistry showed normal blood chlorides, 536 mg per cent, nonprotein nitrogen 27 9 mg per cent, blood sugar, 95 The patient developed the not unusual diarrhea that so often accompanies Addison's disease, as well as "sinking spells" These symptoms responded only to adrenal cortex extract

Incidental complications of therapy included transitory development of fluid in the left side of the chest on the nineteenth hospital day This promptly responded within forty-eight hours to an adjustment in therapy Hypertension reaching 180 systolic required further readjustment on one occasion The control of the Addison's disease appeared to be within reach of desoxycorticosterone acetate—5 mg every forty-eight hours—and adrenal cortex extract—10 cc daily in divided doses—until the patient developed attacks of biliary colic These were not new to her

On the sixth day after the onset of symptoms ascribed to her gallbladder, the symptoms became more acute, associated with a rise in temperature to 102 2 F The patient's abdomen at this time was rigid in the right upper quadrant, showing marked rebound tenderness in this area Clinical diagnosis of acute cholecystitis was made Two other members of the medical service concurred in the diagnosis, as did the surgical consultant, who agreed that operation was contraindicated because of the patient's underlying Addison's disease Her condition became critical the following day and penicillin therapy was begun in desperation Though the typical temperature curve of acute cholecystitis was not markedly affected by the penicillin given intravenously in infusions, the patient felt subjectively much better three hours after penicillin therapy was begun The patient received 150,000 units of penicillin by continuous infusion on the first day of therapy, when the temperature reached 103 6 F Another 150,000 units was given the second day, when the temperature reached 103 4 F , and 100,000 units a day for the next three days as the temperature dropped from the peak of 103 6 F to 101 0 F after she had received a total of 600,000 units of penicillin At this point, there was only slight tenderness in the right upper quadrant, no rigidity, and no rebound tenderness Temperature continued to drop to the previous level and the patient was once more easily controlled on desoxycorticosterone acetate and adrenal cortex extract

Additional Laboratory Data The admission urine analysis showed a faint trace of albumin, the specific gravity was 1 010 The blood count on admission showed the following hemoglobin, 94 per cent, red blood cells, 4,830,000, white blood count, 8,350, of which neutrophils equal 69, stabs equal 3, the eosinophils equal 2, lymphocytes equal 24, and monocytes equal 2 Wassermann and Kahn tests on admission were negative Chest x-ray on July 6, 1944 showed no abnormality of the lungs, the left cardiac contour suggested left ventricular hypertrophy Gallbladder series on August 15, 1944 showed the gallbladder to be filled faintly with priodex. This was indicative of a pathologic condition Electrocardiogram on June 22, 1944

showed left-axis deviation—otherwise it was negative. The barium enema and gastrointestinal series subsequently done at another hospital were entirely negative.

The patient was discharged in ambulatory condition on maintenance dosage of desoxycorticosterone acetate—5 mg every forty-eight hours—and adrenal cortex extract—10 cc daily in divided doses—on August 21, 1944

Comment

There is every reason to anticipate that acute cholecystitis would respond to penicillin when the causative agent is a penicillin sensitive bacterium The significant findings of Rammelkamp and Helm[2] in 1943 that penicillin could be recovered in the bile in concentrations sufficient to be effective against penicillin-sensitive organisms support the idea. Priest[3] in 1945 suggested that penicillin be tried in certain biliary tract infection and based his contention on the findings of Rammelkamp and Helm Since it is rarely possible to determine preoperatively the nature of the offending organism in acute cholecystitis the contention that penicillin-insensitive organisms frequently are the causative factor in no way argues for withholding what may be a lifesaving drug.

The assertion that penicillin's antibiotic properties turned the tide in this case may be challenged. The fact remains however, that the patient was decidedly better subjectively within three hours after the onset of penicillin therapy, and her response to adrenal cortex extract and desoxycorticosterone acetate was more favorable. It must be borne in mind that a serious underlying Addison's disease precipitated a critical condition which resisted specific therapy until penicillin was administered. It might be contended that the potent chemicals used in the treatment of the Addison's disease turned the critical tide, and that penicillin did not significantly alter the course of the acute gallbladder condition. It may be asked then, why these same drugs failed before penicillin was given. The author is of the opinion that penicillin was the factor that turned the tide for a patient who was hopelessly ill prior to its administration and who in all probability was doomed to succumb[4] if surgical relief were attempted

Conclusion

The author is of the opinion that in acute cholecystitis whenever operation is delayed or contraindicated the patient should be given the benefit of penicillin therapy to lessen the risks of nonoperative management. The only theoretic exception to this rule would apply to cases in which the causative agent is definitely known to be a penicillin resistant bacterium.

1740 Grand Concourse

References

1 Lichtman, S. S.: Diseases of the Liver, Gallbladder and Bile Ducts, Philadelphia: Lea & Febiger, 1942, p. 818.
2 Rammelkamp, C. H., and Helm, J. D.: Proc. Soc. Exper. Biol. Med. 54: 31 (1943)
3 Priest, Walter S.: Am. J. Surg. 67:282 (Feb.) 1945
4. Thorn, G. W.: J.A.M.A. 125: 13 (May 6) 1944
5 Soffer, Louis, J.: Personal communication. Dr. Soffer informed me that he has never seen a patient with Addison's disease survive gallbladder surgery regardless of how well he had been prepared preoperatively

---

"DOCTOR JONES" SAYS—

Using fancy words where simple ones'll do—I was just reading, here, some extracts from an article—this fellow's criticizing social workers for what he calls "robing the simplest thoughts in cabalistic phrases." ("Cabalistic —I take it what he means there is something mysterious—not easily understood.)

And he goes on to illustrate how, as he claims they tend to dress up their ideas in language so involved and technical that it takes an expert to interpret it into anything an ordinary person could understand Those aren't his words but that's the general idea

Well from what I've read of things social workers have written, I can't say't I ever noticed that particularly About the worst offenders I'd say, are the doctors—with engineers a close second. They use a technical language—a good many of 'em do—that's largely made up of 'ten-dollar' words and then they wonder why their ideas don't seem to register with ordinary folks.

These word tests like the magazines have been running—I got quite a letdown when I started trying 'em You know they give you a list of more or less unusual words and you're supposed to check the meaning you think is right and then look over the page to see what your rating is. Well, sir, I've been looking up words in the dictionary ever since I was a kid and I started out expecting to get a rating of "Excellent" to say the least. About the best I've ever been able to do was "Fair," Not wanting to admit that I was dumb I concluded that simple words had answered my purpose so well I hadn't had occasion to use the fancy ones.

Of course improving our vocabulary—it ought to be encouraged. And using words they have to look up in the dictionary—I s pose it makes a good impression sometimes. But what we've got to say—if it's important for ordinary folks to understand it, it's sort of necessary to speak a language that they don t have to have an interpreter translate it for em I figure the less words we use the more people they re liable to reach. Yes, words are like some clothes it's remarkable how few you can get along with and still get by —*Paul B Brooks, M.D in Health News, Dec. 17 1945*

SAFETY SWITCH FOR SHORT-WAVE MACHINE

I KLEIN, M D , New York City

SHORT-WAVE machines are not usually equipped with safety switches and I have not found any in the many institutions and private offices visited However, there is a definite need for a safety switch on a short-wave machine

In a compensation office where more than one patient was treated at once, there were complaints of excess heat and occasional burns In our own office we made a safety switch to be placed in the hand of the patient so that in an emergency the switch can be turned off by the patient

The switch is a circuit by-pass switch in the main circuit which leads to the short-wave machine This switch is of the simple *on* and *off* type It is manipulated by pressing a button The switch is held in the hand of the patient

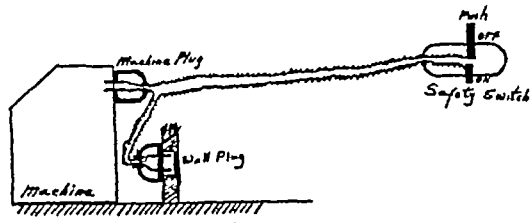


FIG 1

The patient can turn off the circuit when he feels excessive heat We have had this type of switch installed in our office for the last six years and have been very well satisfied with the way it functions

100 Central Park South

BLOOD PRESSURE CHEMICAL

Patients with essential hypertension may in future be taking regular doses of a new medicine to keep the blood pressure at safe levels just as diabetics today take regular doses of insulin to stay healthy

This blood-pressure-lowering chemical is not yet ready for general use, but steps leading to its development have been taken by Drs Arthur Grollman and Tinsley R Harrison, of the Southwestern Medical College in Dallas, Texas

The increatory substance, as Dr Brollman terms it, was first discovered in the kidneys Medical men long ago believed the kidneys played a part in the development of high blood pressure, but the idea that these organs which act primarily as filters and waste handlers produce a chemical essential for maintaining normal blood pressure is relatively new High blood pressure results, Dr Grollman believes, when these organs are damaged so that they cannot produce this essential substance

---

Attention Returning Service Physicians

Tuesday, April 30, 1946

Parlor 1
Ballroom Floor
Hotel Pennsylvania

YOU are invited to attend a series of lectures arranged by the Council Committee on Public Health and Education especially for the members of the Medical Society of the State of New York who served their country during World War II

MEDICAL SOCIETY OF THE STATE OF NEW YORK

Index of Annual Reports

	Page
Reference Committees	748
REPORTS	
Constitution and Bylaws, Amendments to	787
Council	754
District Branches	789
Legal Counsel	785
President	749
Secretary	751
Treasurer	See April 15 Issue
Trustees, Board of	752
Résumé of Instructions of 1945 House of Delegates	783
SUBJECTS	
Associated Hospital Service	783
Blood and Plasma Exchange Bank	787
Cancer	787
Child Health	758
Child Welfare	750
Convention	777
Directory	781
E.M.I.C. Policies and Requirements	783
Friends of Medical Research	774
Gamma Globulin	788
Hard of Hearing and the Deaf	758
Legislation	704
Maternal Welfare	755
Medical Care Insurance	761
Medical Licensure	775
Medical Publicity	773
Medical Relief	759
Analysis of Joint Statement on Medical Relief	759
Membership	751
National Casualty and Indemnity Insurance, Report of Committee on	782
New York State Narcotic Law, Proposed Changes in	758
Nursing Education	777
Office Administration	778
Postgraduate Education	754
Professional Students, Discontinuance of Drafting of	758, 784
Professional Conduct—Medical Ethics	784
Public Health Activities	757
Public Health Nurses	758
Public Medical Care	760
Publications—JOURNAL; *Directory*	771 772
Public Relations and Economics	750
Pulmonary Diseases and Tuberculosis	755
Regional Meetings	755
Rehabilitation	759
Release of Doctors from Armed Services	783
Rural Medical Service	759
School Health Program	756
Teaching Days	785
United Medical Service, Inc.	783
Veterans	782
Medical Care	783
Postwar Affairs	704 783
Remission of Dues	783
War Memorial	784
War Participation	783
Woman's Auxiliary	776 778
Workmen's Compensation	766
Amendments to Workmen's Compensation Law	769
Arbitrations	767
Bureau for Adjustment of Medical Bills	767
Fees	767
Hernia Cases	771
Joint Medical Conference Committee	767 768
Radiology Examinations	767
Ratings	771
Reporting of Compensation Cases	770
Workmen's Compensation Law	783

SAFETY SWITCH FOR SHORT-WAVE MACHINE

I KLEIN, M D , New York City

SHORT-WAVE machines are not usually equipped with safety switches and I have not found any in the many institutions and private offices visited However, there is a definite need for a safety switch on a short-wave machine

In a compensation office where more than one patient was treated at once, there were complaints of excess heat and occasional burns In our own office we made a safety switch to be placed in the hand of the patient so that in an emergency the switch can be turned off by the patient

The switch is a circuit by-pass switch in the main circuit which leads to the short-wave machine This switch is of the simple *on* and *off* type It is manipulated by pressing a button The switch is held in the hand of the patient

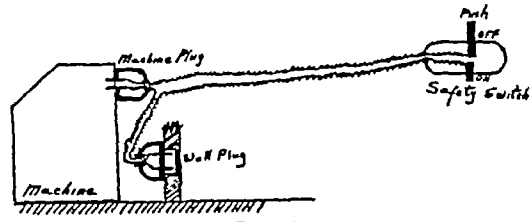


FIG 1

The patient can turn off the circuit when he feels excessive heat We have had this type of switch installed in our office for the last six years and have been very well satisfied with the way it functions

100 Central Park South

BLOOD PRESSURE CHEMICAL

Patients with essential hypertension may in future be taking regular doses of a new medicine to keep the blood pressure at safe levels just as diabetics today take regular doses of insulin to stay healthy

This blood-pressure-lowering chemical is not yet ready for general use, but steps leading to its development have been taken by Drs Arthur Grollman and Tinsley R Harrison, of the Southwestern Medical College in Dallas, Texas

The incretory substance, as Dr Brollman terms it, was first discovered in the kidneys Medical men long ago believed the kidneys played a part in the development of high blood pressure, but the idea that these organs which act primarily as filters and waste handlers produce a chemical essential for maintaining normal blood pressure is relatively new High blood pressure results, Dr Grollman believes, when these organs are damaged so that they cannot produce this essential substance

---

Attention Returning Service Physicians

Tuesday, April 30, 1946

Parlor 1
Ballroom Floor
Hotel Pennsylvania

YOU are invited to attend a series of lectures arranged by the Council Committee on Public Health and Education especially for the members of the Medical Society of the State of New York who served their country during World War II

MEDICAL SOCIETY OF THE STATE OF NEW YORK

Annual Reports

Medical Society of the State of New York

1945-1946

Report of the President

To the House of Delegates, Gentlemen

The last meeting of the House of Delegates was held at Buffalo on October 8, 1945, five months after the date originally scheduled I had occupied the office of President since the preceding May, therefore it was possible to make a brief report of the activities of our Society for the five months intervening In that report, mention was made of the very loyal and able work of the men serving on the various committees which enabled us to carry on the routine work of the association with very little, if any loss of effectiveness. There had been no meeting of the House of Delegates during the latter part of April, therefore, we were compelled to proceed without the advice or instruction usually received at the Annual Meeting It seemed to be the part of wisdom not to appoint new committees, many members of which would be without experience but rather to ask the present members to continue because of their familiarity with the work. Being aware of the additional sacrifice necessary on their part and somewhat skeptical about their accepting these assignments for the next twelve months, I was pleasantly surprised to find that practically the entire membership agreed to serve, despite the fact that they were already doing much more than their normal amount of professional work, due to the shortage of physicians caused by the war The report contained a word of appreciation for the work of all the committees and with the additional experience of the last six months, I feel even more strongly impelled to repeat that expression of appreciation and gratitude for the fine cooperation and very valuable assistance they have rendered during this past year

Prior to the last Annual Meeting we were engaged in four activities, namely

1 A plea for an accelerated separation of our military medical officers

2. The initiation and continued prosecution of the campaign against the antivivisection bill, which is annually introduced into the legislature of the State

3 The continued opposition to the Wagner-Murray Dingell Bill with a discussion of the reasons for opposing all forms of compulsory insurance plans

4. Endeavoring to accelerate the better distribution and correlation of the various voluntary medical insurance plans operating in the state

The report rendered previously was necessarily incomplete as these were continuing programs, some of which have not yet been completed. However it might be well to devote a word to these four objectives

The first-mentioned plea for the more rapid discharge of medical military officers received favorable notice in the public press. The need for men at home was over present The veteran medical officers were anxious to return re-establish themselves, and regain their practice on a peacetime basis We thought it wise to arouse the interest of the members of the national legislature to the plight of these officers remaining in service, though no longer needed It is impossible to determine whether any good whatsoever resulted from our efforts as it is very difficult to influence the military officers in time of war or immediately thereafter However, the medical men have been discharged at a somewhat faster rate during the last six months with the result that we were confronted with another problem, that of trying to assist the veteran officer to find a location, an office and living quarters for wife or family The housing shortage has made it practically impossible to meet these demands We were more fortunate with the younger officers who desired *additional intern work or residencies, for it was possible* to provide many of them with either residencies or assistant residencies.

These conditions effecting the discharged veteran have given us much concern. A special committee has been appointed and is now working to give these men better information and assistance. It can only be done by loyal cooperation of the different county societies with the veterans' committee. Much of the work must be done at the county level, if we are to succeed in removing the troubles now confronting the discharged medical officer Methods that have been suggested, such as referring emergency work or employing them as assistants, anesthetists, etc, would do much to meet the situation. County societies can also render valuable service in this direction if they will send forth information that may be useful to the central committee.

The second activity, that of opposition to the antivivisection bill, was begun in August of 1945, due to the farsightedness of the Committee on Medical Publicity Dr Floyd S Winslow had full responsibility for this work and together with Mr Dwight Anderson and his staff, developed the most vigorous campaign ever organized against those who would prevent animal experimentation

During the Fall of 1945, the pamphlets were written, carefully rechecked and the contents referred to many reliable authorities to insure absolute correctness. This material together with other pieces of publicity, was then distributed, where it would be most effective. The actual campaign was opened by your President at the Fifth District Branch meeting in Oneida on September 17 and the same message was carried to every District Branch meeting in the state County societies were requested to form committees whose duty it was to assist in this campaign. A Council Committee was appointed to take charge of the work and afterwards it became active in the formation

House of Delegates—Reference Committees

Credentials
Charles F McCarty, *Chairman*, Kings
Goodwin A. Distler, Queens
Felix Ottaviano, Madison
Alexander N Selman, Rockland
E Kenneth Horton, Nassau

President
Ezra A. Wolff, *Chairman*, Queens
John A Pritchard, St Lawrence
Raymond F Kircher, Albany
Thurman B Givan, Kings
Ralph Sheldon, Wayne

Secretary, Censors, and District Branches
Morris Maslon, *Chairman*, Warren
Robert C Simpson, Montgomery
Frank Tellefson, Richmond
Charles H Loughran, Kings
J Lewis Amster, Bronx

Treasurers and Trustees
Fenwick Beekman, *Chairman*, New York
Morris Ant, Kings
Benjamin Abramowitz, Sullivan
Roger A Hemphill, Livingston
Bradford F Golly, Oneida

Planning Committee for Medical Policies
Albert F R. Andresen, *Chairman*, Kings
W Walter Street, Onondaga
Edward C Veprovsky, Queens
Harry C Guess, Erie
Kenneth F Bott, Greene

Constitution and Bylaws Amendments
Peter J DiNatale, *Chairman*, Genesee
Clifford F Leet, Chemung
Joseph C O'Gorman, Erie
Donald E McKenna, Kings
Francis G Riley, Queens

Council—Part I

POSTGRADUATE EDUCATION
Joseph Tenopyr, *Chairman*, Kings
Vincent Juster, Queens
Joseph H Diamond, Richmond
George C Vogt, Broome
Stockton Kimball (Section Delegate)

Council—Part II

MATERNAL AND CHILD WELFARE
Joseph A. Geis, *Chairman*, Essex
Alfred K. Bates, Cayuga
Mahlon C Halleck, Otsego
William J Orr (Section Delegate)
Alfred M Hellman, New York

Council—Part III

SCHOOL AND INDUSTRIAL HEALTH
David W Beard, *Chairman*, Schoharie
John C Brady, Erie
Irving S Sands, Kings
William J Tracy, Steuben
Samuel M Kaufman, New York

Council—Part IV

PUBLIC HEALTH ACTIVITIES
Frank LaGattuta, *Chairman*, Bronx
Jacob Werne, Queens
Donald Malven, Dutchess
Arthur M Johnson (Section Delegate)
Edgar O Boggs, Lewis

Council—Part V

REHABILITATION

RURAL MEDICAL SERVICE
Nelson W Strohm, *Chairman*, Erie
Charles S Lakeman, Monroe
Robert B Archibald, Westchester
Madge C L McGuinness, New York
Theodore W Neumann, Orange

Council—Part VI

PUBLIC RELATIONS AND ECONOMICS

PUBLIC MEDICAL CARE

WOMEN MEDICAL STUDENTS AND INTERNS

MEDICAL SERVICE AND PUBLIC RELATIONS
Roy B Henline, *Chairman*, New York
John M Galbraith, Nassau
Lyman C Lewis, Allegany
Archibald K. Benedict, Chenango
Elton R. Dickson, Broome

Council—Part VII

MEDICAL CARE INSURANCE
Herbert E Wells, *Chairman*, Erie
Benjamin M Bernstein, Kings
Joseph D Hallinan, Queens
Oswald J McKendree, Oneida
Clarence G Bandler, New York

Council—Part VIII

VETERANS' AFFAIRS
Joseph P Henry, *Chairman*, Monroe
Goodlatte B Gilmore, Bronx
Leo E Gibson, Onondaga
Reginald A. Higgons, Westchester
Edwin A Griffin, Kings

Council—Part IX

LEGISLATION
Frederic W Holcomb, *Chairman*, Ulster
Thomas B Wood, Kings
Sylvester C Clemans, Fulton
Andrew A. Eggeston, Westchester
B Wallace Hamilton, New York

Council—Part X

WORKMEN'S COMPENSATION
William B Rawls, *Chairman*, New York
Bernard S Strait, Yates
Stanley E Alderson, Albany
Renato J Azzari, Bronx
G Kirby Collier, Monroe

Council—Part XI

PUBLICATION AND PUBLICITY
George C Adie, *Chairman*, Westchester
Stephen H Curtis (District Delegate)
Louis A. Friedman, Bronx
Scott Lord Smith (District Delegate)
Charles C Trembley, Franklin

Council—Part XII

MALPRACTICE DEFENSE AND INSURANCE

REPORT OF LEGAL COUNSEL
Eugene H Coon, *Chairman*, Nassau
Donald D Prentice, Albany
Joseph A. Landy, Bronx
Guy S Philbrick, Niagara
John L Sengstack, Suffolk

Council—Part XIII

MISCELLANEOUS MATTERS
Joseph H Cornell, *Chairman*, Schenectady
Charles A Prudhon, Jefferson
Abraham Koplowitz, Kings
Philip D Allen, New York
Richard P Doody, Renssalaer

New Business A
Thomas M D'Angelo, *Chairman*, Queens
Leo F Schiff, Clinton
John J Gainey, Kings
Harold B Davidson, New York
James E McAskill (Section Delegate)

New Business B
Norman S Moore, *Chairman*, Tompkins
Edgar Bieber, Chautauqua
Arthur A. Fischl, Queens
John Dugan, Orleans
A. Wilbur Duryee, New York

New Business C
Frederick W Williams, *Chairman*, Bronx
Charles A. Anderson, Kings
Denver M Vickers, Washington
John L Edwards, Columbia
Theo J Curphey, Nassau

1 By the Medical Society of the State of New York which would necessitate the formation of a service corporation

2. By medical-care plans now established

3 By direct negotiation between the Veterans Administration and individual doctors

The first of the above-mentioned methods has been recommended by the committee and a sufficient amount of money to cover the legal requirements of such an organization with an additional small amount to be used for initiating the service has been requested from the Board of Trustees The special committee is now formulating a fee schedule for both in-hospital and ambulatory patients. This question will be the only subject considered at a special meeting of the Council to be held March 28, 1946.

I must not close this report without expressing my great satisfaction with the cooperation and assistance extended by all members of the office staff Mr George P Farrell the Director of the Bureau of Medical Care Insurance, has impressed me with his knowledge of voluntary insurance plans and his advice at all times has been sound reliable, and willingly offered. His work coordinating the different plans is meeting with considerable success and promises much for the future. I have already mentioned the part Mr Dwight Anderson played in carrying on the antivivisection campaign which is but a small part of the very valuable and important work carried on by the Medical Publicity Committee This is one of our most important and effectual activities. Dr Walter P Anderton who assumed the office of Secretary following the death of our late lamented friend Dr Peter Irving has proved a very efficient officer of our Society His work is so quietly performed and his manner so modest it is a pleasure for me to call attention to his value to the Society in his present position. He is a gentleman, scholar, and a physician whom we are very fortunate in having to carry on all communications and contacts with the members of our Society and profession. Miss Doris K. Dougherty continues to display efficiency and courtesy in her work as Administrative Assistant. Although sufficient office space is sadly lacking, due to the excellent spirit of the entire office personnel it has not seriously interfered with the business of our organization. The work of our Publication Committee under the guidance of the Managing Editor, Dr George W Kosmak, deserves considerable commendation for the manner in which they published our JOURNAL, despite the many unusual difficulties confronting them The great paper shortage still existing together with the tremendous handicap in arranging for the actual printing, due to insufficient manpower, presented an almost impossible task However, the JOURNAL continues to prosper and reflect great credit upon its editors. They are to be congratulated not only for the publication, but also for the quality of the articles presented and the excellence of its editorials.

After serving as your President and visiting different parts of the State to attend various medical meetings, I have been deeply impressed with the great eagerness for postgraduate instruction in the newer developments of medicine by the members of our profession There was ample evidence of their scientific attainments, their professional usefulness, and an exhibition of their exalted character in their desire to give all possible service and protection to the public I was also very much pleased to find an awareness of the value to be received from a study of the present social and economic trends of our country These with the realization that the obligations of medicine and medical practice to the general public are never allowed to be forgotten, gives me a very high opinion of the physicians of New York State. I believe the unity of the medical profession is better than ever before and it is fortunate, for it is only possible to withstand the many dangers confronting the practice of medicine with a profession that is of one accord in the manner of preserving its high ethical and professional standards in seeking newer and loftier ideals.

EDWARD J CUNNIFFE, M.D, *President*

Report of the Secretary

To the House of Delegates Gentlemen

Due to the postponement of the 1945 meeting of the House of Delegates, this report is mainly for the past five months

Membership —Elected in 1945 were 648 new members, 151 were reinstated. The net increase for the year, as shown below, was 293

Membership—December 31, 1944	18,941	
New members—1945	648	
Reinstated members—1945	151	19 740
Deaths	238	
Resignations	96	
Licenses revoked	4	
Licenses suspended	3	341
		19,399
Dropped for nonpayment of dues as of December 31 1945		165
Total Membership as of December 31, 1945		19 234

3,755 members are in the service of our country

Honor counties (none of whose members failed of their dues in 1945) include Allegany, Broome, Cattaraugus Cayuga, Chautauqua, Chenango Clinton Columbia, Cortland, Dutchess, Erie, Essex, Franklin, Fulton, Lewis Madison, Ontario, Orange, Orleans Oswego Rockland, Saratoga, Schoharie Schuyler, Seneca Steuben, Sullivan, Tioga, Tompkins, Washington, and Wyoming

Comparative totals of members since 1935 follows

1935	14 084	1941 — 17,781
1936	14 662	1942 — 15,313
1937	15 529	1943 — 13 637
1938	16 177	1944 — 15 941
1939	16,785	1945 —
1940	17,409	

The membership had increased to 1 1946

Directory —Early in tion of information *Medical Directory* *ical* was ing, and

to the printer early in the Fall It is likely that the new directory will be in the hands of the membership early in 1947

Council—The Council has met regularly the second Thursday of each month, and directly after the adjournment of the last meeting of the House of Delegates The Council has carried out the directions of the House as reported elsewhere

Dr Clarence O Cheney, of White Plains, was appointed by the Council to membership on the New York State Board of Psychiatric Examiners in accordance with the law, replacing Dr Israel Strauss, who had served the State diligently ever since the creation of this Board

In addition to the twenty-three committees of the Council which functioned last year, in accordance with a resolution of your House, President Cunniffe, with the approval of the Council, appointed a Veterans' Affairs Committee, consisting of Dr Dan Mellen, Rome (Chairman), Dr William F MacFee, New York, and Dr James F Rooney, Albany The Council also empowered President Cunniffe to appoint the following committee, which called upon Colonel Harding in Washington for conference regarding medical care of veterans with service-connected disabilities under the U S Veterans Administration Drs Herbert H Bauckus, William Hale, Laurance D Redway, President Cunniffe, Secretary Anderton, and Mr George P Farrell, Director of the Bureau of Medical Care Insurance As a result of this conference, the Council instituted the following Committee of Liaison with the U S Veterans Administration Drs William Hale (Chairman), Herbert H Bauckus, Laurance D Redway, J Stanley Kenney, Dan Mellen, President Cunniffe, Secretary Anderton, and Mr George P Farrell This committee has been working on a plan for practicing physicians to care for veterans with service-connected disabilities under authorization from the U S Veterans Administration

A Council Committee on the contract with the Medical Society of the County of Kings was appointed The members are Drs William Hale, Chairman, F Leslie Sullivan, and James R Reuling, Jr This contract deals with journals which exchange with the NEW YORK STATE JOURNAL OF MEDICINE and with book reviews

The Special Committees ordered by the House of Delegates, National Casualty and Indemnity Insurance Committee, Planning Committee for Medical Policies, Prize Essays Committee, and Committee on Revising Principles of Professional Conduct have also been active during the past months

Delegates to the American Medical Association attended the meeting in Chicago in December, and carried out the instructions which you gave them

Comments—In addition to the usual correspondence, your Secretary has helped with that of the erstwhile War Participation Committee, and with that of its successor, the Veterans' Affairs Committee I have attended the meetings of each of the eight District Branches, the New York State Conference of County Society Secretaries and Editors in Albany, the meeting of the American Medical Association House of Delegates, and the Conference of State Society Secretaries and Editors in Chicago, the meeting of County Society Legislative Committee Chairmen in Albany, and many meetings of the various committees of our Society, as well as the Annual Meeting of the Medical Society of the County of Monroe

Details of the actions of the Council in implementing certain resolutions passed by your House are described in the Résumé of Instructions of the 1945 House of Delegates and Actions Thereon of the Council, Board of Trustees and Officers

It gives me great pleasure to take this opportunity to express my personal appreciation for the honor you have paid me in allowing me to be your Secretary, and to thank my fellow officers, the councillors, trustees, and the staff of the offices of the Medical Society of the State of New York for their unfailing consideration, courtesy, and cooperation

Respectfully submitted,
W P ANDERTON, M D, *Secretary*

March 7, 1946

(The Report of the Treasurer will appear in the April 15 issue)

Report of the Board of Trustees

To the House of Delegates, Gentlemen

During the current year your Board of Trustees held regular meetings following those of the Council, with the exception of the month of February At the meeting held May 10, 1945, Dr Brennan retired as Chairman but agreed to continue as a member of the Board pending the election of a successor by the House of Delegates The latter selected Dr John J Masterson, of Brooklyn, at its October meeting and he entered upon his duties on that date

In order to present to the Society a record of the deliberations of its Board of Trustees, attention is directed to the following items, aside from routine matters, discussed at its various meetings at which there were present, likewise as ex officio members, the Secretary, Treasurer, and their assistants, as well as the Counsel of the Society

Finances—The regular monthly reports of the Treasurer were considered, various supplementary expenditures approved and changes and additions made in the investment account as recommended by the investment committee of the Board The details of the Society's holdings in securities, etc, will be found in the Treasurer's Report

Your Board has been concerned with the reduction in the income of the Society from dues of members who entered military service, but thus far it has been possible to meet the necessary expenditures within the limitations imposed

The Budget Committee of the Council made its report at the December meeting of the latter This accounted for a six months' period ending on June 30, 1946, and was approved by the Board

Contracts.—Annual contracts for services to be performed by Drs David J Kaliski and Robert R Hannon, as well as Mr George P Farrell, as directors of their respective bureaus, were drawn and executed in accordance with the provisions in the Constitution and Bylaws The matter of the contract with Mr Dwight Anderson as Director of the Public Relations Bureau and other activities will be dealt with in a supplementary report.

Increased Office Facilities.—In view of the expansion of the business and other activities of your Society during recent years the need for more space has been given careful study by the Office Administration Committee It is advisable that the present location be retained and fortunately larger quarters are available in the building which we now occupy It is hoped that as soon as the Chemical Warfare Service vacates its present premises we can take over the seventh floor within a short time The unavoidable crowding to which our office forces are now subjected will then be eliminated. Naturally the expenditures for rent and other necessities will be almost doubled but your Board feels that this is warranted by the greater ease and facility with which the Society s business can be conducted

Reserve Funds.—Your Board has sanctioned the establishment of such funds for the NEW YORK STATE JOURNAL OF MEDICINE and the annual meetings to provide for possible future reductions in the income from these sources The advertising revenues from the JOURNAL as well as from the commercial exhibits have shown in recent years a surplus over expenditures However in the event of contingencies it appears desirable to have a fund available to meet possible later deficiencies in the conduct of these activities The costs of publication of the JOURNAL already have increased and the outlays for a new *Directory* are somewhat problematical The ability to resort to such funds will avoid a burden to the Society The reserve fund for publication activities has been limited by your Trustees to the sum of $65 000 Efficient administration in publication policies has resulted in noteworthy economies during the past few years since their conduct has resided entirely in the Society s offices and further improvements in the physical appearance and contents of the JOURNAL will be possible when wartime and other restrictions have been eliminated.

Beneficiary Fund.—In past years employees of your Society, incapacitated by illness age or disaster have received beneficiary payments through appropriations made in each individual case In an effort to replace this method the Office Management Committee during a previous year made a careful survey of various retirement and insurance plans developed in similar organizations by commercial insurance companies The costs to the Society for the operation of these plans would have amounted with employee participation, to from $16,000 to $20 000 annually From time to time during the progress of these studies reports were made to the Council which finally decided to refer the matter to a special committee of the Board of Trustees This committee consisting of Drs William H Ross, Thomas M Brennan, and George W Kosmak, continued the study and submitted for consideration a nonparticipating beneficiary plan applicable to the clerical employees excluding all those under contracts, and omitting the retirement features previously included. The necessary funds were to be derived from an initial appropriation of $100 000 to be made from the general funds of the Society to be invested in Federal Government bonds bearing 2½ per cent interest and additional annual appropriations for a ten-year period until the fund reached a total of $200 000 This income, increasing from $2 500 to $5,000 annually, was considered sufficient for a total of only $26,000 had been paid out during a period of twenty previous years under the previous system However, in view of the enlarged staff, recourse to benefit payments might be more frequent in the future

Following a further discussion of the subject it was finally decided by the Board that the previously observed custom of caring for cases of hardship, illness, and other contingencies arising among employees of the Society be continued as in the past and that there be incorporated in the Report to the House of Delegates a summary of a study of the various plans considered for the information of the House The essential features of the plan which was finally developed are outlined in an earlier paragraph but the special committee of the Board which studied the question will be prepared to furnish the Reference Committee with the other necessary details developed by their studies The Board felt moreover that this innovation was a policy making feature which should be decided by the House of Delegates.

Matters Referred to the Board of Trustees.—Among these was a proposal to set up a fund to be devoted to the education of the children of medical officers, members of the State Society who died while in service during World War II. This was a mandate from the House of Delegates After extended discussion this proposition was referred back to the Council and the Finance Committee of the latter now has the matter under consideration

Conclusion.—In presenting their annual report the Trustees desire to acknowledge the efficient cooperation of the secretarial and financial staffs of your Society and particularly to its Treasurer for his faithful conduct and supervision of the monetary affairs of the organization.

Respectfully submitted,
JAMES F ROONEY, M.D
ALBERT A GARTNER, M.D
WILLIAM H. ROSS, M D
JOHN J MASTERSON, M D
GEORGE W KOSMAK, M.D *Chairman*

Note A supplementary report will be presented

Report of the Council

To the House of Delegates, Gentlemen

Your Council has the honor to report on the executive and administrative affairs of the Society in the period following your last meeting on October 8 and 9, 1945 The various matters that came before it, actions thereon and recommendations, are here presented in successive "Parts" of this report

PART I

Postgraduate Education

The Council Committee on Public Health and Education has the following membership

O W H Mitchell, M D , *Chairman* Syracuse
George Baehr, M D New York
Charles D Post, M D Syracuse

ADVISERS

Edward S Godfrey, Jr , M D , Commissioner, State Department of Health, Albany
Edward S Rogers, M D , Assistant Commissioner for Medical Administration, State Department of Health, Albany

The Council Committee on Public Health and Education arranges for instruction in a wide variety of subjects for meetings of county medical societies, hospital staffs, and other medical groups The program is made available through the combined efforts of the faculties of the nine medical schools in New York State, the New York State Department of Health, the Dental Society of the State of New York, the Division of Industrial Hygiene of the New York State Department of Labor, the Medical Society of the State of New York, and several other organizations and associations

A considerable part of the activities of the Committee is presented in cooperation with the New York State Department of Health The Medical Society of the State of New York pays the traveling expenses of the speakers from inside the State and the honoraria for all speakers are paid by the Medical Society of the State of New York or the New York State Department of Health, depending upon the subject presented Instruction may be arranged as a single lecture, a series of lectures, or a teaching day which is a combination of clinics, demonstrations, and lectures for an afternoon and evening

The Committee prepares and distributes the *Course Outline Book* which lists subjects and speakers available The *Course Outline Book* is revised annually The 1945–1946 *Course Outline Book* contains sixty announcements including courses of lectures, teaching day programs, and single lectures on special subjects Appearing in the 1945–1946 *Course Outline Book* for the first time are additional announcements of instruction available in dermatology, general medicine, obstetrics, otolaryngology, and surgery.

Copies of the 1945–1946 *Course Outline Book* have been distributed to the presidents, secretaries, and chairmen of Public Health and Program Committees of county medical societies, officers of the Medical Society of the State of New York, members of the Council Committee on Public Health and Education and the Subcommittees, the Regional Chairmen in Obstetrics and Pediatrics, the State Commissioner of Health, Assistant Commissioners and Directors of Divisions of the New York State Department of Health, District State Health Officers, City and County Health Commissioners, physicians who arranged courses in the *Course Outline Book*, deans of the medical schools in the United States, the presidents of the universities in New York State, librarians of the medical schools in New York State, secretaries of state medical societies in the United States, executive health officers of the various states, secretaries of the national medical societies, members of the New York State Board of Regents, the New York State Commissioner of Education, and directors of several Divisions of the New York State Education Department, officers of the American Medical Association and the Council on Medical Education and Hospitals, the Chairman of the Council on Medical Service and Public Relations, the Chairman of the Council on Industrial Health, Director of the Bureau of Health Education, members of the Section of Preventive and Industrial Medicine of the American Medical Association, representatives of the New York State Health Preparedness Commission, Secretary and Executive Secretary of the State Charities Aid Association, Surgeon General of the United States Public Health Service, New York State Commissioner of Mental Hygiene, Commissioner of the New York State Department of Social Welfare, and representatives of the Metropolitan Life Insurance Company and the National Foundation for Infantile Paralysis

Since September, 1945, arrangements for postgraduate instruction, presented as a series of lectures or as single lectures were made for twenty-five county medical societies The following county medical societies have had this instruction

County	Instruction	No Lectures
Broome	General Medicine	1
Cayuga	Obstetrics	1
Cortland	General Medicine	2
	Syphilis	1
Franklin	Sulfonamide and Penicillin Therapy	1
(Saranac Lake Medical Society)	Cancer	1
Greene	General Medicine	3
	General Medicine	1
	Virus Diseases	1
Jefferson	Pediatrics	1
	General Medicine	1
Lewis	Rheumatic Fever	1
[redacted]	Bacterial Endocarditis (Symposium)	3
	Tuberculosis	1
Madison	Obstetrics	1
	General Medicine	1
	Orthopedics	1
	Cancer	1
Monroe	General Medicine	2
Montgomery	General Medicine (Symposium)	2
	Psychiatry	1
	Sulfonamide and Penicillin Therapy	1
Nassau	Obstetrics	1
	Gynecology	1
	Surgery	1
	General Medicine	5
	Pneumonia	1
Niagara	General Medicine	1
Onondaga	General Medicine	1
Ontario	Rheumatic Fever—Rheumatic Heart Disease	1
Oswego	Obstetrics	1
	Rheumatic Fever—Rheumatic Heart Disease	1
	Psychiatry	1
Otsego	General Medicine	1
Rockland	General Medicine	2
	Cancer	1
	Dermatology	1
St. Lawrence	General Medicine	1
	Pediatrics	1

Schenectady	General Medicine	1
	Rheumatic Fever—Rheumatic Heart Disease	1
	Penicillin Therapy	1
Sullivan	General Medicine	1
	Virus Diseases	1
	Obstetrics	4
	Virus Diseases	1
Tioga	General Medicine	2
	Orthopedics	1
Tompkins	General Medicine	1
	Gynecology	1
	Plasma Therapy	1
Ulster	General Medicine	2
	Sulfonamide and Penicillin Therapy	2
Wayne	Dermatology	1
Wyoming	Syphilis (Motion Picture Film) State Health Department	1

Regional Meetings and Teaching Days.—For a regional meeting invitations are sent to the memberships of the county medical societies adjacent to that in which the meeting is held The Committee arranges for the speakers and for printing and distribution of programs to county medical societies, medical schools, hospitals the NEW YORK STATE JOURNAL OF MEDICINE the *Journal of the American Medical Association* and other publications. The following Regional Meetings or Teaching Days have been held this year

	Instruction	No. Lectures
County—Chautauqua Region—Erie, Chautauqua, Cattaraugus	*Cancer	2
County—Onondaga Region—Cayuga, Cortland, Jefferson Madison, Oneida Onondaga Oswego	*Cancer	4
County—Chemung (Not Regional)	General Medicine	2
County—St. Lawrence Region—Clinton Essex Franklin, Jefferson, Lewis, St. Lawrence	*Cancer	4

The Committee arranged for postgraduate instruction to be presented in twenty-seven counties, with a total of eighty-four lectures

Public Health matters receiving particular emphasis from the New York State Department of Health and the Medical Society of the State of New York since September have been bacterial endocarditis, cancer, gynecology, obstetrics, orthopedics, pediatrics, penicillin therapy, plasma therapy, pulmonary diseases, rheumatic fever—rheumatic heart disease, sulfonamide therapy, surgery, syphilis and tuberculosis.

Pulmonary Diseases and Tuberculosis.—The Council Committee on Public Health and Education, with the approval of the Council of the Medical Society of the State of New York, assisted in the preparation printing and distribution of the announcement regarding a 'Course of Instruction in Pulmonary Diseases and Tuberculosis" given by the Division of Tuberculosis of the New York State Department of Health. This instruction is given at any of the following New York State Department of Health Tuberculosis Hospitals

Hermann M Biggs Memorial Hospital Ithaca, New York
Homer Folks Tuberculosis Hospital, Oneonta New York
Mount Morris Tuberculosis Hospital Mount Morris, New York
New York State Hospital Ray Brook, New York

This course of instruction is endorsed by the following medical schools, and appointees are welcome at grand rounds, special lectures and demonstrations given by the schools as a part of their program of postgraduate education

Albany Medical College
University of Buffalo, School of Medicine
University of Rochester School of Medicine and Dentistry
Syracuse University College of Medicine

This course of instruction is intended primarily for medical officers returning from service with the armed forces but others may apply if they possess the necessary qualifications

Each State tuberculosis hospital can accommodate four residents who will reside at the hospital More can be accommodated if applicants reside in the adjacent community

The minimum period of instruction will be for three months, but may extend up to twelve months maximum, as each applicant may desire

This announcement was given wide distribution to hospitals medical schools, separation centers of the Army and Navy, health officials, and secretaries of county medical societies

The details regarding this instruction appear in the report to the House of Delegates at its meeting in October, 1945

On February 9 1946 a communication was received by the chairman of the Council Committee on Public Health and Education from Robert E Plunkett, M D , General Superintendent, Tuberculosis Hospitals, Division of Tuberculosis, State Department of Health, in which the following paragraph appeared

'May I take this opportunity of personally thanking you for your extremely valuable guidance and assistance in the preparation of this course of instruction And through you, may I extend the appreciation of this department to the State Medical Society '

PART II

Maternal and Child Welfare

Maternal Welfare.—The Subcommittee on Maternal Welfare has the following membership Charles A Gordon, M D , *Chairman*, Brooklyn, Edward C Hughes, M D , Syracuse, Alexander T Martin, M.D , New York James K Quigley, M.D Rochester

Regional Chairmen in Obstetrics

1 New York, Richmond, Bronx Counties
George W Kosmak, M.D , 23 East 93 Street New York 28
2 Kings Queens Nassau, Suffolk Counties
Harvey B Mathews, M.D , 643 St. Marks Avenue Brooklyn 16
3 Westchester Rockland, Dutchess, Putnam, Orange Counties
Julian Hawthorne, M.D , Highland Hall Apartment, 131 Purchase Street, Rye
4 Schenectady Fulton, Montgomery, Schoharie Greene, Ulster Counties
William M Mallis, M.D , 1364 Union Street, Schenectady 8
5 Albany Washington, Saratoga, Columbia, Warren Rensselaer Counties
Joseph O C Kiernan, M.D , 496 Madison Avenue, Albany 3

* The traveling expenses and honoraria of speakers and printing of programs provided by the New York State Department of Health.

October, eleven lectures on cancer have been given in six counties, including three Regional Teaching Days For a report of these activities, see the report on Postgraduate Education These lectures, presented by the Medical Society of the State of New York and the State Department of Health, have been well attended and received.

Hard of Hearing and the Deaf —The Subcommittee on Hard of Hearing and the Deaf has the following membership

Gordon D Hoople, M D , *Chairman,* Syracuse 2
C Stewart Nash, M D , Vice-Chairman, Rochester 7
Ralph Almour, M D , New York 21
John F Fairbairn, M D , Buffalo 9
Edmund Prince Fowler, M.D , New York 22
Marvin F Jones, M D , New York 22
Harry K Tebbutt, M D , Albany 6

Meetings of the Subcommittee on Hard of Hearing and the Deaf were held on January 8 and February 13, 1946 Present at these conferences, in addition to the Subcommittee members, were members of the Council Committee on Public Health and Education, officers of the Medical Society of the State of New York, the chairmen of the Subcommittees on Maternal and Child Welfare, and representatives of the New York State Departments of Health, Education, and Social Welfare

The Council of the Medical Society of the State of New York at its meeting on January 10, 1946 approved the recommendation of the Council Committee on Public Health and Education "that the Subcommittee on Hard of Hearing and the Deaf, in cooperation with the New York State Departments of Health and Education prepare and submit as soon as possible a program for the State of New York for the following purposes (*a*) the prevention of hard of hearing and deafness, and (*b*) the detection and treatment of these conditions"

These conferences of the Subcommittee on the Hard of Hearing and the Deaf were held for a discussion of the establishment of hearing conservation centers throughout New York State and their estimated cost At the meeting on February 13, 1946 data was submitted by members of the Subcommittees and others, concerning these centers Future meetings will be held to continue these discussions before recommendations are submitted

Child Health —Recently a request has come to the Council Committee on Public Health and Education to cooperate in the study of child health services which is being developed by the American Academy of Pediatrics The Academy considers it advisable to establish this study as a cooperative project with the United States Public Health Service and the Children's Bureau of the Federal Department of Labor

At a meeting of the Council on February 14, 1946 a request for the cooperation of the Medical Society of the State of New York was presented and your Chairman advised that the matter be referred to the Council Committee on Public Health and Education with power We have studied this very extensive program and believe that the Medical Society, through appropriate committees, should cooperate and assist For the actual operation of the inquiry, there is no financial obligation on the part of the Medical Society of the State of New York.

Administration of Gamma Globulin by Public Health Nurses —In January, 1946 a communication was received by the Chairman of the Council Committee on Public Health and Education from the Onondaga County Medical Society asking for an opinion regarding the administration of gamma globulin by public health nurses to prevent and modify measles It was the unanimous opinion of the Council Committee on Public Health and Education and representatives of the New York State Department of Health, at a meeting on January 8, 1946, that "gamma globulin may be administered by public health nurses if physicians order it to be given and assume responsibility for such treatment"

At the meeting of the Council on January 10, 1946 the above recommendation was approved and the Onondaga County Medical Society so notified

Standing Orders for Public Health Nurses of the New York State Department of Health —Representatives of the New York State Department of Health, at a meeting with the Council Committee on Public Health and Education on January 8, 1946, requested the cooperation of the Medical Society of the State of New York in revising the Department's "Standing Orders for Public Health Nurses" These Orders have not been revised or approved by the Medical Society of the State of New York since 1935 Many new procedures and practices have been developed and a revision is urgent It was the unanimous opinion of the Council Committee on Public Health and Education and representatives of the New York State Department of Health that such a revision should be made as soon as possible

The above report was approved at the meeting of the Council of the Medical Society of the State of New York on January 10, 1946

Proposed Changes in New York State Narcotic Law —On November 7, 1945 a meeting of the Council Committee on Public Health and Education was held to consider proposed changes in the New York State Narcotic Law regarding the dispensing of barbiturates Present at this conference, in addition to the Committee members, were officers of the Medical Society of the State of New York, representatives of the New York State Department of Health and the City of New York Department of Health, the supervisor of the New York State Narcotic Control Bureau, and the secretary of the State Board of Pharmacy

Other conferences will be held with the Committee, representatives of government agencies, and the Executive Officer of the Medical Society of the State of New York who will give special attention to the matter

Discontinuance of Drafting of Professional Students —The following resolution was not approved by the House of Delegates at its meeting on October 8 and 9, 1945, but was referred to the Council for consideration and action

> "That the Medical Society of the State of New York represented at this duly convened meeting of its House of Delegates goes on record as strongly favoring the immediate discontinuance of the drafting of all persons engaged in studies preparatory to the practice of any of the recognized professions or engagement in any scientific occupations, that the War and Navy Departments and Selective Service System be, and they are hereby urged and petitioned to remove this menace to professional education and professional standards by ceasing the drafting of all such students"

The Council at its meeting on December 13, 1945 voted to refer the above resolution to the Council Committee on Public Health and Education.

The Chairman of the Council Committee on Public Health and Education reported at the meeting of the Council on January 10, 1946 that "considerable thought had been given to the proposal and it was his opinion that it should be sent to the proper individuals in the American Medical Association for consideration in their dealings with the Federal government." It was voted that this be done.

PART V

Rehabilitation

The Subcommittee on Rehabilitation has the following membership

O W H Mitchell, M D *Chairman*, Syracuse 10
Charles M Allaben, M D., Binghamton
Gustave Aufricht M D, New York 28
Conrad Berens, M D New York 21
Ralph T B Todd, M.D., Tarrytown

Meetings of the Subcommittee on Rehabilitation were held on December 11, 1945 and February 13, 1946 Present at these meetings, in addition to the Subcommittee members, were members of the Council Committee on Public Health and Education, officers of the Medical Society of the State of New York, the Director of the Bureau of Workmen's Compensation of the Medical Society of the State of New York and representatives of the New York State Departments of Health, Education, and Social Welfare

Considerable attention has been given to the fee schedules for surgical procedures used by the Bureau of Medical Rehabilitation of the New York State Department of Health and the Division of Vocational Rehabilitation of the New York State Education Department.

As in previous conferences there was splendid cooperation between the representatives of all agencies concerned

Rural Medical Service

The Council Committee on Rural Medical Service was formulated in November of 1945 Dr Dan Mellen was named Chairman of the Committee and also appointed to serve were Dr Homer J Knickerbocker, of Geneva New York, and Dr Edward P Flood, of the Bronx, New York. The Committee is available for conference with the American Farm Bureau Federation and all other farm organizations since all planning for improvements in rural health must have the benefit of the experience and advice of the organized medical profession.

PART VI

Public Relations and Economics

The Council Committee on Public Relations and Economics has the following membership

Carlton E. Wertz, M.D., *Chairman*	Buffalo
Harry Arnow M D	Bronx
Charles M Allaben, M.D	Binghamton

The Committee submits the following report

Public Medical Care

The Subcommittee on Public Medical Care has the following membership

Ralph T B Todd, M.D., *Chairman*	Tarrytown
Joseph C O'Gorman, M.D	Buffalo
Charles F Rourke, M D	Schenectady
David W Beard, M D	Cobleskill

In 1940 the Medical Welfare Committee of the State Society (now the Public Medical Care Committee), under the chairmanship of Dr L. C Wood, set forth seven fundamental principles which they believed would make it possible for full cooperation between the Welfare Department and the practicing physician serving the welfare client. Five of the principles were immediately accepted by the Welfare Department of the State. A joint report of these facts was printed in the JOURNAL on March 15, 1941, under "Reports" to the House of Delegates

Five years have passed, and therefore it seems timely to review and appraise the work done and the advances made, as well as the work still to be accomplished.

Your Committee and the Welfare Department have taken the seven principles as headings of this report and have made notes under each heading so that at a glance, the progress made can be noted.

It must be remembered that prior to these stated principles both groups were doing a job, but both groups were going their "merry way" without due consideration to the problems faced by the other, and more often with conflicting opinions than with understanding.

Fortunately, the first principle acknowledged to be a "must," was that "the medical aspects of medical relief should be supervised by the medical profession" This principle made it necessary to form medical plans in the various welfare districts. These medical plans gave impetus to carrying out the other principles and whenever and wherever these plans have been established, there has been a definite improvement in the medical care of the welfare client not to mention the happier relationship between welfare officer and practicing physician.

In submitting the Joint Statement to you we would like to thank Commissioner Robert Lansdale for his sympathetic cooperation and support in this endeavor Deputy Commissioner Lee Dowling, and Harry O Page, Dr Peter I Birkel, and Miss Marion Rickert, of the Welfare Department, for their patience, time and complete understanding which this work has required.

Analysis of Joint Statement on Medical Relief*

(Prepared by the New York State Department of Social Welfare and Public Medical Care Committee of the Medical Society of the State of New York as it relates to the present status of medical-care planning carried on jointly by the Department and the State Society)

1 The Medical Aspects of Medical Relief Should Be Supervised by the Medical Profession

One of the State Department of Social Welfare mandatory requirements for the approval of a local medical-care plan is

(1) A full or part-time physician to serve as Medical Director or Consultant. With three exceptions these physicians are on a salary basis. In three welfare districts the physicians serving as Medical Consultants are on a voluntary basis only because the county medical society believes such service should be on a voluntary basis (See Appendix C for list of Medical Plans and Appendix D for

*Joint Statement on Medical Relief published in NEW YORK STATE JOURNAL OF MEDICINE, Vol. 41 No. 6 March 15 1941.

October, eleven lectures on cancer have been given in six counties, including three Regional Teaching Days For a report of these activities, see the report on Postgraduate Education These lectures, presented by the Medical Society of the State of New York and the State Department of Health, have been well attended and received

Hard of Hearing and the Deaf—The Subcommittee on Hard of Hearing and the Deaf has the following membership

Gordon D Hoople, M D , *Chairman*, Syracuse 2
C Stewart Nash, M D , Vice-Chairman, Rochester 7
Ralph Almour, M D , New York 21
John F Fairbairn, M D , Buffalo 9
Edmund Prince Fowler, M D , New York 22
Marvin F Jones, M D , New York 22
Harry K Tebbutt, M D , Albany 6

Meetings of the Subcommittee on Hard of Hearing and the Deaf were held on January 8 and February 13, 1946 Present at these conferences, in addition to the Subcommittee members, were members of the Council Committee on Public Health and Education, officers of the Medical Society of the State of New York, the chairmen of the Subcommittees on Maternal and Child Welfare, and representatives of the New York State Departments of Health, Education, and Social Welfare

The Council of the Medical Society of the State of New York at its meeting on January 10, 1946 approved the recommendation of the Council Committee on Public Health and Education "that the Subcommittee on Hard of Hearing and the Deaf, in cooperation with the New York State Departments of Health and Education prepare and submit as soon as possible a program for the State of New York for the following purposes (*a*) the prevention of hard of hearing and deafness, and (*b*) the detection and treatment of these conditions"

These conferences of the Subcommittee on the Hard of Hearing and the Deaf were held for a discussion of the establishment of hearing conservation centers throughout New York State and their estimated cost At the meeting on February 13, 1946 data was submitted by members of the Subcommittees and others, concerning these centers Future meetings will be held to continue these discussions before recommendations are submitted

Child Health—Recently a request has come to the Council Committee on Public Health and Education to cooperate in the study of child health services which is being developed by the American Academy of Pediatrics The Academy considers it advisable to establish this study as a cooperative project with the United States Public Health Service and the Children's Bureau of the Federal Department of Labor

At a meeting of the Council on February 14, 1946 a request for the cooperation of the Medical Society of the State of New York was presented and your Chairman advised that the matter be referred to the Council Committee on Public Health and Education with power We have studied this very extensive program and believe that the Medical Society, through appropriate committees, should cooperate and assist For the actual operation of the inquiry, there is no financial obligation on the part of the Medical Society of the State of New York.

Administration of Gamma Globulin by Public Health Nurses.—In January, 1946 a communication was received by the Chairman of the Council Committee on Public Health and Education from the Onondaga County Medical Society asking for an opinion regarding the administration of gamma globulin by public health nurses to prevent and modify measles It was the unanimous opinion of the Council Committee on Public Health and Education and representatives of the New York State Department of Health, at a meeting on January 8, 1946, that "gamma globulin may be administered by public health nurses if physicians order it to be given and assume responsibility for such treatment"

At the meeting of the Council on January 10, 1946 the above recommendation was approved and the Onondaga County Medical Society so notified

Standing Orders for Public Health Nurses of the New York State Department of Health—Representatives of the New York State Department of Health, at a meeting with the Council Committee on Public Health and Education on January 8, 1946, requested the cooperation of the Medical Society of the State of New York in revising the Department's "Standing Orders for Public Health Nurses" These Orders have not been revised or approved by the Medical Society of the State of New York since 1935 Many new procedures and practices have been developed and a revision is urgent It was the unanimous opinion of the Council Committee on Public Health and Education and representatives of the New York State Department of Health that such a revision should be made as soon as possible

The above report was approved at the meeting of the Council of the Medical Society of the State of New York on January 10, 1946

Proposed Changes in New York State Narcotic Law—On November 7, 1945 a meeting of the Council Committee on Public Health and Education was held to consider proposed changes in the New York State Narcotic Law regarding the dispensing of barbiturates Present at this conference, in addition to the Committee members, were officers of the Medical Society of the State of New York, representatives of the New York State Department of Health and the City of New York Department of Health, the supervisor of the New York State Narcotic Control Bureau, and the secretary of the State Board of Pharmacy

Other conferences will be held with the Committee, representatives of government agencies, and the Executive Officer of the Medical Society of the State of New York who will give special attention to the matter

Discontinuance of Drafting of Professional Students—The following resolution was not approved by the House of Delegates at its meeting on October 8 and 9, 1945, but was referred to the Council for consideration and action

> "That the Medical Society of the State of New York represented at this duly convened meeting of its House of Delegates goes on record as strongly favoring the immediate discontinuance of the drafting of all persons engaged in studies preparatory to the practice of any of the recognized professions or engagement in any scientific occupations, that the War and Navy Departments and Selective Service System be, and they are hereby urged and petitioned to remove this menace to professional education and professional standards by ceasing the drafting of all such students"

Free Choice	*Salaried Physicians*
City of Lockport	Monroe County
City of Jamestown	Onondaga County
City of Binghamton	

(See Appendix A)

6 Clinics Should Not Be Exploited to Avoid Payment of Fees for Service They Should Be Used When Medically Desirable

A basic requirement for approval of a local medical plan is that the Welfare Department use already existing medical resources Clinics are considered to be such a resource and therefore the Department has no choice but to insist that available clinics be used to the fullest, reasonable extent There are two major kinds of clinic resources namely, those operated by voluntary or municipal hospitals and those either operated by or subsidized by another State department There are still in existence a few clinics operated by welfare departments In Lockport, for example such a clinic is in existence but its use is not mandatory and fewer and fewer patients attend it. In Binghamton City, there had been a long tradition of the use of clinics run by the Welfare Department and staffed by a salaried physician. The recent "Medical Review" of the local medical plan resulted not only in the abolishment of the salaried physician system but also of the clinics

The City of Rochester sends all ambulatory patients to the general medical and surgical clinics of the voluntary hospitals with no provision for care in the offices of the salaried physicians In contrast, Monroe County has worked out with Strong Memorial Hospital Rochester a plan whereby ambulatory patients are treated in the offices of the salaried physicians. Upon referral by the attending physician patients may be sent to Strong Memorial Hospital for the services both diagnostic and treatment, of consultants and specialists They do not attend the general medical or surgical clinics

Clinics are used to the greatest extent in the large cities where there are teaching hospitals affiliated with medical schools

(See Appendix B, page 780, for Copy of the Strong Memorial Hospital Clinic Agreement)

7 Provisions Should Be Made to Enable Needed Medical Care to Be Furnished for Indigent and Near Indigent Families Not Otherwise Eligible for Relief

The term "medical indigency' has not been defined by the State Department of Social Welfare Each local welfare district sets its own standards and makes its individual case by case decision as to eligibility for medical care The local Social Service staff determines financial need and the physician medical need

At the present time the Department is making a final clearance on a chapter for the Social Service Manual entitled "The Determination of Flexibility for Medical Care" The chapter will cover the following points

(*a*) Legal medical and social aspects
(*b*) The essentials of adequate medical care
(*c*) The budgetary process in the determination of medical care
(*d*) Use of existing medical services
(*e*) Case recording

There are many conspicuous examples of the advantages of having medical advice in deciding whether to accept or reject applications for medical care only However, much more consideration needs to be given to an attempt to define "medical indigent" and more education is needed to encourage local welfare officials to liberalize their policies relating to this group

PART VII

Medical Care Insurance

The Bureau was established February 1, 1945 and *Mr George P Farrell was engaged as fulltime* director

In addition to the following voluntary prepaid medical care plans United Medical Service, Inc., New York City, Western New York Medical Plan, *Inc Buffalo, Medical and Surgical Care Inc., Utica*, and the Central New York Plan, Inc., Syracuse in operation February 1, 1945, the Genesee Valley Medical Care Inc Rochester, offering a surgical indemnity contract, and Northeastern Medical *Service Plan, Inc, Albany, offering an in-hospital*, medical-surgical contract on a service basis, have been formed The Genesee Valley Medical Care Plan covers the counties of Monroe, Wayne, Livingston, Seneca, Ontario, and Yates and the Northeastern Medical Service Plan, the counties of Albany Rensselaer, Schoharie, Montgomery, Fulton, Saratoga, Schenectady Warren, Washington Essex, and Clinton Both plans expect to be offering service to the public in the very near future.

The only two counties not covered by a medical care plan are Jefferson and Chautauqua At the present time Jefferson County is considering an affiliation with Medical and Surgical Care, Inc. Utica and Chautauqua County is seriously considering an affiliation with Western New York Medical Plan Inc., Buffalo or forming a plan of their own.

The three plans which have been in operation for one year or more prior to January 1 1945 show an increase in enrollment for 1945 of 117,587 members or eighty per cent. The total membership (subscriber and dependents) of the three plans on December 31, 1945 was 263 748 Central New York Medical Plan in operation less than a year had a membership on December 31 1945 of 4,500 The high percentage of increase in enrollment is indicative of the acceptance by the public of the prepaid voluntary insurance principle However, in comparison with the enrollment in the Blue Cross Hospital plans it is relatively small varying from *approximately eight to forty per cent of Blue Cross* enrollment in respective plans.

The future success of voluntary medical-care plans will depend to a large degree upon the cooperation and support of the individual doctor and the efforts made by the Blue Cross *organizations* which promote and administer medical-care plans Plans sponsored by the medical profession should receive complete support and cooperation from all practicing doctors in order to fight compulsory governmental regimentation of medical care With such support it is reasonable to expect that with all the plans in operation enrollment should increase to over 500,000 members during 1946

To stimulate interest in the promotion of medical-care insurance plans the Director has appeared before many county medical societies. In addition, the Woman's Auxiliary of the Medical Society of the State of New York, with the cooperation of Miss Yolande Lyon, has made it possible to arrange speaking appointments for the Director before their

per cent of public assistance caseload covered by medical-care plans, page 782)

(2) All but routine medical care must be approved by the Medical Consultant This applies also to special services such as use of specialists, nursing home care, visiting nurse service, etc

(3) In most welfare districts operating under an approved local medical plan, there is a Medical Advisory Committee Some are more active than others

In most instances these committees participate directly in the development of medical plans This participation includes a minimum activity in the following matters

(a) Determination of medical policies
(b) Participation in the establishment of fee schedules
(c) Opportunity to simplify medical procedures, forms, etc
(d) Interpretation to the county medical societies of the problems of welfare administration
(e) Presentation to the county medical society for acceptance the professional medical aspects of the local medical plan in the writing of which they have assisted
(f) Action as a Board of Arbitration in cases where there is a difference of opinion between the Medical Consultant and attending physician

(4) The local Medical Advisory Committee has no supervisory or administrative responsibility for the welfare district medical program However, such a committee can directly influence the program in all its aspects provided either the local Commissioner or the Advisory Committee, or both, takes the initiative and recognizes that the medical program requires constant vigilance, study, and improvement if it is to function at its greatest potentialities

(5) The State Department of Social Welfare has strongly advocated the use of medical advisory committees, the value of which has been demonstrated repeatedly

(6) *Not accomplished* Document to be prepared jointly by the Department and Medical Society of the State of New York outlining the exact manner in which the medical advisory committees will function

2 All Physicians Should Be Encouraged to Participate in the Service

Within the limits set by the State Department of Social Welfare the detailed fee schedules are determined locally Strong encouragement is given in every instance to the development of fee schedules by the cooperative efforts of the welfare officials and the county medical society

Each local Medical Consultant determines the extent to which consultants and specialists are to be used

Much time and thought has gone into study of ways in which red tape can be reduced and already a great deal has been accomplished The Department is continuing its efforts in this direction and is encouraging local experimentation in the development and use of forms and reported procedures

As a general rule, Commissioners of Public Welfare have delegated full authority and responsibility for the operation of the medical program to the Medical Consultant The interchange of ideas between the Welfare Officials, Medical Consultant, and Medical Advisory Committee gives each a better understanding of the problems faced by the other, the end result of which is wiser decisions being made by all

3 Utmost Decentralization of Control in Medical Matters

When a local medical plan is approved, the complete responsibility for all professional medical decisions is vested in the Medical Consultant Each Medical Manual carries a statement to the effect that the Medical Consultant has full authority to approve any medical item not otherwise covered in the Manual The State Department of Social Welfare honors this approval for purposes of reimbursement to the local welfare district The Medical Consultant refers to the State Department in Albany only those matters on which he wishes advice, requests for changes in the local Medical Manual fees, policies, etc , but no questions relating to the individual patient

By a study process known as a "Medical Review," the State Department of Social Welfare examines the medical records of the local welfare districts to determine whether or not the agency is adhering to the conditions established by themselves in their own medical plans To date not a single dollar has been listed for deduction because of local failure to carry out the terms of a medical plan These medical reviews have demonstrated the high level of performance and integrity of local staff operating the medical programs

The State Department has removed its restrictions as to the use of proprietary drugs and has also lifted the mandatory price schedule The drug regulations now are

(a) No expenditures for drugs are reimbursable except on physician's prescription
(b) Approved sera, vaccines, and biologicals distributed free by the State Department of Health are not reimbursable Also, drugs distributed by the State Department of Health are not reimbursable
(c) Reimbursable drugs are those in the *United States Pharmacopoeia*, the *National Formulary*, and generally accepted *New and Nonofficial Remedies* Translated into practice, this means that any medication prescribed in writing by a patient's attending physician is accepted for reimbursement
(d) The "Formula for Computing Charges for Drugs and Other Therapeutic Agents Dispensed" has become suggestive and not mandatory and reimbursement is given on the prices charged locally

4 Free Choice of Physician Should Be Guaranteed Subject to Protective Limitations

Each local welfare district has the power under the Social Welfare Law to administer medical care under a free choice, fee for service system, or under a salaried system The trend is definitely toward the free choice system It is interesting to note that four major cities, Buffalo, Rochester, Syracuse, and Albany, continue to provide medical care in whole or in part under a salaried system

(*See Appendix A, page 779, for Such Limitations as Apply Under the Free Choice System*)

5 Contract Practice for Medical Relief Should Be Disapproved

The Department maintains the same position as set forth in the Joint Statement published March 15, 1941 However, three salaried systems have been abandoned by local action and two new ones added These are

surgical care insurance plans with supplemental coverage to be contracted for only in cases where local plans are not available and be it

Further Resolved That the special committee of three be empowered to take all necessary action subject, however, to the approval of the Council of the Medical Society of the State of New York and that the Council, if it approves, request that the Board of Trustees invest such funds for the setting up of the proposed corporation as in their opinion is required or desirable

The Committee has several times discussed this problem with other Council Committees and has reported and elicited discussion at meetings of the Council, and has held a meeting with representatives of the Blue Cross Plans Commission to discuss the possibilities of forming a national casualty insurance company No definite action was taken at this meeting.

That portion of the resolution relating to a national company has been studied in its relationship to the resolution adopted by the American Medical Association. It was felt that the Committee should await the action of the Council on Medical Service and Public Relations of the A M A. before proceeding further However the Council is engaged in a thorough study of the subject.

In considering a national plan, many problems are involved the wishes of state medical societies the effect on present medical-care plans, and the extension of new plans to areas where none now exist, the financial and legal aspects in relation to the requirements of various states, and a study of the relationship of medical and hospital plans Further developments on the part of the American Medical Association in this matter will be submitted in a supplementary report at the House of Delegates meeting in New York City

The Committee also made an extended study of the organization and formation of a New York State plan. This study was made possible by the report of Mr George P Farrell Director of the Bureau of Medical Care Insurance which has been previously presented to the Council The report follows

"In considering the above problem there are three different methods of approach

"1 Amalgamation of all the present plans in New York State to offer a uniform contract

"2 Establishment of a new organization by the Medical Society of the State of New York to offer a uniform contract on a state-wide basis.

"3 Consideration to be given to a uniform contract with minimum benefits to include in-hospital surgical-medical care by all present existing plans

'The primary consideration in offering a contract on a state-wide basis would be whether it should be indemnity or service At the present time the following contracts are being offered

"*Western New York Medical Plan, Inc. Buffalo* — Surgical contract including obstetrics, on an indemnity basis. (Medical rider providing house office and hospital calls discontinued as of November 1 1945)

Central New York Medical Plan Syracuse — Medical-surgical contract including obstetrics, providing for house office and hospital calls for medical care, on an indemnity basis

"*Medical and Surgical Care, Inc. Utica* —Surgical care including obstetrics, on an indemnity basis Dependents receive one-half benefits for surgical procedures. Limited medical expense benefits (20 8 per cent are enrolled under this contract.)

"*United Medical Service Inc, New York City* — Two classes of contracts—indemnity and service Indemnity provides for surgical care including obstetrics while hospitalized The service contract provides (1) In hospital surgical (2) In hospital surgical and medical (3) General medical expense, including surgical and obstetrics general medical care in the home hospital or physician's office As of November 30 1945, 90 per cent of all contracts issued were of the indemnity class

'*Genesee Valley Medical Care, Inc., Rochester* — Surgical contract including obstetrics, on an indemnity basis

'The plan proposed for the *Capital District, Albany*, is a service plan providing in-hospital surgical-medical care.

"*Jefferson County Medical Society* has tentatively arranged to affiliate with Medical and Surgical Care, Inc., of Utica

"*The Chautauqua County Medical Society* is considering the possibilities of affiliating with Western New York Medical Plan Inc If however, they should form their own plan it is proposed that it be an in-hospital surgical medical care plan.

'In reference to the amalgamation of all the present plans in New York State to offer a uniform contract, the foregoing résumé indicates that many changes would have to be made regarding present types of contracts and benefits offered by each plan Due to the length of time and experience of each individual plan now in existence, consideration would also have to be given to their present financial setups There is a wide variation in surplus of individual plans ranging from about $2.25 per member to zero In other words the surplus of some plans is equivalent to the average cost of about seven months of medical care, while others vary to zero

"It would be necessary to have complete agreement among all existing boards of directors of each individual plan, regarding the adjustment of surplus in relation to membership The consent and cooperation of all participating doctors would have to be obtained, because of their underwriting responsibility to each individual plan

' In reference to method two the following problems would have to be considered

"1 Necessary change in the present Insurance Law (Article IX-c) to permit organization of a plan on a state-wide basis

"2 Establishment of a proper administrative setup to make a state-wide plan function This could be accomplished independently or in cooperation with present existing medical plans. If administered independently, it would require substantial capital and a large personnel and in practice would be functioning as an independent insurance company

"In reference to method three—consideration of a uniform contract which could be offered by existing plans within the state—it is the opinion of Mr George P Farrell that the past experience of plans in the state and also in other states should be gathered and analyzed After such an analysis has been made it would then be possible to offer a plan which would be financially sound and meet the average costs of catastrophic illness Mr Farrell suggests that the Bureau of Medical Care Insurance obtain this information from present plans within the state and from other sources where it is available. After a study of this information is tabulated,

a uniform contract with minimum benefits (including in-hospital surgical-medical care) can be recommended at the earliest possible date

"It is further suggested to study the possibilities of liberalizing enrollment procedures which will give every person the opportunity of enrolling who does not qualify according to some of the present standards set up by the plans

"It is also suggested that greater interest and cooperation be shown by the doctors in supporting present prepaid voluntary medical-care plans operating in their respective areas, also, steps should be taken to get the cooperation of all county medical societies which are not supporting their respective plans

In some areas doctors are supporting the operations of mutual benefit associations which tend to retard the progress of voluntary plans It is Mr Farrell's understanding that these associations do not come under the supervision of the State Department of Insurance Where a mutual benefit association does not provide at least a minimum of protection, as provided by the local medical-care plan in that area, he feels that whatever steps are necessary to discourage the participation in such a program by the doctors should be considered

"Mr Farrell discussed the problem of a statewide plan with the presidents of the four operating plans in New York State, and it is their feeling that present plans should be left to operate in their respective areas, because the rates and benefits offered by each plan apply to the particular needs of the people in that area

Indemnity schedules are established to conform with the average charges for services rendered by doctors in areas served by individual plans Community interest would be lost in a statewide plan.

"They feel, however, that a contract offering minimum uniform benefits might be practical and the rates and fee schedule could be adjusted according to area It is the consensus of opinion also that the plan can be administered more economically and effectively through present methods It can be noted here that the Blue Cross Plans, for the past several years, have been attempting to establish a uniform contract throughout the state but have been unable to do so for the reasons outlined in this report relative to medical care"

A better understanding of voluntary prepaid medical-care plans can be gained from this report

The Committee is highly appreciative of the work of the Medical Care Insurance Bureau's director, and other reports to the House will indicate the magnitude of the work assigned to this Bureau It is indeed felt that the Medical Society of the State of New York has acted wisely in establishing a Medical Care Insurance Bureau to take care of the many problems which have arisen during the past few years in regard to medical and hospital care

PART VIII

Veterans' Postwar Affairs

A Committee on Veterans' Postwar Affairs is now in the state of organization Members of this Committee are Dr William F MacFee, of New York City, Dr James F Rooney, of Albany, New York, and Dr Dan Mellen, of Rome, New York, the latter being chairman of the Committee A Subcommittee is to be appointed to assist in carrying out the duties of the Committee The purpose of the Committee on Veterans' Postwar Affairs will be to help find vacancies for interns, positions for employment, residencies, housing, and to assist in solving many other problems which may confront the discharged medical officer Considerable correspondence has already been carried on, and many veterans have been assisted by interviews at the office of the Medical Society of the State of New York. It will be necessary to have every county society participate in this work by cooperating with the Committee We hope to have more information regarding the Committee's activities soon

PART IX

Legislation

The Council Committee, charged with the duty of studying legislation and putting forth the positions taken by the Society, consists of the following members

Harry Aranow, M D, *Chairman*	Bronx
Walter W Mott, M D	White Plains
Leo F Simpson, M D	Rochester

REPORT

The Council Committee on Legislation respectfully submits the following report

This report is a preliminary report in so far as the Legislature is still in session and will not adjourn until the latter part of the month Very few of the bills in which we have been interested have received final action up to the date of this report

This has been a very busy year for members of the Legislative Committee, members of the county societies and legislative committees in the county societies, as well as for the Public Relations Bureau, and the Executive Officer of the Society It was appreciated early last spring that this legislative session would be a busy time for members of the State Society who are interested in and responsible for the State Society's activities along these lines It is to be remembered that last year we had an unpleasant threat in the form of antivivisection legislation which was passed by a large majority in the Senate and was held in the Committee on Rules in the Assembly only after strong representation had been made against this bill It appeared that there would be an even stronger effort to pass such a bill this year Your Legislative Committee, in conjunction with the Public Relations Bureau, started preparing early last spring for this threat Due to the very excellent work of the Public Relations Bureau, its committee, and Mr Dwight Anderson, its director, material was prepared in advance that could be used in opposition to such legislation this year It was due to such foresight and preparation on the part of the Public Relations Bureau that we had the pamphlet, *Dogs, Drugs and Doctors*, and the leaflet, *His Future Is Brighter*, with the other inserts, postal cards, etc, ready when we needed them this year It was also due to the activities of the Public Relations Bureau that the movement was carried on with the Academy of Medicine in New York City to establish the organization known as "Friends of Medical Research", also the services of a very excellent man, Mr Ralph P Wentworth, were secured for the purpose of acting as executive secretary of this organization Mr Wentworth has been a great aid in organizing local branches of the Friends of Medical Research and in enlisting the aid of various organizations throughout the State for opposition to legislation against vivisection

The threat that we anticipated developed early in the session in the form of the bill known as the DiCostanzo-Crews Bill This bill was sponsored by a well-known newspaper organization and supported with very strong articles in all papers of this organization throughout the State. This organization also had a very large number of field workers whose business it was to obtain signatures to petitions urging the passage of this bill It is understood that about 400,000 signatures have been obtained on these petitions These matters are mentioned to show the strong effort that was made to obtain the passage of this bill

Later another bill was introduced which is known as the DiCostanzo-Van Duzer Bill, which does not prohibit vivisection on living dogs as the DiCostanzo-Crews Bill does, but which would require licensing of all laboratories doing such investigative work on living dogs and the licensure to be $1 000 annually with a $5,000 bond There are also other clauses in this bill which are of a strong nuisance value and which could hinder proper medical research to such an extent as to make it difficult to be carried out properly The Legislative Committee and the Council have indicated that they would not be opposed to the general principles of this last bill if the licensure fees and bonds were not so prohibitive for medical schools and research laboratories which do not have the funds to pay such fees and if the nuisance clauses were eliminated The Legislative Committee was of the opinion that rather than attempt to have this bill amended, it would be better to oppose the bill in its present form Opposition has been registered against this bill, as well as against the DiCostanzo-Crews Bill.

The opposition that was registered by members of the State Society, friends and members of other organizations that are interested in public health and welfare of the State has been very gratifying The Department of Health the State Charities Aid Association, the organizations interested in tuberculosis cancer, communicable diseases the medical schools and their students nurse associations drug manufacturers, wholesalers and retailers are among the many organizations that joined with us in opposition to the passage of these bills Both of these bills were rejected in the Senate Committee on Codes. Action has not been taken on these bills by the Assembly Judiciary Committee. It is still possible for them to be reported out of committee in the Assembly and, if passed they would go to the Senate for its action. If passed in both houses it would then depend on the Governor's action whether the amendments in either one or both of these bills became law It does not seem likely that favorable action will be taken on these bills in the Assembly or by the Governor but we cannot be sure at this time. The action taken in the Senate Committee and apparently the hesitation of reporting these bills out of committee in the Assembly would appear to be due to the large number of letters telegrams and postal cards which have been sent to members of the committees in both houses and to the legislators of both houses. The widespread interest in opposition to these bills that has been registered by these groups has indicated to the legislators the strong opposition against favorable action on these bills and no doubt has been responsible for the attitude by the committees in both houses.

The educational campaign in opposing these bills would appear to be of great value both to the public and the medical profession and should be continued as much as possible in the future It is only by such an educational campaign that we can hope to have the public informed of the value of many of the procedures which are of great importance in testing drugs and developing new methods of curing or preventing disease and new operative procedures which are necessary in preserving or restoring health It would seem important, therefore, not only to keep up an educational program but to keep the organization known as "Friends of Medical Research" alive and active to accomplish these purposes The campaign in opposition to the above bills could only have been carried out with the aid of the Public Relations Bureau, the pamphlets and leaflets and other material furnished by them which could be used by members of the State Society, the county societies the Woman's Auxiliary, and organizations that were interested in opposing these bills This is mentioned because so much credit is due to the Public Relations Bureau in its cooperation with the Legislative Committee in opposition to the above bills

Last year we had a strong campaign against the passage of a bill which would license chiropractors in New York State There was evidence that there was a great likelihood that this bill would be passed last year It was defeated by better than a two to one majority in the Assembly and did not come to vote in the Senate We have been uncertain as to whether we would have to oppose similar legislation this year consequently we have watched for the introduction of a bill for the licensure of chiropractors in the present session Such a bill did not appear until February 27 when it was introduced in the Assembly by Assemblyman Hollinger, of Niagara County Up to the time of writing this report a concurrent bill has not been introduced in the Senate With the introduction of this bill it means that we will have to register our opposition The bill is similar to that of last year and would grant licensure to a large number of chiropractors by waiver Licensure by the State would be an indication or stamp of approval by the department of the State granting such licensure. We object to the licensure of chiropractors or any other cult or school of practice whereby they would have the privilege of making diagnosis and giving treatment, or in other words, the practice of medicine until it can be shown that they have had the proper scientific training in accepted scientific subjects and have passed an examination of sufficiently high standards to indicate that they have the knowledge and training whereby they would not be a danger to the public in carrying out such procedures

It was anticipated this year, also, that bills would be introduced in one form or another bringing compulsory medical insurance under the State law We were apprehensive because of the reports that we had had from hearings under the Governor's commission for the study of medical care and in view of a bill that had been introduced last year which would have extended medical-care insurance to all those covered by State unemployment insurance. The Corcoran Farbstein Bill was introduced which would establish in the State compulsory health insurance similar to that proposed under the Federal Wagner Murray Dingell Bill No action has been taken on this bill so far and there does not seem to be great likelihood of it succeeding. On February 15 the Governor's commission made its report whereby the majority report was opposed to the establishment of compulsory medical-care insurance at this time So far no bills have been introduced under the auspices of this commission. The Governor is

to give a further message along these lines, but so far the message has not been presented

Bills have been introduced to extend sickness benefits to those under unemployment insurance These bills would enable workers under unemployment insurance to receive State aid when unemployed because of illness which cannot be given under the present unemployment insurance or the Workmen's Compensation Law As this extension of sickness benefits does not pertain to medical care or compulsory medical insurance, but would furnish income to those who would be in need of such income due to illness, we are not opposed to such legislation but have indicated that we favor such relief

There has been an extremely large number of bills introduced in the present session of the Legislature modifying the Workmen's Compensation Law So far no final action has been taken on any of these bills Many of them we are not directly interested in, others we are in favor of, some we oppose A few of these bills have been sponsored by the Society itself As there has been such little action taken on these bills so far, and the number is so large, further report on these matters will have to be made in a supplementary report

A similar statement can be made in regard to amendments to the Public Health Law, a few bills involving the Education Law, and a long bill that covers the reorganization of the Social Welfare Department This bill is the result of a study sponsored by the Governor and the introduction of the bill is through the interest of the Governor in this matter

This has been a very busy legislative session The number of bills introduced up to March 1 has been 1,924 in the Senate and 2,231 in the Assembly The time limit for introducing bills has been set for March 7 There is some talk, however, that this may be extended Even with this time limit there is a probability that there will be a considerable number of additional bills introduced this year

The date of adjournment of the Legislature has not been fixed up to the time of writing this report It has been suggested that the Legislature will probably adjourn on March 23 We cannot say definitely at this time the date for adjournment of the Legislature for the 1946 session There is a busy time to be anticipated during the month of March and until final action is taken on the large number of bills in which we are interested It will be necessary, then, to give further information on the final actions in the supplementary report

PART X

Workmen's Compensation

The Council Committee on Workmen's Compensation, consisting of Dr Maurice J Dattelbaum, *Chairman*, Dr Joseph P Henry, and Dr Dan Mellen, has submitted the following report

REPORT

The following report concerns the activities of the Workmen's Compensation Committee and the Bureau of Workmen's Compensation for the period extending from October, 1945 to March 1, 1946 Much of this activity was initiated in previous years but is still being carried on The routine work of the Bureau continues to be very heavy

Difficulty in travelling has made it impossible to spend as much time as was considered necessary in visiting various parts of the State to confer with officials of the county medical societies in respect to matters under our jurisdiction. There has been, however, an active correspondence with these officials, and frequently, long-distance telephone calls were necessary

There has been an increasing cooperation between the compensation committees and the Bureau, and the Bureau has served the local county medical societies whenever called upon to do so

Recently the Council has authorized the Bureau to serve as the central point in a state-wide Industrial Placement Bureau in connection with the recommendation of the Council on Industrial Health of the American Medical Association It is the purpose of the American Medical Association to put placement of personnel for industrial medical service on a better basis The impact of the returning medical officers and of other physicians involved in the reconversion of American industry strongly suggests that some additional attention be paid to placement problems and that, wherever possible, the resources of medical organizations be used in these directions We are awaiting further instructions from the Secretary of the Council on Industrial Health before proceeding actively with this project

The Director of your Bureau attended hearings before the Workmen's Compensation Board of the Department of Labor on the proposed revision of the rules and procedure of said Board, participated in the discussions, and made recommendations on the New Motion Calendar procedure proposed by the Board

He participated in plans for a testimonial dinner given to Miss Mary Donlon, chairman of the Workmen's Compensation Board on December 12, 1945 at the Hotel Commodore More than one hundred and fifty physicians attended the dinner which was also attended by nearly 1,000 representatives of labor, industry, insurance companies, and others interested in Workmen's Compensation

Your Chairman and Director participated in hearings before the Ives Legislative Commission held in New York City in January, 1946

A number of bulletins were issued throughout the year concerning (1) arbitration of medical bills, (2) advising medical societies of the reorganization of the Department of Labor and the setting up of the Workmen's Compensation Board under Chapter 74 of the laws of 1945, with Miss Mary Donlon, an appointee of the Governor, as chairman of the Board, (3) difficulties in obtaining necessary forms for reporting compensation cases, and on a change in procedure inaugurated by the Workmen's Compensation Board in connection with the reporting to said Board of Compensation ratings and revision of ratings by workmen's compensation committees of the county medical societies

Numerous conferences were held with the insurance carriers organization and with the vice-president of the Associated Industries of New York State, Mr Mark Daly, on the fee schedule Conferences were also held with representatives of the New York State Federation of Labor

Your Director also participated in a number of meetings of the Committee on Public Health and Education, of which Dr O W H Mitchell is chairman

Your Director aided the Workmen's Compensation Committee of the Nassau County Medical Society in trying thirty-one physicians accused of violations of Section 13-d of the Workmen's Compensation Law as a result of the Moreland investiga-

tion. Three hearings were held and recommendations sent to the Chairman of the Workmen's Compensation Board

A very successful round table discussion on workmen's compensation was held in Rochester in October, 1945, in which Miss Mary Donlon, chairman of the Workmen s Compensation Board and your Director participated. Similar round table discussions have been recommended for other county medical societies and are being arranged.

This Bureau is making a survey of all the county medical societies in the State to determine the number of lay and professional personnel engaged in the administration of the Workmen's Compensation Law, the amount of time spent in this work, the amount of money spent by each county society, and other matters relative to the administration of the workmen's compensation law by the various county medical societies.

These and other routine matters have engaged our interest in an effort to coordinate the work of the county medical societies throughout the State with one another and with the Department of Labor and other interested organizations and groups to aid in the proper administration of the Workmen's Compensation Law, as it devolves upon the medical profession.

Special reference will now be made to a number of important matters that have come up during recent months.

Dr Maurice J Dattelbaum of Brooklyn, was elected a member of the Council at the Annual Meeting held on October 8, 1945, and in November was appointed Chairman of the Workmen's Compensation Committee to succeed Dr Harry Aranow Dr Dan Mellen, of Rome and Dr Joseph P Henry, of Rochester, were reappointed as members of this Committee

Bureau for Adjustment of Medical Bills, etc.—By authority of the Council, your Director issued a communication on February 9, 1945 addressed to the county medical societies informing them of the creation of a Bureau for adjustment and collection of medical bills and inviting their cooperation. The Bureau has been utilized generally and increasingly throughout the State by physicians and the secretaries of the county medical societies and by chairmen of workmen's compensation committees. In the smaller counties where facilities are not available for direct action, many matters have been referred to the Bureau concerning not only medical bills but also disputes and differences between physicians and employers or insurance carriers, department of labor, etc. The Bureau is receiving an increasing number of matters. For example, during the month of December one hundred and sixty-three matters were referred for attention.

Arbitrations.—During the past year six arbitration sessions were held in Albany, Newburgh, Binghamton, Syracuse, Rochester, Buffalo, and Mineola. In all, thirty cases were arbitrated, twenty-four were settled at the time of arbitration, and eight were adjourned In all, medical bills amounted to $7,174.50, of which $5,661 00 was in dispute and total awards of $3,029 00 were made.

Radiology Examinations.—Your Committee has recommended and the Council has approved the setting up of Radiology Examining Committees in the larger cities of the State to pass upon the applications of physicians requesting qualification in diagnostic roentgenology and radiation therapy A committee was set up in Buffalo for Erie and adjacent counties, consisting of Dr Jacob W Bayliss, Dr G Newton Scatchard, and Dr J M Barnes. In Rochester, Dr Sol C Davidson, Dr James M Flynn, Dr Sidney Larson, and Dr Joseph H Green constitute the examining committee for this area. In Syracuse, Dr Donald S Childs, Dr Lucas S Henry, and Dr Carlton F Potter serve as the examining committee. In the metropolitan area, the examining committee consists of Dr Charles Wadsworth Schwartz, *Chairman* Dr Henry K Taylor, Dr Marcy L. Sussman, Dr Charles Gottheb, Dr Raymond Lewis, Dr John J Masterson, and Dr E. F Merrill.

During the past year (1945), five examinations were held in the metropolitan area for forty applicants The examination is a practical and oral one and candidates are required to obtain a passing mark of 75 per cent Experience has taught us that the standards of qualification for radiologists should be closely adhered to The symbol 'SD-1" represents diagnostic roentgenology, "SD-2," radiation therapy, and 'SD," both ratings Unless an applicant has obtained the diploma of the American Board or is generally qualified and acceptable as a result of hospital and other professional associations, he should be required by the local workmen s compensation committee to take the examination. Up to the present time, a considerable number of the candidates have failed to pass what is deemed to be a fair examination, thus showing the necessity of carefully scrutinizing the qualifications of physicians before recommending them for either an "X" or 'S rating in radiology Both 'XD' and "SD" practitioners may accept referred patients

Assistant's Fee at Hernia Operations.—On July 3, 1945 we addressed a communication to the Chairman of the Workmen s Compensation Board of the Department of Labor, requesting modification of items 375, 376, 380 and 381 of the minimum medical fee schedule in which the operative fees for hernia include the assistant s fee, whereas, for all other operations, a fee of $15 (item 58) for assistance, is allowed in hospitals where no intern or resident is available It was drawn to the attention of the Chairman that many hospitals throughout the State have no interns available for private or compensation operations owing to the scarcity of interns It was also pointed out that the attending surgeons were not only required to perform operations but to make many additional calls to the hospital because of the scarcity of interns. It was suggested, pending a hearing on the general fee schedule, that Miss Donlon consider modifying the above-mentioned items to delete the term 'Including assistant's fee' Under date of July 17, 1945, Miss Donlon answered that there were so many problems in connection with the modification of the minimum medical fee schedule that she deemed it wise to add the items in our request to a list of matters for review at a conference to be called in the fall of 1945 Such a conference has not been called by her

We are pleased to report that through the offices of Mr Henry D Sayer General Manager of the Compensation Insurance Rating Board, and the Medical and Claims Committee of this organization, all insurance carriers, with the exception of the State Insurance Fund, have agreed to pay an assistant s fee in hernia operations.

Increasing Costs.—In 1943 the president of the Medical Society of the State of New York informed the then Industrial Commissioner, Miss Frieda S.

an appointee of the Governor, the Chairman of the Workmen's Compensation Board, in her sole discretion, to make appointments of physicians who have had at least ten years of practice in the specialty They will be paid for each case on a per diem or case basis as determined by the Chairman These appointees shall be civil service exempt, serve part time and be restricted from accepting a fee from any insurance carrier authorized to write workmen's compensation insurance in this state or from any self-insurer

If this bill is enacted, the appointment of impartial specialists to be used by the Workmen's Compensation Board will no longer require the Chairman of said Board to obtain an approved list of qualified specialists from the medical societies as heretofore Miss Donlon would probably call upon the Medical Society for advice as to the qualifications of appointees, but what about future chairmen, who may be politically-minded?

In a supplementary report we will deal with a number of bills now pending before the Legislature

New York State Hospital Association, Joint Council Committee of Radiologists, Pathologists, Anesthesiologists, and Physical Therapy Physicians —During the past year, many meetings have been held with these organizations and the Council Committee, in which your Chairman and Director participated Eventually an accord was reached on the question of the relationship between physicians and hospitals, and the functions of hospitals in so far as certain specialty practices are concerned The following resolution was finally adopted and approved by the State Medical Society on the recommendation of the Committee appointed by our Council, with Dr Carlton E Wertz as Chairman, to meet with the State Hospital Association

Resolution.—As a means of promoting closer relationships among doctors and hospitals and thus further adding to their value to the community, it is suggested to the Medical Society of the State of New York and the Hospital Association of the State of New York that there be appointed a Joint Council consisting of five doctors representing the various specialties and five hospital administrators, or as many as necessary to represent various sections of the State.

This Council will meet as required, not less than twice each year, for the purpose of considering physician-hospital relationships in general, and also to consider individual differences or misunderstandings as they may relate to any matters concerning arrangements between doctors and hospitals

It is understood that such Council cannot have judicial or peremptory powers, nor assume any prerogatives of the House of Delegates, Trustees, or other groups in either Association Its purpose shall be that of a hearing, arbitration or conciliation body, to attempt to settle the many problems which arise locally, as well as statewide, to provide a means whereby individuals, as well as groups of physicians and hospitals, may better understand their problems and assist in their solution

In view of the complete accord reached by the representatives of the State Medical Society, the State Hospital Association, and the Joint Council of Radiologists, Pathologists, Anesthesiologists, and Physical Therapy physicians on the question of the four specialties, (roentgenology, pathology, anesthesiology, and physical therapy) as the practice of medicine, such a committee or council could serve as a voluntary arbitration committee to implement the proposed amendments to the Workmen's Compensation Law and Education Law to be introduced at this session of the Legislature

The President of the State Medical Society was authorized by the Council to appoint a subcommittee in accordance with these recommendations and Drs Carlton Wertz, J Stanley Kenney, and Walter Mott, the members of the committee, were reappointed with additional representatives of the four specialties to be appointed shortly The above action is deemed a step forward in the relationships between the medical profession and hospitals As a result of these meetings, your Director assisted in the drawing up of bills, which were presented to the Legislature to implement the agreement reached concerning the four specialties and to permit reasonable and equitable contractual relationships between physicians and voluntary hospitals Furthermore, a means is provided for arbitration of disputes over the terms of contracts

Reporting of Compensation Cases —The Chairman of the Workmen's Compensation Board has been greatly concerned and, properly so, about the failure of physicians promptly to report compensation cases as required by law It must be conceded that for the average physician, who only occasionally sees a compensation patient, the making out of reports and the notarization of some of them is irksome and sometimes difficult Your Committee has been concerned with this problem for a number of years and by every means available to it, has admonished physicians to report cases promptly and otherwise comply with certain provisions of the law requiring a physician to obtain authorization for certain procedures The NEW YORK STATE JOURNAL OF MEDICINE, the local county society bulletins, the forums of the county medical societies, the district branch meetings, have all been utilized, from time to time, without full success While the exigencies of medical practice are occasionally responsible for delay, there are a few physicians who have persistently violated both the spirit and letter of the Workmen's Compensation Law in regard to reporting Such physicians should be admonished by their medical societies and, if they persist in their wilful practices, should be recommended for discipline by the workmen's compensation committees The Workmen's Compensation Board is now inclined to be less lenient with offenders and is sending in the names of such offenders to the medical societies for proper action.

On the other hand, it is the opinion of this Bureau that certain steps can be taken to facilitate prompter and easier reporting We have suggested to the Medical and Claims Committee of the insurance carriers and self-insurers, a number of procedures whereby forms may be simplified and reporting made less burdensome In past years we have sat with committees of the Department of Labor to simplify the forms and to make the physicians duties less onerous We have recommended the doing away with the notarization of the C-4 form and it seems that the latter suggestion bids fair to be adopted this year Our studies along these lines will continue so that we may obtain the support of the Department for the adoption of a more simple C-104 report to enable prompt reporting within forty-eight hours

In the meantime, we again recommend that

TOTAL NUMBER OF PHYSICIANS QUALIFIED IN EACH COUNTY

Albany	320	Oneida	244
Allegany	44	Onondaga	444
Bronx	2180	Ontario	104
Broome	333	Orange	172
Cattaraugus	85	Orleans	30
Cayuga	72	Oswego	79
Chautauqua	110	Otsego	69
Chemung	103	Putnam	16
Chenango	42	Queens	1415
Clinton	81	Richmond	145
Columbia	45	Rensselaer	147
Cortland	44	Rockland	107
Delaware	54	St. Lawrence	95
Dutchess	165	Saratoga	70
Erie	1093	Schenectady	127
Essex	36	Schoharie	30
Franklin	69	Schuyler	15
Fulton	69	Seneca	27
Genesee	58	Steuben	93
Greene	46	Suffolk	208
Herkimer	64	Sullivan	74
Jefferson	112	Tioga	41
Kings	3854	Tompkins	73
Lewis	25	Ulster	116
Livingston	56	Warren	62
Madison	41	Washington	52
Monroe	588	Wayne	69
New York	5794	Westchester	934
Nassau	570	Wyoming	48
Niagara	180	Yates	27
		Total	21 451

medical societies do everything in their power to encourage physicians to comply with the law promptly so that the patient's claim for compensation may be promptly determined Delay in reporting often deprives the injured worker of prompt compensation payments

Hernia Cases and the Orthopedic Surgeon — During the past year, a communication was received from the Monroe County Medical Society, disapproving the inclusion of hernia cases within the scope of the orthopedic surgeon and requesting opinion on this point. The Committee on Workmen's Compensation gave full consideration to this matter, obtained the opinion of many orthopedists throughout the State and has recommended that (1) hernia repair does not fall within the scope of the orthopedic surgeon, and (2) the orthopedic surgeon, unless fully qualified in general surgery in accordance with the standards set up for this specialty, should not be given a rating in surgery in order to perform herniotomies.

Authority of the Chairman of the Workmen's Compensation Board to Review Special Ratings.— On October 15, 1945 the Attorney General rendered an opinion to the Chairman of the Workmen's Compensation Board reading as follows

"The chairman of the Workmen's Compensation Board does not have any authority to re-examine, reduce, or revoke special ratings granted to physicians authorized to render medical care under the Workmen s Compensation Law, apart from the physician's general authority to practice under that Statute. Such special ratings are regarded as rights equal to the primary authorization to render medical care and may not be revoked or modified except for one of the causes specified in *Section 13-d* of the Workmen's Compensation Law, warranting removal from the list of authorized physicians."

Recently a physician was denied a major surgical rating after a number of examinations into his qualifications by special surgical examining committees At the outset of the 1935 law he had been given a long list of symbols including an "A" rating The following year his rating, and that of hundreds of others, was amplified to depict his actual qualifications based upon standards then set up No-body but this one physician objected. He made repeated applications for the return of his "A" rating Finally, he appealed to the Medical Appeals Unit of the Industrial Council. The case was heard and a decision rendered, based upon the Attorney General's opinion of October, 1945, but not upon his qualifications, which the Appeals Unit did not consider in the verdict. This was upheld by the Chairman of the Workmen's Compensation Board and the doctor's "A" rating was restored

As the matter now stands, once a physician is given a certain rating, after recommendation by the Medical Society or the Medical Practice Committee, said rating is permanent It may not be removed or altered (except to add to it by the presentation of evidence of further qualification) unless and until a hearing is held under the provisions of *Section 13-d*

Your Chairman and Director again wish to pay a word of tribute to the office staff who have served throughout the year with loyalty and devotion and without whose cooperation the bureau could not have been run efficiently

PART XI

Publications

The Publication Committee met monthly, usually on the day preceding the meeting of the Council and regularly presented to the latter a report on its activities. By resolution this Committee is made up of a member of the Board of Trustees, the Secretary, the Treasurer, the Business Manager of the JOURNAL, the Managing and Literary Editors and, therefore, included Dr George W Kosmak (Chairman, representing the Trustees), Drs. Walter P Anderton and Kirby Dwight, Mr Dwight Anderson, and Dr Laurance Redway Dr John Joseph Masterson, as Chairman of the Office Management Committee, likewise attended the meetings by invitation

The Committee considered at its meetings publication details of the JOURNAL and *Directory*, passed upon editorials, censored advertising material, and discussed the acceptability of various articles submitted for inclusion in the JOURNAL.

Directory —Preparations have been made for publishing a *Directory* during the current year and the compiling staff has been partly assembled The preparation of the contents is now under way in the hope that the material will be ready for bringing out a new issue early in 1947 This will depend, however, on the ability to secure a satisfactory supply of paper

The assembling of the material for any definite date will prove tedious and difficult because of the numerous changes in residence and telephone numbers (especially of returning servicemen), changes in hospital staffs, and the addition of many new members In this connection, note must be taken of the fact that no *Directory* has been issued since 1941 Moreover, the lack of adequate space in our present quarters has also contributed to our difficulties.

Journal.—Numerous changes have been made in the composition of the JOURNAL. The editorial

section has been expanded to six pages for each issue Since the close of the war more scientific articles are being submitted and we have been favored by papers from New York men in service dealing with experiences in military hospitals Medicolegal developments have been contributed by the Society's counsel and the activities of the Woman's Auxiliary have been noted when available New departments dealing with Workmen's Compensation matters and with voluntary insurance plans have been added under the immediate conduct of Dr David J Kalisk and Mr George P Farrell. The news coverage dealing with county societies was generally unsatisfactory because, perhaps, of wartime responsibilities of local county society secretaries Therefore, this department of the JOURNAL has depended largely for its material on a clipping bureau Further efforts will be made to enlist local cooperation in extending the value of this department More complete necrologies of deceased members are now being published Prompt attention is given to all papers submitted for publication, authors notified as soon as possible of the acceptability of their contributions, and a new manuscript filing system has been introduced

In view of the demands on space and the continued restrictions on printing it has been found necessary to limit the acceptance of scientific papers to those emanating from within the limits of the State, to those written by members of the Society, and to those read by invitation by guests at official meetings

The American Medical Association annual conference of State Society secretaries and editors, held in Chicago on February 8 and 9 of this year, was attended by Dr Anderton and Dr Kosmak.

The editorship of the JOURNAL has been continued by Dr Kosmak as Managing Editor and Dr Redway as Literary Editor, who were assisted in the writing of editorials by Drs Norman Moore and George Cottis on special assignments It appears desirable to extend this list of contributing and associate editors so as to interest other fields of medical activity, including the State Department of Health, the medical schools, etc It is hoped to develop this phase during the coming year

The business conduct of the JOURNAL has been ably carried on by Mr Dwight Anderson, who also supervises the work of the advertising solicitors, Mr Gordon Marshall and Mr Charles L Baldwin, Jr All commercial announcements are carefully scrutinized by the Editor before acceptance and advertisers urged to insert in their "copy" the ingredients and dosage of their special preparations This suggestion has been found acceptable in practically every instance and should prove informative to the users of the product

Delays in the distribution of the JOURNAL [illegible] are regrettable, but such delays have been unavoidable It is hoped that more favorable conditions in the paper and printing situation will tend to improve this situation in the future

The statistical details of the JOURNAL's contents in 1945, are as follows

Total number of pages in the 24 issues and	2716
Total number of pages of text	1491
Total number of pages of scientific articles	778
Total number of pages of nonscientific text	713
Total number of pages of advertising (72 of these are cover pages)	1291
Total number of scientific manuscripts received in 1945	222
Number accepted	148
Number rejected	74
Total number of scientific papers published.	200
Average number of scientific articles per issue	8
Total number of pages of scientific text	778
Average number of pages of scientific text per issue	32
Therapeutic Conferences (Cornell University Medical College)	12
Diagnostic Conferences (Bellevue Hospital)	4
Editorials	
Total number of editorials published	70
Total number of pages of editorials	117
Proceedings of the State Society	
Annual Reports (April 1, April 15, May 1, May 15, June 1, October 15 issues)	76
Minutes of the House of Delegates (December 1, December 15 issues)	82
Total	158

General Features

The remainder of 438 pages was devoted to Medical News, Hospital News, Postgraduate Medical Education, Health News, Medical Care Insurance, Medical Legislation, Correspondence, Book Reviews, Honor Roll, Semiannual Index, Woman's Auxiliary, Workmen's Compensation, State and County Society Officers, Suggestions to Authors, and Miscellaneous

Illustrations	
Total number of illustrations published	152
Fillers	
Total number published	301

The Publication Committee has given continued consideration to the possibility of improving the general appearance and format of the JOURNAL and it is needless to repeat why this could not be done at the present time The editors are constantly striving to make the JOURNAL an informative periodical for our members and to develop its various features to attract their interest and attention For this the cooperation of the county societies as well as individual members is essential as already stated Comment and criticism of its contents, therefore, are invited and will be given prompt attention Infallibility of our editorial staff is not to be assumed and we welcome suggestions for improvement from whatever source they may come

FINANCIAL REPORT

Directory.—The Publication Committee has decided not to sell advertising space on the covers of the next issue of the *Directory* It is felt that past editions gave an impression that it was an advertising medium rather than a work of reference This decision was made easier because of the setup arranged for selling advertising space in the new volume Formerly, for many years past, this was handled through an outside agency It was decided to use the same administrative staff on the *Directory* that we have been using for the advertising of the JOURNAL for the past three years Mr Dwight Anderson will be in charge as director of advertising, Mr Gordon Marshall will act as sales manager, and Mr Charles L Baldwin, Jr, space salesman It is expected to reduce the cost of the next issue of the *Directory* by a considerable amount due to this arrangement

Journal.—Again improvement is noted in

financial situation of the JOURNAL. The surplus in 1945 was $37 020 41 The surplus in 1944 was $30,-441 67 In 1943, the surplus was $6,579 78 In previous years the JOURNAL was conducted with an annual deficit running between $8 000 and $25,000 over the course of the last twenty years

Exhibit space at the annual meetings is handled by the Publication Committee with the same administrative setup as the JOURNAL. Exhibit space allocated to the 1946 meeting will produce revenue of $22 940, an increase of $2 070 The annual meeting sales in 1944, at the Pennsylvania Hotel, totalled $20 870 00

In conclusion, your committee desires to express its appreciation of the cooperation extended by the various members of the office staff concerned with publication activities, and recommends that the House of Delegates continue this Special Committee, working under supervision and reporting to the Council, and that the House give the following directive as to continuance of its personnel

The Publication Committee shall consist of the Secretary, the Treasurer, the Business Manager of the JOURNAL and *Directory* the Managing and Literary Editors and one member of the Board of Trustees to be appointed by the President of the Society after consultation with the Chairman of the Board of Trustees

edical Publicity

he Council Committee on Medical Publicity continued with the same personnel

oyd S Winslow, M.D., *Chairman*	Rochester
ancis N Kimball M D	New York
ederick M Miller, M D	Utica

o Committee presents the following report.

eases.—The routine work of providing pub- material on the various aspects of the Society's m has continued as usual. The press of the and metropolitan New York was given in sion on the Annual Meeting of the Society, strict branch meetings held throughout the and the postgraduate meetings conducted the auspices of the Committee on Public and Education. In addition, publicity was for other events such as the addition of ficers and staff members the development new Bureau of Medical Care Insurance and nation of Friends of Medical Research

ations.—The following new club-talk bullo- repared and distributed to our regular "Bulletin 67—Rehabilitation of the and "Bulletin 68—Diabetes in Old Several of our bulletins had to be re- of the numerous requests for them. made its initial appearance in has been published subsequently ed It is designed to inform the ciety who are most active in its nd for it has been so great that close to 500

Public Relations Bureau rt R. Hannon to help defeat n known as the DiCostanzo-

ng the summer of 1945 on pieces of printed matter tors," and "His Future Is was intended for use with up leaders the latter was for general distribution A printing of 30,000 of "Dogs, Drugs and Doctors," and 1,000,000 of "His Future Is Brighter" was required to meet the demand before the campaign was finished.

Other printed matter in connection with the most active antivivisection fight in recent years included an insert bearing the names of legislators and a request to the recipient to write to his own Senator and Assemblyman. Other printed pieces were 50,000 copies of "The Case for Vivisection," which originally appeared in the magazine *Pageant* and 600,000 copies of post cards headed "Voter's Ballot" for mailing to legislators

It would be difficult to estimate the actual amount of publicity received in connection with this campaign. Editorials, articles, and letters have appeared not only in the great metropolitan dailies, but also in the leading newspapers of other cities throughout the state Just as active in providing educational material to the public have been the small but influential newspapers in the smaller towns of New York State

A special exhibit was installed at the American Museum of Natural History entitled "*Really* Man's Best Friend." On the occasion of the opening of this exhibit to public view, February 6 1946, the first annual "Whipple Prize" for dogs' services to humanity was awarded to "Josie" and "Trixie" of the University of Rochester School of Medicine and Dentistry These dogs are the descendants of the dogs used by Dr George H. Whipple, Nobel Prize winner, in his original work on pernicious anemia which led to the development of liver therapy Maj Gen Norman T Kirk, Surgeon General of the U.S Army, made the presentation. The photographs were most effective and found their way into the pages of newspapers from coast to coast.

An essay contest in the public schools was conducted in connection with the exhibit, which will still be in progress at the time of the publication of this report The prize to be given is a spaniel puppy which will go to the junior high school student writing the best essay on '*Really* Man's Best Friend." The Museum originally planned to display the exhibit for five weeks from the opening February 6, but such was the interest in the presentation, that the Museum authorities offered to retain it until just before the annual meeting of the Society It will be found at our meeting at the Pennsylvania Hotel, among the scientific exhibits

The interest engendered among medical school groups by this legislative campaign has been striking Faculty and students alike have joined to make the fight against the proposed law to exempt dogs from use in medical research an effective educational effort. Noted scientists including Army and Navy Surgeons General and Nobel Prize winners in medicine and science cooperated

A word should be said with relation to the clerical staff engaged in the intensely active work of getting out the printed material bulletins, and correspondence during the heat of the campaign. At a time when extra stenographic workers were unobtainable our staff worked every night until 10:00 or 11:00 o'clock and sometimes until midnight. The difficulties of obtaining printed matter seemed almost insurmountable, and during the entire progress of the campaign the Western Union strike made the sending or receiving of telegrams impossible

At the present writing the antivivisection bills have been killed in the Senate Committee and there is reason to hope that they will also be killed in the Assembly Committee

Friends of Medical Research —On December 12, 1945, under the auspices of the New York Academy of Medicine and the Medical Society of the State of New York, a meeting was held at the Academy building, attended by seventy-six representatives of civic, welfare, nursing, and voluntary public health groups and organizations The subject of the discussion was the danger to the welfare of the people of the State of New York in the possible enactment of a bill expected to be introduced in the 1946 Legislature to prohibit research work with dogs Intense interest was shown in the subject, due in large part to the fact that such a bill passed the State Senate in 1945 by a vote of 33 to 9 Dr James Alexander Miller presided at this meeting The speakers were Dr Simon Flexner, president emeritus, Rockefeller Institute for Medical Research, Dr Anton J Carlson, chairman of the executive committee, American Association for the Advancement of Science, and Mr Dwight Anderson, Director of Public Relations, Medical Society of the State of New York A resolution was passed at this meeting to organize a group to be composed largely of outstanding laymen, to be known as "Friends of Medical Progress," or to bear some similar name

On January 14, 1946 public announcement was made of the formation of this organization by Dr George Baehr, president of the New York Academy of Medicine, at a meeting of the Society of Medical Jurisprudence At this meeting the following addresses were made Gilbert Dalldorf, M D , director of the New York State Department of Health Laboratories and Research, Albany, who presented the subject from the public health and preventive medicine standpoint, Maurice L Tainter, M D , of the Research Department, Winthrop Chemical Company, formerly professor of pharmacology, Stanford University School of Medicine, who considered the pharmacologic aspects, and Dwight Anderson, LL B , Director of Public Relations, Medical Society of the State of New York, who spoke on the topic, "Friends of Medical Research"

A considerable amount of newspaper publicity was generated by this announcement, occurring a few days after the introduction of the expected anti-vivisection bill in the Senate Dr Simon Flexner consented to act as honorary president of the organization, and among the members of the Sponsoring Committee at the outset were Nicholas Murray Butler, president emeritus, Columbia University, Gerard Swope, president, General Electric Company, Fiorello LaGuardia, former mayor of New York City, Clifton Fadiman, author and critic, John W Davis, former ambassador to Great Britain, Vice-Admiral Ross T McIntire, Surgeon General, U S Navy, Homer Folks, secretary, State Charities Aid Association, Dr Anton J Carlson, chairman of the Executive Committee, American Association for the Advancement of Science, Saul Mills, secretary of the C I O , New York City These sponsors were secured through the efforts of Dr Baehr

It was decided that the task of mobilizing public opinion and focusing expression of that opinion directly upon members of the Legislature was to be performed within the setup of the Public Relations Bureau of the State Society Throughout the state, local committees of Friends of Medical Research were organized, and the dissemination of printed matter accomplished through them, and the execution of other techniques for informing and stimulating the public was reposed in the staff of the Public Relations Bureau of the State Society

In all, eighteen committees of Friends of Medical Research were organized in the following counties Albany, Broome, Cattaraugus, Chautauqua, Chemung, Clinton, Dutchess, Erie, Jefferson, Livingston, Monroe, Niagara, Oneida, Onondaga, Oswego, Schenectady, Tompkins, and Yates

The Public Relations staff was more than doubled In addition to Mr Dwight Anderson, who directed the campaign, Miss Yolande Lyon, who assisted him, and Mr Gordon Marshall who was drafted from the advertising staff of the JOURNAL to assist in layouts and production problems of the printed matter, the staff was augmented by Mr Ralph P Wentworth, employed in November to assist in organization work throughout the state, forming local committees of Friends of Medical Research Mr Alex Kahn was employed for three months handling special assignments in connection with the exhibit, and radio contacts, and Mr Horace Foster, for special publicity assignments Four clerical persons were added to the staff for the three months' peak of the campaign, and five of our regular staff of clerical persons devoted their exclusive attention to it during this period

Senator DiCostanzo introduced the measure in the Senate, as had been expected, promptly on the opening day of the session, but Assemblyman Davidson delayed doing the same thing in the Assembly and finally announced his abandonment of the measure It was several weeks before another Assemblyman could be found willing to sponsor the bill, but at last Mr Crews, of Brooklyn, advanced toward the glare of the footlights to take a bow from the "humanitarians and dog lovers seeking to stop the cruel cutting up of dogs" The next decisive moment in the intensive campaign, which had been stepped up rapidly to increased tempo, occurred when Senator DiCostanzo repudiated the bill on the pretext that it was impossible to pass the measure This happened February 7, the day after the award of the Whipple Prize to "Josie" and "Trixie," which has been previously described Another—and a potent—service performed for humanity by these glamorous Dalmatians!

The forces working to defeat this measure owe a deep debt of appreciation to Dr George H Whipple, of the University of Rochester School of Medicine and Dentistry, who permitted his dogs to be sent to New York to receive a prize-award bearing his distinguished name Dr Whipple, unable to be present, sent a message of greeting to be read at the ceremonies

Dr George Berry, assistant dean of the Rochester School, was of invaluable aid to Mr Anderson in checking scientific material and supplying information which was of great help in giving to the details of the proceedings scientific and historic background fitting to an award bestowed in the name of a Nobel Prize winner A great part of the success of the dramatization of the dogs' services to humanity made before a battery of photographers and radio men and in the presence of distinguished medical and scientific men was due to the presence of Dr Frieda S Robbins, Dr Whipple's assistant, who spoke at the ceremonies and lent to them the great charm of her personality A striking part of the proceedings was the importance attached to them by Surgeon General Kirk's participation The persuasive power of the presence of Dr William Hagen, dean of the Veterinary College of Cornell University was compelling when he explained that research work with dogs had helped dogs as well as human beings

It would have been impossible for the Public Rela-

tions Bureau to have functioned in this campaign without the continuous aid and advice of Dr Floyd S. Winslow Chairman of the Council Committee on Medical Publicity He was ready at all times to lend his aid in emergency situations, and was able to conduct successfully the relations with the Rochester School of Medicine and Dentistry which played such a significant part in the success of the enterprise.

An executive committee was set up for the Friends of Medical Research, comprising Dr I Ogden Woodruff, Chairman, Dr George Baehr, Dr Kirby Dwight, Dr George W Kosmak, Dr Floyd S Winslow, and Dr E H L. Corwin, Secretary This committee is now engaged in effecting a permanent organization on a national level on a full time all year round basis.

Woman's Auxiliary.—Cooperative work with the Woman s Auxiliary continued throughout the year "Publicity Pointers," a document written especially for auxiliary publicity chairmen, was prepared and sent out early in the fall.

The State Auxiliary assisted materially in the promotion of voluntary medical insurance as the main activity of the official auxiliary program for 1945–1946. As a result, each county auxiliary pledged itself to hold a meeting on the subject of voluntary medical insurance to which representatives of community organizations would be invited. Mr George P Farrell, Director of the Society's Bureau of Medical Care Insurance, was secured as the chief speaker for most of these meetings. A panel exhibit on medical insurance has been the chief display Printed material of the Public Relations Bureau and the local medical insurance plans was distributed at these sessions.

In the work of effecting the plans of the Woman's Auxiliary, Miss Yolande Lyon, field representative of the Public Relations Bureau, assisted Mrs Edwin A Griffin, President of the Auxiliary and Mrs Michael Schultz program chairman.

Public Service.—Cooperation with other departments of the Society and with outside groups has been an important part of the public relations work. Requests for information, printed matter on a variety of subjects, talks on voluntary and compulsory health insurance and animal experimentation have been filled in large numbers. Miss Lyon, field representative, gave talks before nineteen organizations. Some of these were on socialized medicine, others were on antivivisection legislation.

Assistance was given on numerous occasions to magazine writers preparing articles on subjects concerned with the work of the Society The Public Relations Bureau cooperated in helping to inform the public on the launching of United Medical Service.

Mr Anderson assisted officers of the New Jersey Medical Society in planning a Public Relations program Assistance was given to research people of the New York Trust Company in obtaining material for what proved to be a most exhaustive article on the many phases of socialized medicine. This appeared in "The Index," a banking publication, which itself has a large circulation, and we ourselves have had numerous occasions for distribution of this piece of material. Mr Anderson and Miss Lyon attended all district branch meetings, the A.M.A. conference on public relations, and the A.M.A. annual meeting

PART XIII

Miscellaneous

Medical Licensure.—The Council Committee on Medical Licensure was continued with the same personnel

F Leslie Sullivan, M D , *Chairman*	Scotia
Howard Fox, M D	New York
David A Haller, M D	Rochester

REPORT

The Supplemental Report by the Committee on Medical Licensure as printed for the House of Delegates at Buffalo, New York on October 8, 1945, gave the complete statistical data and comments as available for 1945 It will not be reviewed in this report as it is on file and at the disposition of the Committee (See NEW YORK STATE JOURNAL OF MEDICINE, December 1 and 15 *Sections 15 and 67*, Minutes of the Annual Meeting.)

At the present time due to various political and emotional trends the Legislative Committee is proceeding deliberately and cautiously in relation to forcing controversial legislation which might in itself be amended in such a way as to be a detriment to membership

Dr James F Rooney, of Albany, expressed satisfactorily and clearly the opinion of your chairman in his comment on the Reference Committee report (NEW YORK STATE JOURNAL OF MEDICINE, Dec. 15, page 2675) "In relation to these two affairs I think the word 'may' is of necessity embodied in this recommendation because the Medical Society of the State of New York cannot dictate to either the Legislature or the Board of Regents, and particularly to the Board of Regents. It will have to be qualified because if we try to put in the word 'shall' or 'must, immediately this authority which controls education in the State of New York might react backward. Therefore, it is wise to have 'may' there.

"One thing further in relation to this California law which I think you asked about, Dr Frey We have had to dodge this question of citizenship in the State of New York repeatedly for the last twenty eight years We got it into the law shortly after 1921 it remained in the law until 1924, and then the Legislature felt that we were not quite as universal as we should be, so they did not require citizenship California had a similar situation confronting them in their legislature so they very quietly killed the dog without cutting his tail off because there is not a single country outside of the United States of America that recognizes an American license or allows United States citizens to practice in that country—not a single one.

"I attempted to have the law amended in a similar manner several times, in 1916 and then after the last war was over in 1921, 1922, 1923, 1924, and 1925, providing that we would reciprocate if the standards of these various countries were equivalent to those required by our educational authorities and if they would admit under the same conditions our men to practice medicine in these countries that they requested we should do for their graduates. Not even England will license a physician of the United States unless he completes or supplements his medical education in an English School

"I admit that this is rather devious, but it is a very good way of getting around this question of citizenship which I fear for some years will still be a very difficult provision to get through our Legislature as it is at present constituted."

During the Legislative session of 1945, an "act to provide for licensing of persons to practice Medicine from unapproved schools" passed both Houses of the Legislature and only the veto by Governor Dewey, on April 22, 1945, prevented it being enacted into law (Report of Council, 1944–1945, page 23) There was one bill introduced in the Senate and two in the Assembly that would have set aside the requirements of four year courses of eight months each in registered medical schools of this country and graduation from a registered medical school for admission to the medical licensing examination of the State, and would have required that the Department of Education issue licenses to successful candidates These bills were introduced to provide for licensure for certain individuals who had attended and graduated from unrecognized medical schools It was distinctly class legislation or legislation favorable for a very small group of persons at the expense and to the danger of the public These bills were introduced under the guise of acute shortage of physicians during the present war emergency The two Assembly bills passed the Assembly without opposition

The Senate bill was then stricken from the calendar as the Assembly bills were sent to the Senate for its action In the Senate both of these bills were passed with a vote of 34 to 15 The result of such a change in the New York law would have opened the doors of the medical licensing examination not only to a few recent graduates of unrecognized schools but to graduates of all extinct medical schools, diploma mills, whose standing had been so low that their graduates had been excluded from licensure in New York State as not meeting the requirements of the Education Law for admission to the practice of medicine in the State It is to be realized that these standards are the minimum standards that are considered to be adequate protection to the public It is also to be realized that an extremely high percentage of the candidates in the New York medical licensing examination greatly exceed the minimum requirements set by law, as these minimum requirements are not as extensive as a vast majority of the medical students desire in their preparation for their practice of medicine On the passage of these bills in both houses strong representation was made by those interested in the protection of the public along these lines to the Governor, requesting that he veto these bills The Department of Education, the Department of Health and other professions and organizations interested along these lines made strong representation to the Governor urging his disapproval of these bills No doubt you saw in your paper on April 22, 1945, that the Governor did veto these bills It is thought that it would have been nothing short of a tragedy had they become a law At the time of his disapproval of these bills the Governor issued the following memorandum

"Memorandum filed with the following bills

Assembly Bill Introductory Number 2186, Printed Number 2438, entitled 'An act to provide the licensing of persons to practice medicine and declaring an emergency'

Assembly Bill Introductory Number 2197, Printed Number 2463, entitled 'An act to amend the education law, in relation to admission to examination for practice of medicine'

"Not Approved

"Each of these bills would grant permission to the graduates of certain unapproved medical schools to take licensing examinations in the State of New York One bill extends this privilege merely for one year, the other would do it permanently

"The Department of Education, which is charged with responsibility for medical educational standards, has approved a large number of schools and has declared that certain others are substandard These bills would overrule the chosen agent of the people of the State, the Department of Education, and make admissible to the practice of medicine, men whom the Department declares may not be trusted with the privilege and responsibility

"The lives and health of the people of the State are a sacred charge They cannot and must not be exposed to the danger of bad medical treatment The Department of Education certifies that such would be the result of these bills and I am compelled, therefore, to disapprove them

"The Bills are disapproved

THOMAS E DEWEY"

On October 20, 1945, a new set of regulations pertaining to examination of certain graduates of unapproved schools was issued by the Commissioner listing the action of the Board of Regents on September 21, 1945, and comment of the Associate Commissioner, J Hillis Miller, is as follows

Memorandum from J Hillis Miller, Associate Commissioner of the State Education Department, explaining the action of the Board of Regents on September 21, 1945, as follows

"*Policy of the Board of Regents on Admission to Professional Licensing Examinations*

"On September 21, 1945, the Board of Regents established a set of conditions under which it would admit to professional licensing examinations applicants otherwise not qualified, pursuant to their discretionary power to determine equivalency as defined by paragraph 2 of Section 51 of the Education Law These conditions are as follows

"1 Applicants must have been residents of New York State when they began their professional training

"2 Applicants must have been entitled to a qualifying certificate when they entered professional study

"3 Applicants must have completed a full course of study leading to the appropriate professional degree

"4. Applicants must present evidence of moral character and fitness for admission to their profession

"5 Applicants who are veterans shall be required to present a certificate of discharge which was other than dishonorable

"6 Applicants submitting internship in a hospital as the equivalent clinical experience must have had such experience for a period of two years and applicants from the armed forces will be required to show evidence that they have had at least one year's professional experience while a member of the armed forces

"7 Applicants will be required to submit a certified copy of confidential record of service while in the armed forces including professional experience, or a certified report of internship in an approved hospital

"8 Applicants must take advantage of these special provisions within two years after discharge from the armed forces or within two years after the required internship in approved hospitals

"Paragraph 2, Section 51 of the Education Law reads as follows '2 The regents may by rule or order accept evidence of preliminary and professional education, and where practice is a prerequisite to licensure may receive evidence of such practice in whatever state or country the same may have been obtained or engaged in, for licensing a candidate to practice any such profession in lieu of that prescribed by the laws relating to such profession, provided it shall appear to the satisfaction of the regents that such candidate has substantially met the requirements of such laws.'

"The reasons which prompted the Regents to take this action are as follows

"A number of residents from New York State who have met all requirements for admission to professional licensing examinations except graduation from an approved school, have practiced their profession in the armed forces and the public health service of the United States during the war emergency These persons are returning as veterans and the Regents policy is intended to give recognition in worthy cases to professional training and experience while serving their country

"Another group under the same circumstances have been admitted to internships in approved hospitals and have thereby contributed to the health needs of the people during the national emergency The opportunity for such internships was made possible by action of the New York State Legislature Chapter 761 of the Laws of 1940 amended subsection 1 of section 1202 of article 48 of the Education Law, forbidding interns from schools not maintaining at the time a standard satisfactory to the Department from practicing in any legally incorporated hospital, or in any state hospital, or in a hospital in any other political subdivision of the State, or other state institutions in which medical service is furnished. This law was to have gone into effect July 1, 1942

"Because of the war emergency the effective date was set at July 1, 1943, by chapter 902 of the Laws of 1942 and by chapter 103 of the Laws of 1943 to be effective July 1, 1944, and by the Laws of 1944 to be effective July 1, 1945 and by the Laws of 1945 to be effective July 1 1946 In other words, the effect of the Law of 1940 has been postponed by an act of Legislature year by year Pursuant to these acts of the Legislature legally incorporated hospitals have been given the privilege of permitting interns from unregistered medical schools to serve internships in approved hospitals.

"In establishing the policy referred to above, the Board of Regents has made it possible for deserving veterans and a limited number of civilians to gain admission to the licensing examination who would otherwise have been denied the privilege of taking the examination. In this connection it should be recalled that laws were passed by both houses of the Legislature in 1945 mandating the Department to admit indiscriminately all candidates from unapproved schools. These laws were finally vetoed by the Governor There is every reason to believe if the Regents had not taken the initiative in this matter that similar acts of the Legislature would become law in 1946 It is the hope of the Regents that by means of this procedure they can take care of worthy cases particularly veterans and at the same time protect the basic professional laws and the educational standards which have placed New York State in the forefront of other states as regards professional licensure"

October 20, 1945

Dr Laurance D Redway, past-president of the Medical Society of the County of Westchester, in his address as retiring president to members of that Society in December, 1945, said

"Note that this action stems gratuitously from the Regents. The Law has not been changed. Thus no less honorable a body than the Regents has put itself on record as favoring a lowered standard of medical education in the State Why they chose to do this is not apparent But the effect of their action is significant and far-reaching

"On October 31, 1945, the *New York Times* carried the statement on page 25 that the Congress of Industrial Organizations plans a campaign to force a reorganization of the Board of Regents ' The immediate goal is said to be 'the election of two labor representatives to vacancies occurring on the Board next year' The C I O complains that the group is now dominated by age conservatives. Thus in the State the growing revolt of the masses is manifested by an attack on the allegedly senile conservatism of the Regents who have already gratuitously compromised the State standards of medical education The practice of medicine is thus under attack at the national level and medical educational standards are being undermined at the state level, in advance, be it noted, of any participation of labor representatives in the affairs of the Regents. These few instances will outline for us some of the major trends above the county level"

There are no figures available as yet from the State Education Department as to the number of applicants for examination under this new ruling, the number of permissions granted or the percentage of licentiates or failures. It is understood, however, that the Department is using this regulation with caution and deliberation.

Convention.—The Council Committee on Convention consists of the following personnel

Harry Aranow, M D, *Chairman*	Bronx
W P Anderton, M D	New York City
Dwight Anderson, Esq	New York City

The Convention Committee with subcommittees, met at the Hotel Pennsylvania New York City, on December 1, 1945, when preliminary plans and arrangements were discussed. Several of the meeting rooms were inspected.

Since then the various subcommittees have worked well. Dr Edward P Flood, Chairman of the *Subcommittee on Arrangements*, Dr Duncan W Clark, Chairman of the Subcommittee on the Scientific Program, and Dr J G Fred Hiss, Chairman of the Subcommittee on Scientific Exhibits deserve thanks and commendation for their arduous and efficient accomplishments The cooperation of the Woman's Auxiliary has also been much appreciated. The space for commercial exhibits has been enlarged. The scientific programs of the various sections and sessions are attractive

We have every expectation that the 1946 convention will be a great success. It gives me pleasure to extend my appreciation to the members of our various committees and the staff of the office of the Society for their generous and helpful cooperation.

Nursing Education.—The Council Committee on Nursing Education has consisted of Dr W P

Anderton, *Chairman*, Dr Clayton W Greene, and Dr Norman S Moore Although many nurses have been released from the armed forces, the discharge of nurses seems to have been less rapid than the discharge of medical officers. There continues an insufficient supply of registered nurses in many parts of the State.

In spite of the accelerated cost of nurse training during the war, the standards of nursing education have been well maintained The Cadet Nursing Corps is being discontinued and the Federal payment for education of nurses is being stopped

The Chairman has attended meetings of the New York Visiting Nurse Association, the Nurse Councilng and Placement Office Advisory Committee, and the New York State Nursing Council for War Service This last named body is being superseded by the New York State Council on Nursing Its work in recruiting nurses during the war deserves the highest commendation, and the Directory of New York State Nursing Schools and supplementary table of student expenses in the various schools has been a pioneer compilation

It seems likely that the general increase in cost of living, including increase in nurses' fees, will tend to enlarge the demand for practical nurses both in private and hospital practice It is hoped that the facilities for training practical nurses in New York State will be increased.

Office Administration and Policies —This special committee of the Society, consisting of Dr John J Masterson, *Chairman*, and Drs W P Anderton, Kirby Dwight, George W Kosmak, Laurance D Redway, and Mr Dwight Anderson, reports as follows

REPORT

Your committee has met monthly In keeping with economic trends of the times, it has been necessary to increase most of the salaries of the clerical staff of the Society Each case has been studied individually by your committee We have a loyal and industrious staff with a comparative small turnover, and as professional men, our Society believes in fair remuneration for good work.

Arrangements have been made with the owners of 292 Madison Avenue, where we are at present located on the twenty-first floor, to move as soon as possible, probably about May 1, 1946, to the seventh floor where sufficient space will be available for our now overcrowded staff A new lease has been signed by the Board of Trustees authorizing this removal

It has been recommended that the House of Delegates continue this Special Committee, working under supervision of and reporting to the Council, and that the House give the following directive as to continuance of its personnel

"The Committee on Office Administration and Policies shall consist of the Secretary, the Business Manager of the JOURNAL and *Directory*, the Literary and Managing Editors, the Treasurer, and one member of the Board of Trustees, to be appointed by the President of the Society, after consultation with the Chairman of the Board of Trustees"

The Woman's Auxiliary —The Council Committee on Woman's Auxiliary consists of the following personnel

Edwin A. Griffin, M D, *Chairman*	Brooklyn
F Leslie Sullivan, M D	Scotia
Nathan B Van Etten, M D	New York City

The Woman's Auxiliary to the Medical Society of the State of New York has had a busy year, and much of its work has been carried on by mail.

The midwinter Board meeting had to be canceled because postwar conditions did not permit of space in any New York hotel for their meeting

However, with great effort it accomplished all the tasks assigned to it using the telephone and mails as its agent

Meetings with lay groups were arranged to acquaint Mr and Mrs Q Public with the physicians' plan of Voluntary Health Insurance Mr George P Farrell, the medical-care insurance representative of the Medical Society of the State of New York, has been the guest speaker whenever possible These meetings have been held all over the state from Buffalo to Long Island

Legislation has been a matter of real concern to the Auxiliary which through its legislation chairmen, Mrs Alfred L Madden and Mrs Gerald C Cooney, have jumped into action at a moment's notice They have contacted State and National Houses of Legislation on such topics as the Wagner-Murray-Dingell Bill, the Animal Experimentation Bill, and have also contacted lay groups to educate them on matters dealing with health

The Physicians' Home has a very special appeal to the Auxiliary It has worked all year raising funds to aid this worthy cause

One of the sincere objects of this organization is the furthering of friendships among physicians' families, and the results of this has made the state one large family

In the entertaining of out-of-town guests at medical meetings they have put forth their best efforts

Always remember a doctor's wife is surely a helpmate in every sense of the word

APPENDIX A.—SEE PART VI PUBLIC RELATIONS AND ECONOMICS, PAGE 750

MEDICAL PLAN		PHYSICIANS' SERVICES
Allegany County	Fee basis—free choice	Any physician licensed and registered in New York State practicing in Allegany and adjoining counties: if he submits prescribed request form, it is assumed he accepts rules and regulations.
Binghamton City	Fee basis—free choice	Effective March 1 1945 previously salaried system. All physicians licensed to practice in New York State. Commissioner may eliminate those who do not comply with rules and regulations.
Broome County	Fee basis—free choice	All physicians licensed in New York State and registered in Broome County who agree to abide by the regulations are eligible to participate. The department will not ordinarily pay for services by physicians residing outside Broome County except with approval of Commissioner
Cattaraugus County	Fee basis—free choice	All physicians licensed in New York State. Commissioner may eliminate those who violate rules and regulations
Chautauqua County	Fee basis—free choice	Except for Town of Ripley—salaried physicians for HR—(L.S.) All physicians licensed in New York State.
Chenango County	Fee basis—free choice	Any physician licensed and registered in New York State and practicing in Chenango County who indicates he wishes to provide service under the program
Clinton County	Fee basis—free choice	Patients are expected to call nearest physician; all physicians licensed in New York State eligible. Commissioner may eliminate for violation of rules and regulations
Jamestown City	Fee basis—free choice	Fee basis effective January 1 1945 Any physician licensed in New York State and agreeing to conform to rules and regulations.
Herkimer County	Fee basis—free choice	Same as Broome.
Fulton County	Fee basis—free choice	(Preferably the nearest physician.) Any physician licensed in New York State. Commissioner may eliminate those who violate rules and regulations.
Franklin County	Fee basis—free choice	Except in Town of Malone and St. Regis Reservation. Preferably the patient shall select the nearest physician If the physician he selects is outside the free zone in which he resides the further physician, if he chooses to make the visit, shall receive the same fee as the nearest physician.
Essex County	Fee basis—free choice	Except in towns of Moriah, Keene, Schroon and Newcomb Same limitation as above for Franklin.
Erie County	Fee basis—free choice Salaried system	For OAA–AD–CWS and all cases outside Buffalo. E. J Meyer Memorial Hospital, home call service for HR in Buffalo and ADC in Buffalo.
Dutchess County	Fee basis—free choice	Any physician who is licensed in New York State who has applied in writing to the Department of Public Welfare and has been approved and appointed by the Professional Advisory Committee and the Director of Public Assistance is eligible; where needs warrant, the Medical Committee will use physicians outside the Welfare District to cover the particular need.
Monroe County	Salaried system Fee basis—free choice	For OAA ADC and HR (N–S) in Rochester When salaried physician not available to above groups; specialists are utilized on fee basis when hospital outpatient department service is not available or where patient is not ambulatory
Oneida County	Fee basis—free choice	Patients have free choice of physicians "as far as possible."
New York City	Fee basis—for home calls choice is from panel	Recipients have the right to designate the physician they wish to have assigned; in so far as possible calls will be divided equally among the physicians on the panel of the proper Welfare Center Requirements for physicians 1 Any physician licensed in New York State, registered in the State for the current year and who has a narcotic permit may apply to treat recipients in his borough. 2. Application is reviewed by the Medical Director and the Medical Advisory Committee whose decision to accept or reject is final. 3 Violation of the rules and regulations may result in suspension or revocation of the privilege of treating recipients. Such action is taken by the Medical Director with the advice of the Advisory Committee.
	Clinics are utilized for ambulatory patients	
New Rochelle (City)	Salaried system	Salaried physicians are assigned in rotation for home calls. Ambulatory patients receive care in the Welfare Department licensed dispensary or some other clinic to which they have been referred.
Nassau County	Fee basis—free choice from panel in the patient's community	Any physician licensed to practice medicine and surgery in New York State, who has practiced in Nassau County one or more years, who has applied in writing to the Division of Medical Care and who has been appointed by the Commissioner is eligible to participate. Physicians practicing in adjacent Suffolk County and New York City who meet the residence requirements in their respective communities, and other out-of-county physicians who have been especially approved by the Medical Director shall also be considered for approval to participate in the Medical Care Program.
Lockport City	Fee basis—free choice	The City Physician will be assigned to treat recipients who do not specify a particular physician when requesting care in the home; ambulatory patients who do not specify a particular physician may be treated by him at clinic; any physician who has agreed to conform to rules and regulations may participate. Except with approval of the Advisory Committee, no physician shall receive more than $1,500 for services during the fiscal year nor more than $50 per person for services other than major surgery; nor more than $200 for any one month in welfare fees.
Livingston County	Fee basis—free choice	In so far as possible the physician chosen should be the nearest one to the patient's home. All physicians licensed in New York State are eligible to participate if service is given in accordance with manual regulati—

Medical Plan		Physicians' Services
Rochester City	Salaried system for home calls Clinics are utilized for ambulatory patients	When salaried physicians services are "unsuitable" or "unavailable," fee basis service may be arranged with the approval of the Medical Director
Rensselaer County	Fee basis—free choice	Except for N S and S C cases living in and nearby Troy and HR cases in the Town of Hoosick Falls The patient shall be expected to call the nearest physician If a more distant physician is called, he shall be paid the same fee as the nearest physician. Any physician licensed in New York State may participate, Commissioner may exclude for violations of rules and regulations
Putnam County	Fee basis—free choice	Any physician licensed in New York State, and in some instances in the State of Connecticut, is eligible to participate within the scope and under the regulations herein established
Otsego County	Fee basis—free choice	Any physician licensed to practice in New York State may participate if service is given in accordance with the rules and regulations
Orleans County	Fee basis—free choice	Except for HR cases in Towns of Shelby and Ridgeway—all physicians licensed to practice in New York State are eligible to participate in this program, but the department will not ordinarily pay for the services of physicians residing outside the County except with the approval of the welfare official
Orange County	Fee basis—free choice	In so far as possible the physician chosen shall be within a reasonable zoning distance from the patient's home All physicians licensed in New York State are eligible to participate
Onondaga County	Salaried system for home calls clinics are utilized for ambulatory patients	Each salaried physician is assigned to a specified district
Suffolk County	Fee basis—free choice	Any physician licensed in New York State may participate. Physicians' services authorized by the Department shall not exceed $1,500 by any one physician in any twelve months' period This amount is exclusive of major surgery and obstetric care.
Warren County	Fee basis—free choice	Except that patients should preferably choose the nearest physician. If he chooses one further away, he will be paid the same fee as the nearest physician Any physician licensed in New York State may participate
Ulster County	Fee basis—free choice	In so far as possible, the physician chosen by the patient shall be the nearest one or within reasonable distance of the patient's home Any physician licensed in New York State is eligible to participate
Troy City	Salaried system for home calls to HR recipients ambulatory patients attend Department dispensary Fee basis—free choice for OAA recipients	Physicians are assigned to specific districts
Steuben County	Fee basis—free choice	In so far as possible the physician should be the nearest one to the patient's home. Any physician licensed in New York State is eligible to participate if service is given in accordance with manual regulations
Steuben County (Towns)	Fee basis—free choice	Except in Town of Erwin, any physician licensed in New York State is eligible to participate.
Schuyler County	Fee basis—free choice	Free choice when practicable. Any physician licensed in New York State is eligible to participate
Schenectady County	Fee basis—free choice	Preferably the physician nearest the patient's home. Any physician licensed in New York State is eligible to participate
Saratoga County	Fee basis—free choice	In so far as possible the physician chosen shall be the nearest one or within reasonable distance of the patient's home. Any physician licensed in New York State is eligible to participate
Wyoming County	Fee basis—free choice	All physicians licensed to practice in New York State eligible to participate, Commissioner may eliminate because of violations of rules and regulations. In no instance will a greater fee for a home call be paid a physician than would be paid the Wyoming County physician living nearest the case
Wayne County	Fee basis—free choice	No requirements for physicians who wish to participate It is understood that participating physicians agree to comply with provisions of the Social Welfare law and rules of the County of Wayne
Washington County	Fee basis—free choice	In so far as possible the physician chosen by the patient shall be within a reasonable distance of the patient's home All physicians licensed in New York State are eligible to participate in this program Commissioner may eliminate for violation of rules and regulations after consultation with Advisory Committee.
Westchester County	Fee basis—free choice	In so far as possible the physician chosen shall be within a reasonable distance of the patient's home, any physician licensed to practice in New York State may participate Commissioner may eliminate, after consultation with Public Relations Committee of Medical Society, any physician who fails to serve the best interests of the patient or who violates the principles of the medical program as provided in the Manual.
Yates County	Fee basis—free choice	Any physician licensed and registered in New York State and practicing in Yates County is eligible If the physician submits to the Department form M–1 requesting authorization for the care of relief recipients, it is assumed by the Department that the physician wishes to participate under the rules and regulations of the plan. It is understood, however, that such participation shall not be construed as binding upon the physician to changes in the plan in the future unless a physician participates after reasonable notice is given to him of such changes.

APPENDIX B.—CLINIC PROGRAM, OUTPATIENT DEPARTMENT STRONG MEMORIAL HOSPITAL, JANUARY 1 1943

I. Policy

(1) *Definition.* Clinic care shall be considered to include professional care, i.e. ordinary dressings, treatments necessary drugs for immediate use in the clinic, laboratory service operating room, minor operations plaster casts, physiotherapy allergy treatments, dental care—extractions only psychiatric care, and drugs for use at home

(2) *Type of Service Rendered.* Strong Memorial Hospital Outpatient Department at the present time is operating the following clinics

Allergy (children-adults)
Basal Metabolism
Cardiac (children-adult)
Chiropodist (diabetic only)
Dental (extractions only)
Diabetic
Diathermy
Ear
Electrocardiogram
Endocrine (adult only)
Eye (refraction and treatment)
Fracture
Gastrointestinal (medical only)
Genitourinary (adult)
Gynecologic
Laboratory (general)
Hay Fever and Asthma
Luetic
Medical
Nephritic
Neurologic (medical)
Nose and Throat
Orthopedic
Pediatric
Physiotherapy
Plastic Surgery
Prenatal Instruction
Prenatal
Postnatal
Proctology
Psychiatric
Radium Therapy
Skin (adult)
Skin (children—Seen in Pediatric)
Surgical
Tumor Breast
Tumor (gynecologic tumor)
Tumor (general)
Varicose Veins
Well Baby
X Ray Diagnosis and Therapy

Patients with eye complaints should be referred to *Eye Clinic* for treatments of their complaint and not solely for refractions. It is understood that patients are not to be sent for *Laboratory Tests* only The hospital Outpatient Department is not to be regarded as laboratories to which patients are sent for tests, but rather as diagnostic clinics that will provide all services necessary in the course of diagnosis and treatment. Patients referred to *Psychiatric Clinic* should either have been referred to the Medical Clinic or a report of a satisfactory medical examination should accompany the patient. A social history from the County Department of Public Welfare should also accompany the patient whenever possible.

(3) *Selection of Outpatient Department.* A patient may have free choice of outpatient department keeping in mind that patient should return to outpatient department where he has had previous care, either the outpatient department or hospital. If patient refuses to return or if patient a physician and patient prefer another outpatient department, an adjustment will be considered, providing the outpatient department will accept patient.

(4) *Method of Referral.*

(a) Patients active in the outpatient department at Strong Memorial Hospital since January 1, 1942 are to continue as the outpatient department patients regardless of their category However the status of each of those patients is to be reviewed by the Medical Consultant and the hospital at periodic intervals and referred back to the patient's physician by the Medical Consultant whenever they do not require continued Specialist Services.

(b) All new patients are to be referred by the County Department of Public Welfare. Telephone approval should be obtained for emergencies whenever possible. Emergencies after hours or on holidays are to be cared for without authorization and reported to the County Department of Public Welfare within forty-eight hours of rendering service.

(c) Patients should not be referred by Strong Memorial Hospital to another outpatient department without prior approval of the Medical Consultant.

(d) Patients referred to Clinic following hospitalization at Strong Memorial Hospital or Rochester Municipal Hospital, or having been seen in the Strong Memorial Emergency Division may be seen once before obtaining authorization of the Medical Consultant for further care. If patient has been receiving outpatient department care at a hospital other than Strong Memorial the Medical Consultant will designate the out patient department to render further care after an initial visit to Strong Memorial Outpatient Department.

(e) If patient is attending more than one outpatient department, the Medical Consultant and the outpatient departments involved shall decide which outpatient department is to be responsible for rendering clinic care.

(5) *Method of Authorization—Approval of Medical Consultant.*

(a) New patients are to be referred to Strong Memorial Hospital Outpatient Department by means of a Referral Letter or Form signed by the Medical Consultant. This letter or form will indicate the diagnosis and the information or service desired

(b) The referral letter or form will be considered authorization for all future follow-up visits and treatments considered necessary in the special clinic to which the patient has been referred. At intervals of three months, the Medical Consultant will review each clinic case.

(c) Physiotherapy and Diathermy shall be limited to five visits in one calendar year without prior approval of the Medical Consultant. All subsequent Physiotherapy and Diathermy treatments shall have the written approval of the Medical Consultant prior to being rendered.

(d) Authorization for x ray and Radium Therapy will be approved by the Medical Consultant based upon a statement from the roentgenologist at Strong Memorial Hospital. The statement shall include the diagnosis, number of x-ray therapy treatments and course.

(e) Approval of continued clinic care may be withdrawn by the Medical Consultant after review of the individual case with the hospital.

(6) *Regulations—Outpatient Department, Emergency Division.*

(a) Patients admitted to the Emergency Division should be classified in one of two classes

1. Those patients that are officially admitted to the hospital shall have charges made in the usual manner for hospital cases.
2. Those patients that are not admitted to the hospital shall have charges made in the regular manner for clinic cases and billed through the outpatient department.

(b) Patients seen in the Emergency Division and going to a clinic the same day or vice versa, should be charged one visit only

(c) Patients visiting two clinics in the same day are to be charged for two separate visits.

(d) Patients seen in a clinic one day and given a return appointment for an Electrocardiogram, Basal Metabolism Report, X ray Diagnosis or Laboratory Service are not to be charged for those services, since service is included in the flat clinic rate and might have been rendered the day patient attended clinic.

(e) Patients having Physiotherapy Diathermy X ray, or Radium Therapy will be charged the flat clinic rate each time the service is rendered.

(f) The dispensing of all drugs necessary for treatment shall be included in the flat clinic rate.

(g) If patient returns for drug refill and it is not necessary for the patient to be seen in the clinic, no clinic charge or drug charge is to be made.

(h) At the end of each month, the cashier of the Outpatient Department will send to the County Department of Public Welfare, a notification form for each clinic visit during that month. This form will indicate the name and address of the patient, the date of service rendered the diagnosis and the cost, which in the majority of cases will be $1.00 for the visit.

II Fee Schedule

(1) A flat rate of $1.00 per clinic visit to include all services and drugs except the following

Crutches canes, arch bandages trusses shoe alterations, corsets, plaster pylons, surgical orthopedic, and prosthetic appliances and their repairs. These items are to be paid for as extras and are not to be considered as part of clinic care.

APPENDIX C—Status of Local Medical Care Plan Development, March 1, 1946

Medical Plans Completed and Installed	Medical Plans Completed and Approved but Not Yet Installed	Medical Plans in Process of Development
Orleans County		Niagara County
Erie County		Oneida County B C W
*Cattaraugus County		City of Utica
*Wyoming County		City of Rome
*City of Lockport		Utica Veterans' Bureau
*City of Jamestown		
Chautauqua County		Oswego County
*Steuben County		Town of Union
Allegany County		Rockland County
*Wayne County		City of Newburgh
Livingston County		
Yates County		
Schuyler County		
Monroe County		
Towns of Steuben County		
City of Rochester		
Oneida County		
*Herkimer County		
Chenango County		
Broome County		
*City of Binghamton		
Onondaga County		
Clinton County		
*Essex County		
Otsego County		
Rensselaer County		
City of Troy		
Warren County		
Schenectady County		
City of Plattsburg		
*Washington County		
Fulton County		
Saratoga County		
Saratoga County Board of Child Welfare		
Franklin County		
Nassau County		
Suffolk County		
Westchester County		
Ulster County		
Putnam County		
Dutchess County		
City of New Rochelle		
Orange County		
New York City		

APPENDIX D—Per Cent of Public Assistance Caseload Covered by Medical-Care Plans Installed or in Process of Development, December, 1945

Division of State	Public Assistance Caseload Dec., 1945	Public Assistance Caseloads in Districts with Medical Plans	
		Cases**	Per Cent of Total Caseload
New York State	172,948	154,289	89 21
New York City	101,605	101,605	100 00
Upstate	71,343	52,684	73 85

* Complete new edition of manual written and installed

** These include caseloads of the Boards of Child Welfare in counties where medical-care plans have been installed or are in the process of development.

Resume of Instructions of the 1945 House of Delegates and Actions Thereon of the Council, Board of Trustees, and Officers

Early Release of Doctors from Armed Services (Section 104) **and Restoration of Prewar Medical Educational and Intern System** (Section 80) —As directed by the House of Delegates, the Secretary sent to President Harry S Truman, Rear Admiral Ross T McIntire, Maj Gen Norman T Kirk, and Maj Gen. Lewis B Hershey copies of resolutions pertaining to these subjects.

Actions by Governing Boards of United Medical Service, Inc., and the Affiliated Associated Hospital Service of New York (Section 77) —Copies of this resolution were sent to Mr Louis H Pink, president of Associated Hospital Service of New York, Mr John F McCormack, president of the New York State Hospital Association, Mr Robert F Dineen, superintendent of insurance, and to the Secretary of each of the seventeen county medical societies within the territory of the United Medical Service, Inc., also to physician members of the Board of Directors of United Medical Service, Inc., and Associated Hospital Service of New York. The resolution stated "that no member of this Society shall continue to serve on a Board of Directors which fails to recognize and abide by the explicit terms of the laws relating to the practice of medicine, the administration of nonprofit hospital service and medical expense insurance, and the official definition of the Medical Society of the State of New York relating to the distinction between hospital service and the practice of medicine."

Remission of Veterans' Dues (Section 105) — Copies of the resolution providing for the remission of dues of veteran members of the Medical Society of the State of New York for one year from the date of cessation of service, plus the remainder of the succeeding fiscal year, were sent to the Secretary of each county medical society Furthermore, the subsequent interpretation of the Council, that this resolution was intended to apply to all veteran members regardless of the date of discharge, was sent to each county society secretary

Medical Care of Veterans (Section 51) —In accordance with a resolution of the House of Delegates suggesting that 'conference be sought with appropriate officials of the Veterans' Bureau in order to bring about a liberalization of the rules and regulations of the Veterans Administration, in order to permit veterans to obtain medical care through their own physicians" President Cunniffe, President-Elect Hale Past-President Bauckus, Secretary Anderton, Dr Laurance D Redway, and Mr George P Farrell conferred with Col. J C Harding on February 1, 1946 at the Veterans Administration, Washington, D C As a result of vote by the Council Dr Cunniffe appointed the following Liaison Committee with the United States Veterans Administration Dr William Hale, *Chairman*, Mr George P Farrell, secretary Dr Herbert H Bauckus Dr Laurance D Redway, Dr Dan Mellen Dr J Stanley Kenney with himself and Secretary Anderton, ex officio An established policy of the Veterans Administration is to have veterans with service-connected disabilities examined and treated by local physicians under authorization from the Veterans Administration. A fee schedule and plan of cooperation between the Medical Society of the State of New York and the United States Veterans Administration is in the process of development.

War Participation (Section 58) —The Council Committee on Veterans Affairs Dr Dan Mellen, *Chairman*, Dr William F MacFee, and Dr James F Rooney were appointed the Council Committee on Veterans' Affairs, and a subcommittee with wide representation through the State has also been appointed The activities of this Committee are reported elsewhere.

Liberalization of E.M I C Policies and Requirements in Relation to Applications for Specialist Status in Obstetrics (Section 75) —The following resolution was referred by the House of Delegates to the Council for discussion with the State Department of Health

> *"Resolved*, that the Medical Society of the State of New York, represented in this duly convened meeting of its House of Delegates, registers its professional interest in those individual physicians whose applications for specialist status in obstetrics under the E M.I C program have met with rejection, and hereby requests the E.M I.C Bureaus of the State Department of Health and the Children's Bureau of the U.S Department of Labor, overall administrative agency which approved the New York State Plan, to interpret officially the present requirements and policies in New York State with respect to certification of specialists in obstetrics under E M.I.C and to revise the same, if necessary, to insure a broader more liberal, fairer set of provisions under which discrimination cannot occur and the objects and aims of the program can be accomplished with facility and satisfaction."

The Committee on Public Health and Education, its subcommittee on Maternal and Child Welfare, and several officers of the Society met with representatives of the State Department of Health on November 7, 1945 and considered this problem from every angle The conclusion reported to the Council was to the effect that the Committee felt that the existing requirements were 'fair and satisfactory"

Workmen's Compensation Law (Section 83) — The House of Delegates voted that legislation be pressed to return to the medical societies in counties of a population of over a million the powers formerly existing under Chapter 258, Laws of 1935, and requested "the proper officials of this society to take such action as may be advisable to secure for the county medical societies in counties of less than one million population adequate reimbursement for the expenses incurred by them in carrying out the law" An effort was made to have the former purpose accomplished through legislation, and the Workmen's Compensation Bureau has made a study of the latter situation.

TABLE 1 —NUMBER OF SUITS INSTITUTED AND DISPOSED OF IN 1945–1946

		Instituted 1945–1946 (12 months)	Disposed of 1945–1946 (12 months)
1	Fractures, etc	8	10
2	Obstetrics etc.	11	10
3	Amputations	2	3
4	Burns, x-rays, etc	22	21
5	Operations abdominal, eye, tonsil, etc	30	25
6	Needles breaking	3	1
7	Infections	12	10
8.	Eye infections	2	6
9	Diagnosis	2	7
10	Lunacy commitments	1	1
11	Unclassified—medical	18	10
	Totals	111	97
Actions for death		12	7
Infants' actions		7	6
	Totals	19	13
	How Disposed of		
Settled			49
Terminated in favor of defendant physician			47
Judgment for plaintiff			1
	Totals		97
Pending on January 31, 1946		384	

cians during the reporting period, some of which have been withdrawn after conference, or settled before suit, and some of which may eventually lead to litigation. A large amount of preventative work is done by your Counsel and his office staff We are in frequent consultation with claimants and their attorneys and have convinced many patients that they have no meritorious claim and that the physician involved should not be blamed simply for an untoward result

Table 1 shows that during the present reporting period we have disposed of 97 cases Forty-nine of these cases were settled and 47 resulted in verdicts in favor of the defendant doctor There was one judgment for the plaintiff against a physician. It may also be noted from Table 1 that there are pending as of January 31, 1945, 384 cases.

Counsel Work.—During the period of this report, your Counsel and Mr Clearwater, the attorney for the State Society, have attended the Annual Meeting of the Society and the regular meetings of the Council and Board of Trustees of your Society, and have conferred with members of committees on numerous legal problems which have presented themselves. In the urgency of a great number of postwar problems facing the Society, this work has been particularly heavy this year Among other matters which your Counsel conferred upon with the Council and Board of Trustees was the preparation and execution of the contracts entered into between the Society and Dr David J Kalish, Director of the Bureau of Workmen's Compensation, and between the Society and Dr Robert R Hannon, Executive Officer of the Society, and between the Society, and Mr George P Farrell, Director of the Medical Expense Bureau of the Society

Your Counsel, acting with the Committee on Bylaws, has examined various proposed amendments to the Constitution and Bylaws, both of your Society and of a number of component county medical societies and has rendered advice and made suggestions in connection therewith.

There have been a number of conferences during the year with relation to various proposed State and National plans for [illegible] and surgical insurance. Your Counsel and Mr Clearwater have attended these meetings and rendered legal opinions in connection therewith. We have also frequently consulted with Dr Anderton, Dr Kalish, and Dr Hannon relative to legal phases of problems which have been presented in their particular fields

There have also been conferences relative to the preparation and signing of leases for the Society's proposed new quarters Mr Clearwater attended the arbitration proceedings to fix the proposed rentals

Your Counsel receives frequent requests, both oral and in writing, on legal problems which it would be prolix to refer to in any other way than by listing just some of the subjects involved the circumstances under which a physician may operate and treat minors, the legality of various problems involving sterilization, artificial insemination, therapeutic abortions, the propriety of advertising matter concerning medicolegal publications, contracts between physicians and corporate employers, disclosure of confidential information to other than patients, the right of a physician to retain x-ray plates taken by him of a patient, what physicians may testify to in different types of legal actions, the extent to which interns and other nonlicensed personnel may render medical care and treatment in institutions, problems concerning leases of office and residential space by doctors coming out of service, occupation of premises leased while doctor lessors were in service, and the various problems of commitment for insanity

Your Counsel's office is at the service of all members of the Society and it is a daily occurrence for us to answer problems arising out of emergency situations which members of the profession face and which cannot be adequately handled by correspondence. We make every effort to render guidance in these situations They involve a considerable amount of time and work.

Legislative Advice and Activities —During the past year your Counsel and Mr Clearwater have conferred with numerous persons representing varying points of view in connection with proposed changes to the law which effect the practice of medicine and the problems of the medical profession. These problems are discussed at length with the appropriate committees of the Society and with Dr Hannon, the Executive Officer of the Society We are also in frequent consultation with Mr Dwight Anderson and the members of the Publication Committee regarding legal phases of their work. For the information of the membership of the Society, we have during the past year written on the following subjects in the NEW YORK STATE JOURNAL OF MEDICINE disciplinary proceedings—splitting of fees, the statute regarding confidential communications, the problem of rents for physicians' offices under the OPA, recovery for mental anguish, and hospitals' liability for acts of nurses

Conclusion.—Your Counsel, in closing, wishes to express his deep appreciation of the invaluable assistance rendered throughout the State of New York by the many members of the Society who have given of their time and effort to aid us with our problems, particularly those of a technical, medical, and surgical nature Without their help our work would be indeed arduous. I am grateful to the Officers of the Society, to the Council, and to the Board of Trustees for their help and assistance in our work. All of these things are factors that make for the results shown in this report

Respectfully submitted,
WILLIAM F. MARTIN, *Counsel*

Amendments to Constitution and Bylaws

In accordance with Article XIII of the Constitution and Bylaws, the following proposed amendments are published for the information of the House of Delegates and will be considered at its next meeting.

1 Introduced by the Committee on Reorganization

A. In Chapter VII, Section 6 of the Bylaws, delete the second and third sentences, which read as follows "These minutes shall be copied from a stenographer's notes with such deletion only as will not modify, alter, or becloud the history of the actions of the said bodies. The stenographer's typewritten copy shall be preserved until ordered destroyed by the House of Delegates."

Insert the following language in place of the deletion "He shall perform such other duties as may be prescribed from time to time by the House of Delegates or the Council," amending said section so as to read as follows

"Section 6 The Secretary shall attend all meetings of the Society, the House of Delegates, the Council, the Board of Trustees, and the Board of Censors, and shall keep minutes of their respective proceedings He shall perform such other duties as may be prescribed from time to time by the House of Delegates or the Council."

B In Chapter VII, Section 7 of the Bylaws, delete the following words from the first sentence thereof "be responsible for and have general charge of the Society's offices and the employees therein. He shall be "

Insert in place of said deletion, the following language "countersign all checks issued by the Treasurer on funds of the Society, he shall be "

"Section 7 The Secretary shall countersign all checks issued by the Treasurer on funds of the Society, he shall be the custodian of the seal of the Society, and of all books of records and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep an account of and promptly turn over to the Treasurer all funds of the Society which come into his hands He shall provide for the registration of the members at all sessions of the Society With the aid and cooperation of the secretaries of the county societies, he shall keep a proper register of all the registered physicians of the State by counties He shall aid the officers of the District Branches in the organization and improvement of the county societies and the extension of the power and influence of the Society He shall conduct the official correspondence notifying the members of meetings, officers, councillors, trustees, and Board members of their election, and committees of their appointment and duties He shall affix the seal of the Society to all credentials issued to members of the Society elected by the House of Delegates and to such other papers and documents as may require the same He shall make an annual report to the House of Delegates He shall supply each county society with the necessary blanks for making their annual reports to this Society Acting in cooperation with the Council, he shall prepare and issue all programs He shall be a member of the Council. He shall be ex officio a member of all boards and committees without vote He shall record the name and date of admission of each member of the Society"

C Repeal entire Chapter VIII of the Bylaws entitled "Direction of Activities."

D In Chapter XVIII, Section 2, delete the following "given at a previous annual meeting of the House of Delegates, and before the same can be acted upon it shall be published once before the annual meeting in the ," and insert in place of said deletion the following "published one month before the annual meeting in the ," so that said Section 2 of Chapter XVIII shall read as follows

"Section 2 Notice of the proposed amendment shall be published one month before the annual meeting in the official bulletin or journal of the Society"

2 Introduced by Dr James F Rooney, Trustee, Individually —Article IV of the Constitution

Amend Article IV, Council, by adding the words "Second Vice-President" after the word "President-Elect," and adding the words, "Assistant Secretary" after the word "Secretary", the words "Assistant Treasurer" after the word "Treasurer", and the word "Vice-Speaker" after the word "Speaker," and "the President of each district branch of this Society for the term to which he was elected." The article would then read

"There shall be a Council composed of the President, the President-Elect, the Second Vice-President, the immediate Past-President, the Secretary, the Assistant Secretary, the Treasurer the Assistant Treasurer, the Speaker, the Vice-Speaker, the Chairman of the Board of Trustees, nine other members elected by the House of Delegates, and the President of each district branch for the term to which he was elected."

3 Introduced by Dr James R. Reuling, Jr, Individually —Chapter II, Section 1, of the Bylaws

Amend Chapter II, Section 1 of the Bylaws, by inserting after the sentence "Each component county society shall be entitled to elect as many delegates as there shall be State Assembly Districts in such county at the time of election, but each county medical society shall be entitled to elect at least one delegate," the following sentence

"Any component county medical society which, according to the rolls of the State Society, on May 1 of the previous calendar year shall have had 125 or more members, shall be entitled to elect not less than two delegates any Society with 250 or more members, not less than three delegates, any Society with 375 or more members, not less than four delegates, any Society with 500 or more members, not less than five delegates, any Society with 1,000 or more members shall be entitled to elect not less than one delegate for each 250 members and fraction of that number"

4 Introduced by Dr James M Flynn, for the Committee on Malpractice Defense and Insurance —Notice of Amendment to Bylaws Reconstituting Present Committee of Malpractice Defense and Insurance

"WHEREAS, the Group Plan of Malpractice Insurance and Defense was organized by the Medical Society of the State of New York to stabilize and perfect this type of protection for the members, and

"WHEREAS, in accomplishing that purpose, the Group Plan has grown to the size of a corporate enterprise large enough to require the supervision of a board of directors, and

"WHEREAS, the direction of an undertaking of the size and character of the Group Plan requires continuity of supervision by a committee or board whose members remain in office long enough to become thoroughly familiar with the many business and professional problems involved in the successful operation of it, and

"WHEREAS, the present Council Committee on Malpractice Defense and Insurance, after a careful study, has recommended that its functions be transferred to a permanently organized special committee or board, now, therefore, be it

"Resolved, that the Constitution and Bylaws of the Medical Society of the State of New York be, and they are hereby amended as follows

"Sections 2 and 3 of Chapter XII of the Bylaws entitled 'Special Committees' are renumbered 3 and 4, respectively

"A new Section 2 is added as follows *'A Special Committee, to be known as the Malpractice Insurance and Defense Board, consisting of five members, including a chairman, shall be appointed by the President with the approval of the Council. Five members of the committee shall be appointed in 1946 for one, two, three, four, and five years, respectively, and thereafter one new member shall be appointed each year to serve five years Vacancies for any cause shall be filled for the unexpired term by appointment by the President with the approval of the Council The Secretary, Treasurer, Legal Counsel, and Indemnity Representative shall be ex officio members of the committee with voice but without vote It shall be the duty of the committee to study and supervise, on behalf of the Society, all matters having to do with malpractice insurance and defense'"*

5. Introduced by Dr Louis H Bauer, Individually

Chapter II, Section 3 of the Bylaws, is amended by inserting after "The annual meeting of the House of Delegates shall be held," the words, "at the call of the Speaker, at least one and not more than two days" The words, "on the day," shall be eliminated. The first sentence of the amended Bylaw will then read

"Section 3 The annual meeting of the House of Delegates shall be held at the call of the Speaker, at least one and not more than two days before the annual meeting of the Society"

The balance of the section is to remain unchanged

Reports of the District Branches

First District Branch

To the House of Delegates Gentlemen.

The activities of the First District Branch have this year been confined strictly to the conduct of its regular meeting The officers of the component Medical Societies met at the Hotel Roosevelt on September 13 1945 to plan for this.

The meeting was well attended by representatives of each society, by the Officers of the Branch, Dr Robert R. Hannon, Mr Dwight Anderson, and by Dr Edward R. Cunniffe who spoke on the trends and plans of medicine in this state for this year

It was decided to abandon the large clinical type of meeting held in a hospital, because no hospital felt it had the personnel to properly care for such a meeting, and to substitute a didactic lecture meeting.

An innovation of having one session begin in the late afternoon and, following a dinner an evening session was suggested and tried out with very satisfactory results.

This meeting, held in White Plains on October 30 1945, was featured by four splendid papers and by the address of our President, Dr Cunniffe, on "Policies and Opportunities for Constructive Action of the State Society"

Dr Clarence O Cheney was host to this meeting at the Westchester Division of the New York Hospital in White Plains, and entertained the Branch most royally, even providing refreshments at the end of the evening session.

The hall at the hospital was eminently well fitted for such a meeting and every sort of facility was present for lantern slides or moving pictures. Dr Cheney was present throughout and aided very materially in the success of the meeting. The attendance was more than 160 which is large for such a meeting

The program for each session was as follows A medical movie—"The Life Cycle of the Rocky Mountain Tick", two lectures—"A Review of the Various Methods Used in the Treatment of Thrombophlebitis of the Extremities" by Frederic W Bancroft, M D New York City, associate clinical professor of surgery, Columbia University College of Physicians and Surgeons, and Attending Surgeon, Metropolitan Hospital, and "Infectious Jaundice and Hepatitis" by Franklin M Hanger M.D , New York City, associate professor of medicine, Columbia University College of Physicians and Surgeons, and associate physician, Presbyterian Hospital

Dinner was served at 6 00 P.M. at the Roger Smith Hotel during which an address was given by Edward R. Cunniffe, M.D., Bronx, President of the Medical Society of the State of New York.

The evening session began at 7 30 P.M. and included a medical movie—"The Physiology of Swimming" and two lectures—"Headache" by Harold G Wolff, M.D , New York City associate professor of medicine, Cornell University Medical College, and associate physician, New York Hospital and "Management of the Failing Heart" by Harry Gold, M.D., New York City, assistant professor of pharmacology, Cornell University Medical College

Respectfully submitted,

SCOTT LORD SMITH, M.D , *President*

March 4, 1946

Second District Branch

To the House of Delegates Gentlemen.

The thirty ninth annual meeting of the Second District Branch of the Medical Society of the State of New York, consisting of morning and afternoon sessions and luncheon, was held on October 24, 1945, at the United States Naval Hospital, St. Albans. The papers of the morning session were presented by the members of the Naval Hospital. All were of a high order of excellence. The program was as follows

"The Etiologic Importance of Allergic Rhinitis in Gastrointestinal Complaints" by Comdr James R. Barnard (MC) USNR, "The Diagnosis of Infestation with the Sacroptes Scabiei Var Hominis" by Lt. Eugene A Hand, (MC) USNR, "Electroencephalographic Findings in Naval Personnel' by Lt. Russell A. Anthony, (MC) USNR, "Repair of Total and Subtotal Loss of Skin and Soft Tissue on the Sole of the Foot' by Capt. William G Hamm, (MC) USNR, "The Management of Acute Arterial Occlusion" by Lt. Comdr Gerald H Pratt, (MC) USNR, and "Sympathetic Surgery in the Treatment of Causalgia" by Capt. James A. White, (MC) USNR.

At luncheon the President introduced Capt. E. D McMorries, the new commandant of St Albans Hospital, who made a brief address of welcome.

The afternoon session opened with a stimulating address by Edward R. Cunniffe M.D Bronx, President of the Medical Society of the State of New York, on social and economic aspects of the practice of medicine.

The concluding paper of the day was delivered by Dr Walsh McDermott of the staff of Bellevue and New York hospitals, on the subject of "Clinical and Pharmacologic Studies of the Administration of Penicillin." It was an authoritative presentation of the latest work in this important field.

The Woman's Auxiliaries of the four counties attended the meeting.

The net receipts from the luncheon after payment of all expenses amounted to $97 75, which was sent to the American Red Cross, U.S. Naval Hospital, St. Albans Chapter

Respectfully submitted,

EVERETT C JESSUP, M.D., *President*

March 1, 1946

Third District Branch

To the House of Delegates, Gentlemen

On Wednesday, May 2, 1945 a meeting of the Executive Committee was held at the DeWitt Clinton Hotel, Albany, New York. After a well-served luncheon a round table discussion, with Dr Robert R Hannon, Executive Officer, as Chairman, was held.

The Third District Branch meeting date was set as September 20, 1945, and at this time members of the committee were detailed to various assignments to make the meeting a success

The thirty-ninth annual meeting of the Third District Branch of the Medical Society of the State of New York was held on September 30, 1945, at the Aurania Club, Albany Preceding the scientific session, sound movies on "Air Warfare Over Europe," and "Evacuation and First Aid in Naval Warfare of the Pacific," and moving x-rays were shown. The first paper was presented by Dr Maurice L Tainter, Albany, Director of Research, Winthrop Chemical Company, who spoke on "The Problem of Sulfa and Penicillin Fastness" Following Dr Tainter's address, luncheon was served in the club and was well attended The afternoon session was opened by an address by Dr Edward R. Cunniffe, President of the Medical Society of the State of New York.

His timely talk was very interesting and instructive as to our position in socialized medicine The next speaker was Dr George C Shattuck, of Boston, Massachusetts, clinical professor of tropical medicine, Harvard Medical School, who discussed "The Problems of Tropical Diseases in Returned Military Personnel," which has already been reprinted in the NEW YORK STATE JOURNAL OF MEDICINE

The third speaker of the afternoon was Dr Albert F R. Andresen, Brooklyn, professor of clinical medicine, Long Island College of Medicine, who spoke on "Early Diagnosis of Malignant Diseases of the Stomach" The last speaker of the afternoon was Dr David K Miller, Buffalo, professor of medicine, University of Buffalo, School of Medicine, whose subject was "Management of Virus or Atypical Pneumonia." Several of the papers were augmented with lantern slides The day was clear, the food was exceptionally good and the papers were so interesting that none dared leave the assembly for fear of losing the thread of instruction The attendance was 66 and the meeting was adjourned at 5 30 P M.

Respectfully submitted,

JOHN L EDWARDS, M D, *President*

March 1, 1946

Fourth District Branch

To the House of Delegates, Gentlemen.

The thirty-ninth annual meeting of the Fourth District Branch of the Medical Society of the State of New York was held on Friday, September 21, 1945, in the Queensbury Hotel, Glens Falls, New York.

An interesting program was presented in the afternoon. Maj Norman A. Levy, (MC), USA, read a paper on "Postwar Neuroses" Then Dr Robert F Korns, associate director, Division of Communicable Diseases, New York State Department of Health, addressed the meeting on "Tropical Diseases Brought to Us by Returning Veterans"

The last paper was by Dr J G Fred Hiss, of Syracuse, profesor of clinical medicine, Syracuse University College of Medicine, on "Rheumatic Fever"

A dinner in the evening was attended by members of the District Branches, many accompanied by their wives

Dr Edward R Cunniffe, President of the Medical Society of the State of New York, spoke after dinner on "Medical and Economic Matters of Interest" He also told several entertaining stories in his inimitable way

Respectfully submitted,

FRANK F FINNEY, M D, *President*

Fifth District Branch

To the House of Delegates, Gentlemen

On June 8, 1945 a dinner meeting of the Executive Committee of the Fifth District Branch was held at the Rome Club, Rome

There were present Drs Dan Mellen, president, J E McAskill, secretary, H G Farmer, president of the Medical Society of the County of Jefferson, A. F Gaffney, president of the Medical Society of the County of Oneida, P K Menzies, president of the Medical Society of the County of Onondaga, Fred C Sabin, secretary of the Medical Society of the County of Herkimer, William Hale, President-Elect of the Medical Society of the State of New York, and Robert R. Hannon, Executive Officer of the Medical Society of the State New York. Arrangements for the Annual Meeting of the Fifth District Branch were discussed

The 1945 meeting of the Fifth District Branch of the Medical Society of the State of New York was held at the Elks Club, Oneida, on September 18, 1945

Afternoon and evening sessions were held, and between these, dinner was served at the Oneida Hotel.

At the afternoon session, following motion pictures on medical subjects, Dr Harold W Brown, professor of parasitology, DeLamar Institute of Public Health, College of Physicians and Surgeons, Columbia University, New York City, discussed "Tropical Diseases with Special Reference to Filariasis"

This lecture was followed by "Diagnosis and Treatment of Dysenteries" by Dr Frank Myers, associate in medicine and assistant professor of pharmacology and therapeutics, University of Buffalo, School of Medicine "Medical Care Insurance" was presented by Mr George P Farrell, Director of the Bureau of Medical Care Insurance, Medical Society of the State of New York.

After the Scientific Session, a business meeting was held, and the following officers were elected for the ensuing year president, Dr Sherman M. Burns, Oswego first vice-president, Dr H Dan Vickers, Little Falls second vice-president, Dr James E. McAskill, Watertown, secretary, Dr O D Chapman, Syracuse, and treasurer, Dr H. D MacFarland, Utica.

Dr Edward R. Cunniffe, President of the Medical Society of the State of New York, delivered an interesting and scholarly address at the close of our dinner

The evening session was filled by the following program

"The Neuroses Related to the Manic-Depressive Constitution" by Dr Foster Kennedy, professor of clinical medicine (neurology), Cornell University Medical College, New York City, "The Blood Derivatives Program in New York State" by Dr Edward S Rogers, assistant commissioner for medical administration, New York State Department of Health, Albany

In spite of inclement weather, the meeting was well attended, and much interest was shown in our program.

Respectfully submitted,

DAN MELLEN, M.D, *President*

March 5, 1946

Sixth District Branch

To the House of Delegates, Gentlemen.

On Wednesday, September 26, 1945 the thirty-ninth annual meeting of the Sixth District Branch of the Medical Society of the State of New York was held at the Cortland Country Club, Cortland, New York, and was well attended. An afternoon and evening session were held and dinner was served between them

In the afternoon a lecture on the subject "Thrombophlebitis" was presented by Dr Lawrence L. Hobler, of Elmira This talk was followed by Dr William Kaufmann, of Albany, with a discussion on "Diagnosis and Management of Certain Tropical Diseases in Returning Veterans."

The last item on the program, "Medical Indemnity Insurance," was an address by Dr Edward R. Cunniffe, President of the Medical Society of the State of New York.

A delicious dinner was enjoyed by the members

Dr Frank H. Lahey of Boston, Massachusetts, addressed the evening session on "Lesions of the Terminal Ileum, Colon, and Rectum," with illustrative lantern slides.

The following officers were elected president, Ivan N Peterson, M D, Owego first vice-president, Charles L. Pope, M.D., Binghamton, second vice-president, Norman C Lyster, M.D., Norwich, secretary, Elton R. Dickson, M.D, Binghamton, and treasurer, William A. Moulton, M.D, Candor

Respectfully submitted,

CLIFFORD F LEET, M.D., *President*

Seventh District Branch

To the House of Delegates, Gentlemen.

The thirty ninth annual meeting of the Seventh District Branch was held on Thursday, September 27, 1945, at the Clifton Springs Sanitarium, Clifton Springs, New York.

The Clifton Springs Sanitarium and staff were our hosts There was a large attendance from the entire district, almost filling the spacious auditorium.

The morning session consisted of a dry clinic. A number of interesting cases was presented by the staff of the Clifton Springs Sanitarium and Clinic. There were interesting discussions.

The members of the Seventh District Branch and officers of the Medical Society of the State of New York were guests of the Clifton Springs Sanitarium at a delicious luncheon served upon the enclosed porch of the sanitrium

Immediately after this repast, Dr Edward R. Cunniffe, President of the Medical Society of the State of New York, made an interesting speech upon medical economic subjects.

The following officers were elected for the ensuing year president, Dr Lloyd F Allen, Pittsford, first vice-president, Dr Kenneth T Rowe, Dansville, second vice-president, Dr George H. Gage, Rochester, secretary, Dr James I Yanick, Hornell; and treasurer, Dr Glenn C Hatch, Penn Yan.

In the afternoon Dr E. Carlton Foster, Penn Yan, read an interesting paper, entitled "Group Practice Advantages Disadvantages, Organization and Costs."

Mr George P Farrell, Director of the Bureau of Medical Care Insurance of the Medical Society of the State of New York, read an essay upon "Prepaid Medical Care Insurance," concerning plans now in operation, what the State Society has done and hopes to accomplish for a state-wide coverage Dr Albert M Crance, Geneva, presented an interesting essay entitled "Modern Trends in Urology and Their Application to General Practice." Dr Earle B Mahoney, assistant professor of surgery, University of Rochester, School of Medicine and Dentistry, presented an authoritative exposition on "Burns New and Improved Treatments."

It gives me pleasure again to express the appreciation of the Seventh District Branch to the Clifton Springs Sanitarium for their delightful hospitality

Respectfully submitted,

H. J KNICKERBOCKER, M.D, *President*

March 6, 1946

Eighth District Branch

To the House of Delegates, Gentlemen.

The fortieth annual meeting of the Eighth District Branch was held on Thursday, October 4, 1945 at the Hotel Statler Buffalo. There were 216 members present, the largest attendance ever recorded in the Eighth District.

The morning session began at 10 00 A M , with an address by Dr Stuart L Vaughan, Buffalo, assistant professor of medicine and associate in bacteriology, University of Buffalo, School of Medicine, on "Blood Dyscrasias"

The second paper was given jointly by Dr Robert Schwartz, instructor in pediatrics, and Dr Raymond J Pieri, professor of clinical obstetrics, both of Syracuse University, College of Medicine The topic was "Rh Factor in Obstetrics and Isohemolytic Disease"

The meeting was adjourned for luncheon. Following the luncheon, there was an address by Dr Edward R. Cunniffe, Bronx, President of the Medical Society of the State of New York.

Following Dr Cunniffe's address, there was election of officers and the following were duly elected president, Dr William J Orr, Buffalo, first vice-president, Dr Robert C Peale, Olean, second vice-president, Dr John C Kinzly, North Tonawanda, secretary, Dr Henry S Martin, Warsaw, treasurer, Dr Ralph M. Bruckheimer, Cassadaga

The afternoon session began at 2 00 P M., with a talk by Dr Henry H. Ritter, New York City, professor of clinical surgery, New York Post-Graduate Medical School, Columbia University Dr Ritter's talk was on "Treatment of Common Fractures and Wounds"

The second paper was given by Dr Richard B Cattell, Lahey Clinic, Boston, Massachusetts, on "Management of Benign and Malignant Lesions of the Biliary Tract"

The aforementioned papers and talks were well received. They were all instructive and interesting The interest that they aroused was attested to by the record attendance

The format of the program was planned at an executive committee meeting held in June, 1945, at the Hotel Statler in Buffalo The executive committee was composed of the officers of the Eighth District and the presidents of the component county medical societies of the district Valuable aid was given to the committee by Dr Robert R Hannon, Executive Officer, who arranged the executive committee meeting in June

Respectfully submitted,

PETER J DI NATALE, M D , *President*

March 6, 1946

1946 Annual Meeting

Medical Society of the State of New York

April 29, 30, May 1, 2, 3—The Hotel Pennsylvania, New York City

House of Delegates

The regular annual meeting of the House of Delegates of the Medical Society of the State of New York will be called to order at 10 00 A.M on Monday, April 29, 1946 in the Keystone Room, Balcony Floor of the Hotel Pennsylvania, New York City

In accordance with Chapter II, Section 3, of the revised Bylaws, the House will assemble according to the following schedule

Monday, April 29, 1946, 10 00 A.M.
Tuesday, April 30, 1946, 9 00 A.M and 2 00 P.M.
Wednesday, May 1, 1946, 9 00 A.M.

At the last adjourned session (9 00 A.M, Wednesday, May 1) the election of officers, councilors, trustees, and delegates will occur in accordance with Chapter III, Section 1 of the revised Bylaws

It will be noted that the House will meet this year on three days instead of two, to permit more time for the Reference Committees to work and make it unnecessary for the members of the Committees to be absent during the sessions of the House. To avoid further conflict, the section meetings will not start until Wednesday morning, instead of Tuesday morning as heretofore and the Annual Dinner will be held Wednesday evening

LOUIS H BAUER, M D, *Speaker*
W P ANDERTON, M D, *Secretary*

Annual Meeting

The Annual Meeting of the Medical Society of the State of New York will be held on Wednesday, May 1, at 7 00 P M, on the "Penn Top"

EDWARD R. CUNNIFFE, M D, *President*
WALTER P ANDERTON, M.D, *Secretary*

Registration

Registration will be held in the hotel for delegates on Monday, April 29 after 9 00 A M, for members on Monday, Tuesday, Wednesday, Thursday, and Friday, April 29, 30, May 1, 2, 3, from 9 A.M to 6 P M

Exhibits

Scientific and Technical Exhibits will be located on the Ballroom Floor

Scientific Motion Pictures will be shown.

Scientific Sessions

General Sessions on Wednesday and Friday afternoons Section and Session meetings will be held on Wednesday morning, Thursday morning and afternoon, and Friday morning

140th Annual Meeting

The "Penn Top," Wednesday, May 1, 7 00 P M

Calling the Society to order by the President, Edward R. Cunniffe, M D

Reading of the Minutes of the 139th Annual Meeting by the Secretary, Walter P Anderton, M D

The Annual Banquet

The Annual Banquet will be held on the "Penn Top" on Wednesday, May 1 at 7 00 P M, guest speakers to be announced.

Requests for tickets and reservations should be sent to Clarence G Bandler, M D, Chairman, Banquet Committee, % Medical Society of the State of New York, 292 Madison Avenue, New York City, 17, or telephone Murray Hill 3-9841 Tickets are $5 00

The Woman s Auxiliary

See page 824 for the program.

Scientific Program

The Committee:

Duncan W Clark, M D , Chairman, Brooklyn
and
Chairmen of Sections and Sessions

GENERAL SESSIONS

(Dr Clark presiding)

The presentations at these Sessions will consist of one-half hour lectures, without discussion The meetings will start promptly at the hour specified Members are requested to be in their seats at least five minutes in advance of the meeting time •

Wednesday, May 1—2 30 P M.
Hotel Pennsylvania, Keystone Room

1 "Penicillin Aerosol with Special Reference to Its Use with Intermittent Pressure in the Treatment of Sinusitis"
Alvan L Barach, M D , Associate Professor of Clinical Medicine, College of Physicians and Surgeons, Columbia University, New York
Bettina Garthwaite, M D , Assistant in Medicine, College of Physicians and Surgeons, Columbia University, New York
Colter Rule, M D , Assistant in Medicine, College of Physicians and Surgeons, Columbia University, New York

2 "Primary Atypical Pneumonia"
Frank L Horsfall, Jr., Comdr , (MC) USNR, Hospital of the Rockefeller Institute for Medical Research, New York
(The A. Walter Suter Lectureship This will be the seventh lecture to be delivered under this lectureship fund)

3 "Clinical Comparison of the Cardiac Glycosides"
Arthur C de Graff, M D , Professor of Therapeutics, New York University College of Medicine, New York

4. "Present Status of the Medical Treatment of Hypertension"
William Goldring, MD , Associate Professor of Medicine, New York University College of Medicine, New York

Friday, May 3—2 00 P M
Hotel Pennsylvania, Keystone Room

1 "The Analysis of Surgical Failures and Fatalities Following Thoracolumbar Sympathectomy for Essential Hypertension"
J William Hinton, M D , Associate Clinical Professor of Surgery, New York Post-Graduate Medical School, Columbia University, New York

2 "The Surgical Treatment of Congenital Pulmonary Stenosis"
Alfred Blalock, M.D , Professor of Surgery, Johns Hopkins University School of Medicine, Baltimore, Maryland (By invitation)

3 "Conservative Treatment of Thrombophlebitis, Including the Use of the Anticoagulants"
Irving S Wright, M D , Associate Professor of Clinical Medicine, Cornell University Medical College, New York

4. "Surgical Management of Thrombosis and Thrombophlebitis with Discussion of Vein Resection"
Gerald H Pratt, M D , Assistant Professor of Clinical Surgery, New York Post-Graduate Medical School, Columbia University, New York

SECTIONS

All papers read before the Society by members become the property of the Society The *original* copy of each paper shall be left with the secretary of the Section

Discussers should have their remarks typed, double-spaced, and should hand them to the secretary

Time limits Twenty minutes for each paper, five minutes for individual discussion

Section meetings shall begin promptly at the hour specified

Section on ANESTHESIOLOGY

Chairman Milton C Peterson, M.D , New York
Vice-Chairman
Robert B Hammond, M D , White Plains
Secretary Rose M Lenahan, M.D., Buffalo

Wednesday, May 1—10 00 A.M
Hotel Pennsylvania, Conference Room 2

1 "Preoperative Evaluation of Patients with Cardiac Disease'
David Scherf, M.D , New York
2 'Pentothal Time Quotient, an Instructional Aid'
Richard N Terry, M.D., Buffalo
3 'Factors Involved in the Choice of Preanesthetic Medication"
Rose M Lenahan, M.D , Buffalo

Thursday, May 2—2 00 P.M
Hotel Pennsylvania, Conference Room 2

1 "Curare in the Poor Anesthetic Risk Patient'
I. M Pallin, M.D , Brooklyn
2. "Anesthesia for Surgery on the Sympathetic Nervous System'
M Phelps, M D., New York
D Burdick, M.D., New York
M C. Peterson, M D., New York
3 "Aids in Thoracic Surgery"
E. A. Rovenstine, M D , New York
Charles Burstein, M.D , New York

Section on DERMATOLOGY AND SYPHILOLOGY

Chairman Clarence H Peachey, M.D , Rochester
Secretary L. William Abramowitz, M D., New York

Thursday, May 2—10 00 A.M
Hotel Pennsylvania, Salle Moderne

1 "Penicillin Ointment in the Treatment of Diseases of the Skin"
Joseph J Hallett, M.D., Rochester
Earl D Osborne, M.D., Buffalo
James W Jordon, M.D., Buffalo
Discussion George C Andrews, M D , New York
2. "Resistant Dermatophytosis and Its Treatment'
Royal M Montgomery, M.D., New York
Esther A. Casper, B.S., New York (By invitation)
Discussion George M. Lewis, M D., New York
3 "Occupational Neurodermatitis'
Oscar L. Levin, M.D , New York
Howard T Behrman, M.D., New York
Discussion Louis Tulipan, M.D , New York
4 "The Route of Percutaneously Applied Antigen Transported Through the Body by Electrophoresis'
Abraham Walzer, M D , Brooklyn
Harry G Golan, M.D , Richmond Hill
Discussion Marion L. Sulzberger, M D , New York

Friday, May 3—10 00 A.M
Hotel Pennsylvania, Salle Moderne

1 "Treatment of Experimental Syphilis with Penicillin"
Charles M Carpenter, M D., Rochester
Ruth A. Boak, M D., Rochester
Discussion A. Benson Cannon, M.D., New York
2 "Syphilis in Army Separatees"
Theodore Rosenthal, M.D., New York
Nathan Sobel, M.D., New York
Discussion Frank C Combes, M.D , New York
3 "The Use of Ozonized Oils in Clinical Dermatology"
Herman Sharlit, M.D , New York
Discussion Eugene F Traub, M D , New York
4. "Pigmentary Changes in Diseases of the Skin in the Negro'
Gerald A. Spencer, M.D , New York
Discussion Samuel M Peck, M D , New York

Section on GASTROENTEROLOGY AND PROCTOLOGY

Chairman Stockton Kimball, M.D , Buffalo
Vice-Chairman
Dascum C. McKenney, M D., Buffalo
Secretary Harry E. Reynolds, M.D Schenectady

Wednesday, May 1—10 00 A.M
Hotel Pennsylvania, Parlor 1

1 "Appendicostomy in the Treatment of Chronic Ulcerative Colitis"
Frank C. Yeomans, M D , New York
2 "Benign Tumors of the Colon"
Frank G Runyeon, M.D , Reading, Pennsylvania (By invitation)

3 "Carcinoma of the Colon, Resection, and Immediate Primary Anastomosis"
John C M Brust, M D, Syracuse

4 "Diagnosis and Treatment of Complications of Amebic Dysentery"
Z T Bercovitz, M.D, New York

Thursday, May 2—2 00 P M
Hotel Pennsylvania, Parlor 1

1 "Clinical Aspects of Infectious Hepatitis"
Harry Murphy, M D, Buffalo

2 "The Management of Uncomplicated Peptic Ulcer"
J Edward Berk, M D, Philadelphia, Pennsylvania (By invitation)
Discussion Asher Winkelstein, M D, New York, and Frank Meyers, M D, Buffalo

3 "Action of Drugs and Various Chemical Agents on Gastric Mucosa and Gastric Function"
Stewart Wolf, M D, New York (By invitation)
Harold G Wolff, M D, New York
Discussion Franklin Hollander, Ph.D, New York (By invitation)

4 "The Management of Ambulatory Peptic Ulcer Patients with Protein Hydrolysates"
W F Ruggiero, M D, New York
Frank CoTui, M D, New York (By invitation)
Anthony A Bianco, M D, New York

Section on INDUSTRIAL MEDICINE AND SURGERY

Chairman Russell C Kimball, M D, Brooklyn
Secretary Philip L Forster, M D, Albany

Wednesday, May 1—10 00 A M
Hotel Pennsylvania, Parlor 2

1 "A Program for the Industrial Physician for the Control of Malaria"
Fred H Shullito, M D, New York
Discussion N E Eckelberry, M D, New York, and S Spitz, M D, Brooklyn

2 "The Effect of Effort and Injury on the Normal Heart and the Diseased Heart"
Arthur M Master, M D, New York
Discussion B Vance, M D, New York, and C A Poindexter, M D, New York

3 "Clinical Experiences with Chemical Hazards in Industry"
G H Gehrman, M D, Wilmington, Delaware (By invitation)
Discussion Leonard Greenburg, M D, New York, and Irving Gray, M D, Brooklyn

Thursday, May 2—2 00 P M.
Hotel Pennsylvania, Parlor 2

1 "Surgical Treatment of Painful Phantom Limb"
E Jefferson Browder, M D, Brooklyn
Discussion Byron Stookey, M D, New York, and O C Perkins, M D, Brooklyn

2 "The Traumatic Abdomen"
Robert F Barber, M D, Brooklyn
Discussion W P Eckes, M D, New York, and B Cissell, M D, Brooklyn

3 "The Estimation of Functional End Results and Disability"
Frank Leder, M D, New York (By invitation)
Discussion H V N Spaulding, M D, New York

Section on MEDICINE

Chairman Frederick W Williams, M D, Bronx
Vice-Chairman Harold F R. Brown, M D, Buffalo
Secretary George E Anderson, M D, Brooklyn

Thursday, May 2—10 00 A M
Hotel Pennsylvania, Keystone Room

Joint Meeting with the Section on Surgery
(See Section on Surgery)

Friday, May 3—10 00 A M
Hotel Pennsylvania, Penn Top North

1 "The Dietary Treatment of Laennec's Cirrhosis"
Arthur J Patek, Jr, M D, New York
Discussion Abraham H. Aaron, M D, Buffalo, and Elaine P Ralli, M D, New York

2 "What Contributions Has Thiouracil Made to the Management of Graves' Disease?"
Rulon W Rawson, M D, Boston, Massachusetts (By invitation)
Discussion Thomas H. McGavack, M D, New York

3 "The Advantages of Venous True Blood Sugar Values for Glucose Tolerance Tests"
Herman O Mosenthal, M D, New York
Discussion Edward Tolstoi, M D, New York, and Maurice Bruger, M D, New York

Section on NEUROLOGY AND PSYCHIATRY

Chairman E Jefferson Browder, M D, Brooklyn
Secretary Burton M Shinners, M D, Buffalo

Thursday, May 2—10 00 A.M
Hotel Pennsylvania, Parlor 1

1 "Recent Advances in the Treatment of Epilepsy"
H Houston Merritt, M D, Bronx (By invitation)
Discussion Tracy J Putnam, M D, New York

2 "Considerations Concerning Contraindications to, and Complications of Electroshock Therapy in Mental Disorders"
S Eugene Barrera, M D, Albany
Discussion Hubert S Howe, M D, New York, and Lothar Kalinowsky, M D, New York

3 "The Postconcussional State"
Gilbert M Beck, M D, Buffalo
Discussion John H Scharf, M D, New York

Friday, May 3—10 00 A M
Hotel Pennsylvania, Parlor 1

1 "Exacerbations and Remissions of Symptoms in Posterior Fossa Tumor in Children"
Harold Merwarth, M D, Brooklyn
Discussion Lewis D Stevenson, M D, New York

2 "The Effects of Combined Insulin (Subcoma Doses) and Electroshock Therapy in the Treatment of Schizophrenic Ambulatory Patients"
Philip Polatin, M D, New York
Hyman Spotnitz, M D, New York
Discussion Richard M Brickner, M.D, New York

3 "Posterior Fossa Meningiomas"
Eldridge Campbell, M D, Albany
R. D Whitfield, M.D, Albany
Discussion Bronson S Ray, M D, New York

Section on OBSTETRICS AND GYNECOLOGY

Chairman Charles J Marshall, M D., Binghamton
Secretary Charles A. Gordon, M.D., Brooklyn

Wednesday, May 1—10 00 A.M
Hotel Pennsylvania, Salle Moderne

1 "The Treatment of Amenorrhea and Sterility with X ray"
Ira I. Kaplan, M.D , New York
Discussion Howard C Taylor, Jr , M D , New York, and Samuel A. Wolfe, M D Brooklyn
2. "Female Endocrine Factors in Sterility"
L C Rubin, M.D., New York
Discussion Edward C Hughes, M D , Syracuse, and Charles L. Buxton, M.D , New York
3. "Local Anesthesia for Cesarean Section"
Frank P Light, M.D , Brooklyn
Discussion Claude Heaton, M D New York, and James P Marr, M.D , New York

Thursday, May 2—2 00 P M
Hotel Pennsylvania, Salle Moderne

1 "Studied Effects of Demerol in Obstetrics"
William M Mallis, M.D , Schenectady
Discussion Charles Poemer, M.D., New York, and H I Johnston, M D , Binghamton
2 "The Surgical Treatment of Dysmenorrhea"
Christopher J Duncan, M.D , Brookline Massachusetts (By invitation)
Discussion R. G Douglas, M.D , New York, F S. Wetherell, M.D , Syracuse, and Edward G Waters, M.D., Jersey City, New Jersey (By invitation)
3 "Pathogenesis of Erythroblastoma"
A S Wiener, M D , Brooklyn

Section on OPHTHALMOLOGY AND OTOLARYNGOLOGY

Chairman Harold H Joy, M.D., Syracuse
Secretary Maxwell D Ryan, M D , New York

Thursday, May 2—9 00 A.M
Hotel Pennsylvania, Penn Top South

1 "Experiences in Emergency Ophthalmic Surgery"
Daniel B Kirby, M.D , New York
Discussion James G Fowler, M.D Buffalo, and James F Cahill, M D , Syracuse
2. "Eye Changes in Intracranial Lesions"
Albert D Ruedemann, M.D , Cleveland Ohio (By invitation)
Discussion Arthur J Bedell M D , Albany, and Thomas H. Johnson, M.D., New York
3 "Ocular Changes in Hyperthyroidism"
Alan C. Woods, M.D , Baltimore Maryland (By invitation)
Discussion Conrad Berens, M D , New York, and Albert C Snell, Jr., M D., Rochester
4. "Divergence Insufficiency and Paralysis
James W White, M.D , New York
Discussion Maynard C. Wheeler M.D , New York, and Franklin R. Webster, M.D , Syracuse

Friday, May 3—10 00 A M
Hotel Pennsylvania, Penn Top South

1 "Clinical Use of Penicillin in Otolaryngology"
J Winston Fowlkes, M.D , New York
Discussion A Reginald Everett, M D., New York
2. "Psychologic Implications of Laryngectomy—Observations of 100 Cases"
J S Greene, M D., New York
Discussion Hayes L. Martin, M D , New York
3 "A Comprehensive Study of Vasomotor Rhinitis—Etiology, Classification, and Treatment"
F Howard Westcott, M.D , New York
Discussion Darrell Voorhees M D , New York

Section on ORTHOPEDIC SURGERY

Chairman Robert M Cleary, M D , Buffalo
Secretary Joseph Buchman M D , New York

Thursday, May 2—10 00 A.M
Hotel Pennsylvania, Manhattan Room

(Program to Be Announced at a Later Date)

Friday, May 3—10 00 A.M
Hotel Pennsylvania, Manhattan Room

Joint Meeting with the Section of Orthopedic Surgery of the New York Academy of Medicine

Chairman Leon Lantzounis, M D , New York
Secretary Frederick R. Thompson, M D , New York

The scientific meeting will be preceded by executive sessions for the election of officers of

1 The Section on Orthopedic Surgery of the Medical Society of the State of New York.
2. The Section of Orthopedic Surgery of the New York Academy of Medicine

(Presentation of Cases)

Section on PATHOLOGY AND CLINICAL PATHOLOGY

Chairman Fred W Stewart M D , New York
Vice-Chairman Ellis Kellert, M D , Schenectady
Secretary M J Fein, M.D , New York

Wednesday, May 1—10 00 A.M
Hotel Pennsylvania, Parlor B

1 "Osteoid-Osteoma of Bone"
Henry L. Jaffe, M.D , New York (By invitation)
2 "Comparative Studies with Some Newer Tests for Hepatic Dysfunction, Thymol Turbidity, Cephalin-Cholesterol Flocculation and Colloidal Gold Reaction
H. K. Linder, M D., New York (By invitation)
M Bruger, M.D , New York
Carl H Greene, M.D , New York
Discussion Robert E. Shank, M.D , New York (By invitation)
3 "The Results of Treatment of Lymphosarcoma"
A. Purdy Stout, M.D , New York
Discussion Claude E Forkner, M D , New York

3 "Carcinoma of the Colon, Resection, and Immediate Primary Anastomosis"
John C M Brust, M D, Syracuse

4. "Diagnosis and Treatment of Complications of Amebic Dysentery"
Z T Bercovitz, M D, New York

Thursday, May 2—2 00 P M.
Hotel Pennsylvania, Parlor 1

1 "Clinical Aspects of Infectious Hepatitis"
Harry Murphy, M D, Buffalo

2 "The Management of Uncomplicated Peptic Ulcer"
J Edward Berk, M D, Philadelphia, Pennsylvania (By invitation)
Discussion Asher Winkelstein, M D, New York, and Frank Meyers, M D, Buffalo

3 "Action of Drugs and Various Chemical Agents on Gastric Mucosa and Gastric Function"
Stewart Wolf, M D, New York (By invitation)
Harold G Wolff, M.D, New York
Discussion Franklin Hollander, Ph.D, New York (By invitation)

4 "The Management of Ambulatory Peptic Ulcer Patients with Protein Hydrolysates"
W F. Ruggiero, M D, New York
Frank CoTui, M D, New York (By invitation)
Anthony A Bianco, M D, New York

Section on INDUSTRIAL MEDICINE AND SURGERY

Chairman Russell C Kimball, M D, Brooklyn
Secretary Philip L Forster, M D, Albany

Wednesday, May 1—10 00 A M
Hotel Pennsylvania, Parlor 2

1 "A Program for the Industrial Physician for the Control of Malaria"
Fred H Shillito, M D, New York
Discussion N E Eckelberry, M D, New York, and S Spitz, M D, Brooklyn

2 "The Effect of Effort and Injury on the Normal Heart and the Diseased Heart"
Arthur M Master, M D, New York
Discussion B Vance, M D, New York, and C A. Poindexter, M D, New York

3 "Clinical Experiences with Chemical Hazards in Industry"
G H Gehrman, M D, Wilmington, Delaware (By invitation)
Discussion Leonard Greenburg, M D, New York, and Irving Gray, M D, Brooklyn

Thursday, May 2—2 00 P M
Hotel Pennsylvania, Parlor 2

1 "Surgical Treatment of Painful Phantom Limb"
E Jefferson Browder, M D, Brooklyn
Discussion Byron Stookey, M D, New York, and O C Perkins, M D, Brooklyn

2 "The Traumatic Abdomen"
Robert F Barber, M D, Brooklyn
Discussion W P Eckes, M D, New York, and B Cissell, M D, Brooklyn

3 "The Estimation of Functional End Results and Disability"
Frank Leder, M D, New York (By invitation)

), New York

Section on MEDICINE

Chairman Frederick W Williams, M D, Bronx
Vice-Chairman Harold F R. Brown, M D, Buffalo
Secretary George E Anderson, M D, Brooklyn

Thursday, May 2—10 00 A M
Hotel Pennsylvania, Keystone Room

Joint Meeting with the Section on Surgery
(See Section on Surgery)

Friday, May 3—10 00 A M
Hotel Pennsylvania, Penn Top North

1 "The Dietary Treatment of Laennec's Cirrhosis"
Arthur J. Patek, Jr, M D, New York
Discussion Abraham H Aaron, M D, Buffalo, and Elaine P Ralli, M D, New York

2 "What Contributions Has Thiouracil Made to the Management of Graves' Disease?"
Rulon W Rawson, M D, Boston, Massachusetts (By invitation)
Discussion Thomas H. McGavack, M D, New York

3 "The Advantages of Venous True Blood Sugar Values for Glucose Tolerance Tests"
Herman O Mosenthal, M D, New York
Discussion Edward Tolstoi, M D, New York, and Maurice Bruger, M D, New York

Section on NEUROLOGY AND PSYCHIATRY

Chairman E Jefferson Browder, M D, Brooklyn
Secretary Burton M Shinners, M D, Buffalo

Thursday, May 2—10 00 A M
Hotel Pennsylvania, Parlor 1

1 "Recent Advances in the Treatment of Epilepsy"
H Houston Merritt, M D, Bronx (By invitation)
Discussion Tracy J Putnam, M D, New York

2 "Considerations Concerning Contraindications to, and Complications of Electroshock Therapy in Mental Disorders"
S Eugene Barrera, M D, Albany
Discussion Hubert S Howe, M D, New York, and Lothar Kalinowsky, M D, New York

3 "The Postconcussional State"
Gilbert M Beck, M D, Buffalo
Discussion John H Scharf, M D, New York

Friday, May 3—10 00 A M.
Hotel Pennsylvania, Parlor 1

1 "Exacerbations and Remissions of Symptoms in Posterior Fossa Tumor in Children"
Harold Merwarth, M D, Brooklyn
Discussion Lewis D Stevenson, M D, New York

2 "The Effects of Combined Insulin (Subcoma Doses) and Electroshock Therapy in the Treatment of Schizophrenic Ambulatory Patients"
Philip Polatin, M D, New York
Hyman Spotnitz, M D., New York
Discussion Richard M Brickner, M D, New York

3 "Posterior Fossa Meningiomas"
Eldridge Campbell, M D, Albany
R D Whitfield, M D, Albany
Discussion Bronson S Ray, M D, New York

Discussion John H Mulholland, M.D., New York

4. "A Clinical Study of Protein Balance in Surgical Patients"
   Robert Elman, M D , St Louis, Missouri (By invitation)

Friday, May 3—10 00 A.M
Hotel Pennsylvania, Keystone Room

1 "Early and Late Experiences with 224 Perforated Peptic Ulcers"
   Henry A. Kingsbury, M.D , New York
   John Schilling, M D , Rochester
2 "Malignant Lesions of the Right Colon' (Early Diagnosis)
   Thomas H Russell, M.D , New York
3. "The Operation of Portacaval Anastomosis Indications, Report of Cases'
   Arthur H. Blakemore, M.D., New York
4. "Evaluation of the Transdiaphragmatic Approach for Upper Abdominal Surgery"
   John D Stewart, M.D , Buffalo

Section on UROLOGY

Chairman George E Slotkin, M D , Buffalo
Vice-Chairman John L. deVries, M D , New York
Secretary Archie L. Dean, Jr., M D , New York

Wednesday, May 1—10 00 A.M
Hotel Pennsylvania, Penn Top North

Symposium
CARCINOMA OF THE PROSTATE

1 "The Clinical Problem"
   Reed M Nesbit, M.D., Ann Arbor, Michigan (By invitation)
2. "Laboratory Procedures of Diagnostic and Prognostic Value"
   Helen Q Woodard, Ph.D , New York (By invitation)
3 "A Consideration of the Effect of Androgen Control Treatment"
   Charles C. Herger, M D , Buffalo
   Hans R. Sauer, M.D , Buffalo
   Discussion of Papers Ernest M Watson, M.D , Buffalo, and Archie L. Dean, M.D , New York

Thursday, May 2—2 00 P M
Hotel Pennsylvania, Penn Top North

1 "Prevention of Complications Following Surgery of the Urinary Tract"
   George E. Slotkin, M.D , Buffalo
2 "Calculus Disease of the Kidneys"
   Charles C Higgins, M.D , Cleveland, Ohio (By invitation)
3 "Treatment of the Urologic Problems Following War Injuries of the Spinal Cord"
   George C. Prather, M.D , Boston, Massachusetts (By invitation)

SESSIONS

Session on CHEST DISEASES

Chairman Nelson W Strohm, M D , Buffalo
Secretary Grant Thorburn, M.D New York

Thursday, May 2—2 00 P.M
Hotel Pennsylvania, Keystone Room
(Program to Be Announced at a Later Date)

Session on HISTORY OF MEDICINE

Chairman T Wood Clarke, M D Utica
Vice-Chairman
Judson B Gilbert, M D , Schenectady
Secretary Claude E. Heaton M D , New York

Thursday, May 2—8 00 P.M
Hotel Pennsylvania, Keystone Room

1 "Medicine Among the Iroquois'
   Arthur C. Parker, D Sc., Rochester (By invitation)
2. "Medicine in New York Folklore"
   Harold W Thompson, Ph.D , Ithaca (By invitation)

Evening meeting—open to public.

Session on PHYSICAL MEDICINE

Chairman.
Walter S McClellan, M.D Saratoga Springs
Secretary Albert R. Hatfield, Jr , M D Utica

Wednesday, May 1—10 00 A M
Hotel Pennsylvania, Manhattan Room

Symposium

PHYSICAL MEDICINE IN "HUMAN RECONVERSION'

1 "Physical Medicine in Traumatic Injuries"
   George G Deaver, M.D , New York
2 "Physical Medicine in the Treatment of Arthritis and Allied Conditions"
   L. Maxwell Lockie, M.D , Buffalo
   Earnscliffe Musgrove, A.R.P.T.I., Buffalo (By invitation)
3 'Physical Medicine in Neuromuscular Conditions'
   Benjamin Simon, M D., Bridgeport, Connecticut (By invitation)

Discussion of Symposium [illegible] M D , New York, Duncan [illegible] M D , Brooklyn, John W Ghormley M.D., Albany, and Howard A. Rush, M D [illegible]

4 "A Case of Gargoylism"
Lotte Strauss, M D , New York (By invitation)
Discussion Paul Klemperer, M D , New Rochelle

5 "Peculiar Postmortem Lesions Following the Use of Ertron in Rheumatoid Arthritis"
Margaret Bevans, M D , New York
Discussion Sigmund Wilens, M D , New York (By invitation)

Thursday, May 2—2 00 P M
Hotel Pennsylvania, Manhattan Room

Joint Meeting with the Section on Public Health, Hygiene and Sanitation

1 "The Pathogenesis of Salmonella Infection in the Interpretation of the Morbid Anatomy"
Alfred Angrist, M D , Jamaica
Mollie Mollov, M S , Jamaica (By invitation)
Discussion Marion B Coleman (By invitation)

2 "Serology Findings in Patients Treated with Penicillin for Early Syphilis"
J F Mahoney, M D , Stapleton, S I (By invitation)
Discussion Evan W Thomas, M D , New York

3 "Plan for State-Wide Distribution of Blood and Blood Derivatives"
Organization—I J Brightman, M D , Albany
Technical Aspects—David R. Climenko, M D , Albany (By invitation)
Discussion Edward S Rogers, M D , Albany

4 "On Air Sterilization by Means of Ultra-Violet Radiation"
L J Buttolph, Ph D , Cleveland, Ohio (By invitation)

Section on PEDIATRICS

Chairman Carl H Laws, M D , Brooklyn
Vice-Chairman Albert G Davis, M D , Utica
Secretary George R Murphy, M D , Elmira

Thursday, May 2—10 00 A M
Hotel Pennsylvania, Parlor 2

(Program to Be Announced at a Later Date)

Friday, May 3—10 00 A M
Hotel Pennsylvania, Parlor 2

(Program to Be Announced at a Later Date)

Section on PUBLIC HEALTH, HYGIENE, AND SANITATION

Chairman Joseph P Garen, M D , Saranac Lake
Vice-Chairman Henry B Doust, M D , Syracuse
Secretary Frank E Coughlin, M D , Albany

Tuesday, May 1—10 00 A M
Hotel Pennsylvania, Penn Top South

1 "Surgical Limb"
E Jeffers
Discussion
and O C Pe

2 "The Traum
Robert F
Discussion
and B Cissell, Kaiser, M D , Rochester

3 "The Estimati
Disability"
Frank Leder

J G Fred Hiss, M D , Syracuse
e Health Program in Guatemala
Vought, M D , Guatemala City,
, Albany

3 "A Program for the Control of Tropical and Parasitical Diseases in New York City"
Ernest L Stebbins, M D , New York
Discussion Hollis S Ingraham, M D , Albany

4 "The Practice of Medicine and Public Health—A Mutual Relationship"
E H L Corwin, Ph D , New York (By invitation)
Discussion O W H Mitchell, M D , Syracuse

Thursday, May 2—2 00 P M
Hotel Pennsylvania, Manhattan Room

Joint Meeting with the Section on Pathology and Clinical Pathology

(See Section on Pathology and Clinical Pathology)

Section on RADIOLOGY

Chairman Alfred L L Bell, M D , Brooklyn
Vice-Chairman Lee A Hadley, M D , Syracuse
Secretary Raymond W Lewis, M D , New York

Thursday, May 2—9 30 A M
Hotel Pennsylvania, Conference Room 2

Round-Table Discussion

Interesting proved cases will be presented for discussion Discussion leaders are
Ross Golden, M D , New York, *Chairman*
Merrill C Sosman, M D , Boston, Massachusetts (By invitation)
Sussman, Marcy Lee, M.D , New York

Friday, May 3—10 00 A M
Hotel Pennsylvania, Conference Room 2

1 "Radiology in the Navy"
E Forrest Merrill, M D , New York
Discussion Eric Ryan, M D , New York

2 "Army Radiology in World War II"
Edward K Reid, M D , New York

3 "Atomic Energy and Radiology"
Edith H Quimby, Ph D , New York (By invitation)
Discussion Maurice Lenz, M D , New York

Section on SURGERY

Chairman Beverly C Smith, M D , New York
Secretary Stanley E Alderson, M D , Albany

Thursday, May 2—10 00 A M
Hotel Pennsylvania, Keystone Room

Joint Meeting with the Section on Medicine

Symposium

THE MAINTENANCE OF NITROGEN BALANCE IN SURGICAL PATIENTS

1 "The Blood Proteins and Nitrogen Balance"
Sidney C Madden, M D , Atlanta, Georgia (By invitation)

2 "The Use of a Mixture of Pure Amino Acids in Surgical Nutrition" or "Parenteral Nitrogen Therapy in Surgical Nutrition"
Sidney C Werner, M D , New York

3 "Protein Metabolism in Surgical Diseases"
Frank CoTui, M D , New York (By invitation)

Scientific Exhibits

Hotel Pennsylvania, New York, April 29–May 3, 1946

J G Fred Hiss, M D, *Chairman*, Syracuse
John DePaul Currence, M D, New York

B. R. Comeau, M D
A M Lyle, F A S, F A I A.
H B Kirkland, M.D
Prudential Insurance Company
Newark, New Jersey

Diagnostic Advantages of Multiple Precordial Leads

Cases are presented in which a single precordial lead is normal, but in which multiple such leads demonstrate definite pathologic myocardial processes. Among these abnormalities are septal and lateral infarcts and lesions shown by various ST and T changes. Charts and diagrams illustrate the technic recommended and examples of normal multiple precordial leads are included

G L. Robillard, M.D
A L. Shapiro, M.D
Brooklyn Cancer Institute
Brooklyn

The Vasculature of the Duodenum and Common Bile Duct

(Clinical Significance and Surgical Implications)

A series of charts, diagrams, and photographs based on seventy two original dissections. The major arterial circulation and vasa recta of the duodenum, head of pancreas, and ductus choledochus are described in relation to the following clinical problems postgastrectomy duodenal stump leakage, bleeding duodenal ulcer and common duct injury and repair

Kurt Lange, M.D
Milton J Matzner, M.D
New York Medical College, Flower and Fifth Avenue Hospitals
New York

The Distribution of Atabrine in the Blood, the Skin and Its Appendices

Simple methods will be demonstrated to determine atabrine blood levels during the therapeutic or suppressive treatment of malaria. They can be used in advanced field stations. The most promising dosage scheme for treatment will be demonstrated in charts. Atabrine is deposited in the skin and the nails during its therapeutic suppressive use. The skin values can be measured by the Dermofluorometer The deposition in the nails can be demonstrated under long wave ultraviolet light Such a deposition takes place only as long as the drug is given. The nails, therefore mirror exactly the periods during which atabrine was taken or omitted.

The instrument with which these tests are being done will be demonstrated.

Tibor de Cholnoky, M D
Columbia University
New York Post-Graduate Medical School and Hospital
New York

Cancer of the Skin

A pictorial review of skin cancer is presented by photographs. The different types of malignant tumors are shown as seen at the tumor clinic. Demonstrations of operative procedures, results of reconstruction, with five to ten year follow up (Motion pictures)

A L Barach, M.D
B Garthwaite, M.D
Presbyterian Hospital
New York

The Therapeutic Use of Penicillin Aerosol

The inhalation of a mist, or nebulin, of penicillin will be presented in illustrative cases of chronic bronchitis, bronchiectasis and bronchial asthma. In addition the treatment of sinusitis by penicillin aerosol in combination with intermittent negative pressure produced by an especially constructed valve will be shown. The apparatus and technics of administering penicillin aerosol will be demonstrated The clinical results will not be appraised statistically, but illustrative cases will be shown with x-ray pictures

W S Collens, M D
N D Wilensky, M.D
L. C Boas, M.D
J D Zilinsky, M.D
Israel Zion Hospital
Jewish Sanitarium and Hospital for Chronic Diseases
Brooklyn

Management of the Peripheral Vascular Complications of Diabetes

A demonstration of the methods employed in the analysis and treatment of the following complications of diabetes peripheral arteriosclerosis obliterans, poplitcal artery thrombosis ischemic neuritis ulcers and gangrene A practical classification of gangrene is presented Prophylaxis and therapy are stressed The methods employed in treatment are illustrated with a liberal use of charts and color transparencies. The material has been derived from both the ambulatory cases treated in the outpatient department and from the in-bed patients from the wards of the hospital. The purpose of the exhibit is to clarify the vascular complications of diabetes, to simplify the nomenclature, and to present and evaluate technics in therapy

Bernard Seligman, M D
Jewish Hospital
Brooklyn

Antithyroid Drugs

Graphs and charts of cases of hyperthyroidism treated with thiouracil and tetramethyl thiourea. Comprehensive review of literature with charts of results and toxicity including complete agranulocytosis from thioureas, also comparison with surgical therapy

Maxwell Maltz, M D
West Side Hospital
New York

PLASTIC RECONSTRUCTIVE SURGERY (NEW PROCEDURES)

The exhibit shows some new procedures of the author in nasal repair, skin grafting, repair of facial scars, reconstruction of thumb and underdeveloped receding chin, also reconstruction of penis, and repair of recent facial wounds (Moving pictures)

Sigmund Epstein, M D
New York

WORKERS—ILLNESS—HISTORY

A small collection of prints, some in color, illustrating arthritis in artists, including Michelangelo, first described by Rammazzini, also amputees like Captain Ahab, Captain Dogbody, etc

Edwin Boros, M D
New York City Cancer Hospital
New York

CARCINOMA OF THE ESOPHAGUS

Consideration is given to observation of patients admitted to the Cancer Institute, the effect of radiation and the procedure of gastrostomy and total extirpation of some of the 332 cases under study

Alfred H Iason, M D
Robert Berk, M D
Brooklyn

THE STORY OF HERNIA

This exhibit will show drawings and figures giving the history of hernia surgery, types of operations, causes of recurrences, and operations to cure these recurrences (Motion pictures)

David Kershner, M D
Alfred L Shapiro, M D
Leon N Kessler, M D
Beth-El Hospital
Brooklyn

INTERLAMINAR SPINAL ANESTHESIA

Presentation of charts, diagrams, photographs, and x-rays illustrating a lateral angular interlaminar approach for spinal subarachnoid puncture Description of other alternate avenues for thecal tap The advantages of interlaminar method are described and the procedure is recommended as an alternate to the usual interspinous mode of administering spinal anesthesia

Louis C Kress, M D
State Institute for the Study of Malignant Diseases
Buffalo

RADIATION THERAPY

The exhibit will demonstrate the use of radiation therapy in malignancy This includes the use of x-ray from 85 k v to 1000 k v and radium in the form of packs and plaques

Eugene T Bernstein, M D
Mt Sinai Hospital
Beth David Hospital
New York

SKIN DISEASES DUE TO NERVOUS DISORDERS

Colored transparencies accompanied by short

Harry Gold, M D
Department of Pharmacology,
Cornell University Medical College
Beth Israel Hospital
Hospital for Joint Diseases
New York

PHARMACOLOGIC STUDIES IN MAN

The exhibit is intended to illustrate the fact that there is a large area of pharmacologic investigation which may be developed with the human subject, and which, if the experiments are suitably designed, may be counted upon to yield important facts in a manner which complies with the strictest demands of scientific evidence A series of charts and graphs are presented, relating to qualitative and quantitative pharmacology in the human subject, illustrated by observations on digitalis and its glycosides, cinchona alkaloids, xanthines, diuretics, and others There are illustrations of human bio-assay methods, dosage-response curves, mechanism of action, and blind-test investigations of drug effects on subjective symptoms in patients

Edwin J Grace, M D
Grace Clinic
Brooklyn
Vernon Bryson, M D
Long Island Biological Association
Carnegie Institute of Genetics
Cold Spring Harbor

NON-OPERATIVE TREATMENT OF CHRONIC OSTEOMYELITIS WITH PENCILLIN AND A WETTING AGENT

A presentation of experimental work on animals with confirmatory bacteriologic studies in which a wetting agent has been used with penicillin In addition to this, fundamental research of clinical value will be demonstrated by presentation of 4 to 6 cases with complete portfolios of the cases

Henry B Smith, M D
Eugene H Coon, M D
Hempstead

FOREIGN BODIES FROM THE FOOD AND AIR PASSAGES

Display of foreign bodies removed from the food and air passages, and of salivary calculi removed from salivary glands and ducts

A P Hudgins, M D
Charleston, West Virginia

NEW CANULA FOR HYSTEROSALPINGOGRAPHY

The demonstration of technic, using new canula, which permits injection of opaque media in physician's office Patient may walk to x-ray department Canula may be retained for twenty-four hours in an effort to open tubes This permits prolonged, sustained, gentle, rhythmic pressure by uterine contractions, and is more desirable than jerky, mechanical force required by previous technics For both diagnosis and therapy, this procedure is time-saving, economical, and effective

Harry A Bacon, M D
Lowrain E McCrea, M D
Temple University Medical School and Hospital
Philadelphia, Pennsylvania

SURGICAL TREATMENT OF RECTAL CANCER AND MANAGEMENT OF ASSOCIATED VESICLE DYSFUNCTION

A. A series of moulage models discloses various premalignant and malignant lesions. Based on a series of 460 cases of rectal and sigmoidal cancer pre- and postoperative management is presented technic of surgical removal and eliminating the abdominal colostomy, and means of preserving the sphincter musculature are shown. In spite of the high rate of resectability (81 3 per cent), the mortal ity is low (0.2 per cent), the period of hospitaliza tion is short (18 7 days), return to work is early, the sphincter function is definitely good, the sur vival rate as to three-year cure is 58.6 per cent and the five-year cure is 50 per cent.

B Kodachrome transparencies show normal distribution of nerve supply to bladder the surgical distribution of the hypogastric plexus during proctosigmoidectomy Another series of drawings depicts cystometric readings prior to, immediately following the surgical procedure, and following return to normal. A series of moulage models shows various bladder lesions in association with rectal malignancy as viewed through the cystoscope

H Harold Gelfand, M.D
George Flamm, M.D (Deceased)
Gouverneur Hospital
New York

Clinical Manifestations of Allergy

Motion pictures in color demonstrating

A. Diagnosis and treatment in allergy
B Diagnosis and treatment of bronchial asthma

James E. Thompson, M.D
William H. Cassebaum, M.D
Charles F Stewart, M.D
Roosevelt Hospital
New York

Resection of the Knee Joint for Suppurative Arthritis

The exhibit, based on five cases, shows that resection can be done during an active phase of suppuration without stimulating a flare-up in the inflammatory process. It is contended that this procedure removes tissues of low vitality and se cures adequate drainage and saves the patient time. In some instances it saves limb and life. Its use is reserved for that stage of suppuration, when a pain less functioning joint can no longer be attained The final result is a fusion of the knee.

Milton S. Lloyd, M.D
Flower and Fifth Avenue Hospital
Staten Island Hospital
New York

The Inside of the Lung

Approximately 75 per cent of the physical findings in pulmonary disease are susceptible to study only by examination of the lung from the inside. This exhibit by means of colored drawings of broncho-scopic observations attempts to coordinate the pathology of the bronchi with the physical and x ray findings.

New York State Department of Health
Albany

Blood and Blood Derivatives as Therapeutic Agents

A series of charts outlines the clinical indications for blood and plasma transfusions, methods of deter mining blood groups, reactions due to Rh incompatability and the necessary steps to avoid them, the fractionation of plasma and the therapeutic uses of the derivatives, and the plan of the New York State Department of Health for the expansion and extension of blood and plasma bank facilities to make blood products available to every person in the State, without cost and regardless of area of residence

New York State Reconstruction Home at West Haverstraw
New York State Department of Health
Albany

Photographs, diagrammatic and descriptive ma terials showing the facilities, program, and methods in use at the New York State Reconstruction Home for obtaining functional rehabilitation and mental and emotional adjustment of the severely physically handicapped child

New York State Health Preparedness Commission
Assemblyman Lee B Mailler *Chairman*
Albany

A Blueprint for the Coordination of Hospital and Health Services and Facilities

Panels, maps, and descriptive materials illustrat ing a suggested regionalization of hospital and re lated facilities and services in New York State. Such coordination is considered to be essential if postwar planning is to be efficiently developed and full use made of opportunities for improving the quality and distribution of medical care that is offered by such planning and by impending provi sions for governmental support at the Federal and State levels.

Joint Hospital Board of the Postwar Public Works Planning Commission
New York State Postwar Public Works Planning Commission
Albany

Hospital Survey and Planning for Postwar Construction

A schedule panel showing the provisional division of the State of New York into regions and primary and secondary hospital service districts and centers, illustrating the function of regional planning coun cils in the completion of the hospital survey, the determination of local needs, the coordination of the work of the teaching centers and the primary and secondary hospital centers toward improving the scope and quality of hospital care and preventive services.

New York and Brooklyn Regional
Fracture Committee
American College of Surgeons

THE PROBLEM FRACTURES OF GENERAL PRACTICE

The exhibit by x-ray film and written material will illustrate and describe the more common problem fractures to be encountered in general practice The complicating features and clinical problem involved in each lesion will be emphasized

Fort Greene Industrial Health Committee
Brooklyn

HEALTH EDUCATION IN INDUSTRY

The exhibit portrays the organization of, and materials developed by the Fort Greene Industrial Health Committee which has conducted a demonstration project in health education in industrial plants located in the Fort Greene District in the Borough of Brooklyn

The Committee was inaugurated in February, 1944, and the project is financed by labor, management, and voluntary organizations. The Department of Health of the City of New York, the Medical Society of the County of Kings, the Neighborhood Health Development, Inc , of which the Committee is a subsidiary, are actively cooperating in the project

Baruch Committee on Physical Medicine
New York

COMMUNITY REHABILITATION SERVICE AND CENTER

The exhibit will consist of charts—functional and organizational—of a rehabilitation center, also a graphic chart showing statistics of earnings before and after vocational rehabilitation, furnished by U S P H S and Federal Security Agency

New York Diabetes Association, Inc
New York

DIABETIC CHILDREN

The exhibit will consist primarily of posters showing diabetic children at Camp Nyda, conducted by the New York Diabetes Association, and some enlarged framed pictures, also, some general information on diabetes, and some statistics on research sponsored by the Association

Commission for the Blind
New York State Board of Social Welfare
New York

PREVENTION OF BLINDNESS

This exhibit consists of a large poster featuring eyes and literature on conservation of sight and prevention of blindness in the hope of acquainting the general practitioner with available resources

Veterans Administration
Veterans Hospital
Canandaigua

OCCUPATIONAL THERAPY

Articles made in occupational therapy that have had a significance in the improvement of the patient's condition

Tuberculosis Control Division
United States Public Health Service
Washington, D C

ADVANTAGES AND TECHNIC OF ROUTINE ADMISSION CHEST X-RAY IN GENERAL HOSPITALS

This exhibit consists of photographs mounted on panels, samples of miniature film, and diagrams showing mass radiography findings in general hospitals (Motion pictures)

Medical Society of the State of New York
FRIENDS OF MEDICAL RESEARCH

"Really Man's Best Friend," located on the Mezzanine, just outside the entrance to the ballroom floor, will present, pictorially, man's progress in medical research with the aid of the dog The Medical Society of the State of New York, working with Friends of Medical Research, developed this exhibit as an aid to the dissemination of facts about research work with animals *"Really* Man's Best Friend" was first shown at the American Museum of Natural History, where the Whipple Prize dogs received their award in recognition "for outstanding services to humanity" The American Medical Association has accepted this exhibit for inclusion in its Scientific Exhibit Section at the Annual Meeting in July at San Francisco Following this, the Friends of Medical Research plan to keep the exhibit circulating for display purposes, continuing the work of educating the public on the benefits to both man and animal made possible by the use of animals, especially dogs, in medical research.

A recorded transcription of the ceremonies at which Norman T Kirk, Surgeon General of the U S Army, made the Whipple Prize Award will be available for replaying to interested groups

The record also includes an interview with Dr Freida S Robbins, of the University of Rochester School of Medicine and Dentistry, Rochester, New York, who has worked as an associate with Dr George H Whipple in the fundamental research which led to the development of liver therapy for pernicious anemia, and more recently in the technic of blood transfusion.

Medical Society of the State of New York
THE DIRECTORY

Here is an opportunity for you to see just exactly what the *Directory* "Blue Book" contains. The new edition, which will be ready for distribution early in 1947, will be the largest and best-indexed *Directory* the Society has ever published. Your suggestions about organization and presentation of *Directory* data are invited

Medical Society of the State of New York
THE NEW YORK STATE JOURNAL OF MEDICINE

The JOURNAL staff consistently tries to improve the appearance and readability of the official publication of the Society An Eye Camera, located at this exhibit, will survey some of the reading habits of physicians. You are invited to stop and take part in this survey

Medical Society of the State of New York
Council Committee on Public Health and Medical Education
O W H. Mitchell, M D , *Chairman*

Charts showing activities of this Committee, stressing especially the help that this Committee can give county societies in arranging their programs.

Medical Society of the State of New York
Section on Pathology and Clinical Pathology
New York

Exhibits by various members of this Section, consisting of photographs of various pathologic conditions.

Medical Society of the State of New York
Subcommittee on Child Welfare
Alexander T Martin, M.D , *Chairman*
New York

SPECIAL EXHIBIT OF RHEUMATIC FEVER PRESENTED BY SEVERAL INDIVIDUALS AND ORGANIZATIONS INTERESTED IN THIS DISEASE

The New York State Medical Society s Subcommittee on Child Health under the chairmanship of Dr Alexander T Martin, and the New York Heart Association are sponsoring, with the aid of organizations and clinicians who are especially informed about rheumatic fever and rheumatic heart disease, a series of clinical conferences and an exhibit on rheumatic fever at the Annual Meeting of the Medical Society of the State of New York, April 29–May 3, at the Hotel Pennsylvania, New York City

The clinical conferences will take place four times daily for one hour each, at 10 00 A.M , 12 NOON, 2 00 P.M. and 4 00 P M Each conference will be lead by an authority on rheumatic fever The sessions will be informal and provide full opportu nity for group discussion.

Among the clinicians who will lead a group discussion are Dr Arthur M Master, New York Heart Association, Dr Clarence E De la Chapelle, professor of clinical medicine, New York University College of Medicine, Dr Robert F Watson, Rockefeller Institute, Dr Leo Taran, medical director St. Francis Sanatorium, Roslyn, Long Island, Dr Charles R. Messeloff, cardiovascular disease specialist, New York, Dr David Rutstein, deputy commissioner, New York City Health Department, Dr Alfred Langman, Babies Hospital, New York, Dr Charles A Poindexter, New York University College of Medicine, Dr Arthur De Graff, New York University, College of Medicine, Dr Charles A. R. Connor, formerly of AAF Rheumatic Fever Control Program, Dr Currier McEwen, dean, New York University, College of Medicine, Dr Albert D Kaiser, Commissioner of Health, Rochester, Dr Ann Kuttner, Irvington House, Irvington Dr J G Fred Hiss, Rheumatic Fever Foundation of Onondaga County, Syracuse, Dr Alexander T Martin, New York University, College of Medicine, and Dr George M. Wheatley, Metropolitan Life Insurance Company, New York.

The following organizations are cooperating in providing exhibit material

American Heart Association
Children s Bureau
Metropolitan Life Insurance Company
Rheumatic Fever Foundation of Onondaga County
St. Francis Sanatorium

There will be a demonstration of sedimentation test methods by the New York Post-Graduate Hospital laboratory under the direction of Dr Ward J MacNeal.

Officers of the various sections are especially invited to study this exhibit and suggest topics (subjects) for similar treatment at future conventions

THE TECHNICAL EXHIBITS



WHAT'S NEW

IN

Surgical Instruments

Medical Books

Pharmaceutical Specialties

X-Ray Equipment

Other Products and Services

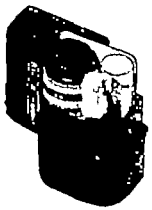
LAST YEAR, physicians could not avail themselves of the opportunities presented by the technical exhibits because the Society had to cancel the Convention following O D T ruling Appropriately, therefore, to meet the heightened interest, this year's Meeting will contain the largest number of technical exhibits in the history of the Medical Society

Physicians just returned from Service will especially appreciate this opportunity The latest in products, equipment, medical books and services will be spread in a vast array

Of particular aid will be the specific, well-referenced literature available at almost every exhibit bringing up-to-the-minute the clinical background supporting the application of pharmaceutical specialties to medical practice The following pages contain brief descriptions of each Technical Exhibit

Abbott Laboratories, North Chicago (Booth 63), E. L. Shattuck, H. C. Harris, and other Abbott-trained representatives will be glad to discuss with you the war-born and newer products on display here. Amethone, the new antispasmodic for the urinary tract, thiouracil (Abbott), of value in reducing to normal the basal metabolic rate in the preoperative preparation of thyrotoxic patients, the Abbott disposable syringe and other new products all merit your particular attention.

The Alkalol Company, Taunton, Massachusetts (Booth 20), is this year, completing fifty years of service to the medical profession. The company manufactures two well known preparations. (1) Alkalol—a scientifically balanced alkaline, saline solution containing no glycerin and barely a trace of alcohol. It is hypotonic and a mucous solvent. (2) Irrigol—an alkaline saline douche powder which makes a nontoxic, slightly astringent solution—is useful as a vaginal douche, rectal enema, and for colonic irrigations.



The Ames Company, Inc., Elkhart, Indiana (Booths 98 and 99), demonstrating new technics for qualitative detection of urine-sugar and albumin. The *Clinitest* tablet method for detection of urine-sugar is a simple, reliable test for use by the diabetic patient and in the laboratory—the tablet reagent develops its own heat inside the test tube, eliminating the need for burners or other equipment. The new *Ames Albuminteat* tablet for urine-albumin gives the physician, technician, and public health worker a reliable, nonpoisonous, noncorrosive reagent tablet and does not require the use of heat.

The Arlington Chemical Company, Yonkers, New York (Booth 39), will serve their protein hydrolysate product, Amunoids, to allow physicians to evaluate the palatability of this protein hydrolysate when administered orally. They will also show their line of allergenic extracts for diagnosis and hypersensitization.

The Armour Laboratories, Chicago (Booth 65) invite members of The Medical Society of the State of New York, to visit its display. The new Armour Atlas of Hematology is available to physicians on request.

Associated Concentrates, Inc., Elmhurst, New York (Booth 24) will show various medicinal products distributed by them. Informative booklets will be available. Our products are used for the treatment of various skin diseases, especially psoriasis and other conditions related to the disturbance of the lipid-metabolism.

Ayerst, McKenna & Harrison, Ltd., New York (Booth 41), will feature Premarin, a highly potent, naturally occurring complex of conjugated estrogens. "Premarin constitutes a recent advance in endocrine research, resulting from the collaboration of Dr. J. B. Collip, Director of the Research Institute of Endocrinology, McGill University, with our laboratories, and is accepted by the Council on Pharmacy and Chemistry of the American Medical Association. We shall display also two new pertussis preparations, one for prophylaxis and the other for treatment of the active stages of whooping cough. These are based on the principle that the endotoxin of the H. pertussis organism is important in the etiology of the disease.

W. A. Baum Co., Inc., New York (Booth 42). All of the well known Lifetime Baumanometer models are again available in all their prewar perfection and will be on display. An invitation is extended to the doctors in attendance to bring their Baumanometers for checking, minor repairs, and replacements.

Becton, Dickinson & Co., Rutherford, New Jersey (Booth 17). In addition to our usual line of syringes and needles, we will show several new outfits designed for various types of anesthesia. A full line of Vacutainer equipment will be displayed, and our representatives will be prepared to give demonstrations of this new method of taking blood specimens for all purposes.

The Best Foods, Inc., New York (Booth 5) is exhibiting Nucoa, the wholesome, nutritious vegetable margarine, which contains 15,000 units of vitamin A to the pound. Also on exhibit will be the famous Best Foods. Miss Elsie Stark, Director of Consumer Education, will be in charge of the booth and will welcome questions about the products.

Bilhuber-Knoll Corp., Orange, New Jersey (Booth 2). Among the fine prescription chemicals displayed are such dependable products as the sedative Bromural in nervous indigestion, Tannalbin—intestinal astringent, Dilaudid—analgesic, Octin—antispasmodic, Metrazol—antitoxoxant. These medicinal chemicals are prescribed alone or in combination with other drugs as the needs of the individual patient may demand.



Ernst Bischoff Company, Inc, Ivoryton, Connecticut (Booth 109) Aminet Suppositories effective, prolonged relief in bronchial and cardiac asthma. Diatussin the safe, effective, non-narcotic antitussive Sas-Par effective oral treatment of psoriasis Lobelin-Bischoff respiratory stimulant Aquinone-Aquakay high potency vitamin K therapy Anayodin effective nontoxic amebacide



The Borden Company, New York (Booth 91) Spend a few minutes with us refresh your memory on our Prescription Products Meet the new concentrated Biolac, new Improved Dryco with its formula flexibility, Mull-Soy for your milk allergic patients, powdered whole milk, Klim, the improved milk sugar, Beta Lactose, and the Merrell-Soule Protein and Lactic-Acid Milks. Borden men are pleasant men.

Brewer & Company, Inc., Worcester, Massachusetts (Booth 94) The exhibit will emphasize their specialties, with special reference to Luasmin in the treatment of asthma and Thesodate in the treatment of angina pectoris. Their ampules and vitamin preparations will also be displayed as well as other items of special interest from their complete line of pharmaceuticals

Bristol Laboratories, Inc., Syracuse, New York (Booth 70) The keynote of the display will be a series of illuminated color photographs of cases which have been under treatment with penicillin Other parenteral products manufactured by Bristol Laboratories will also be displayed.

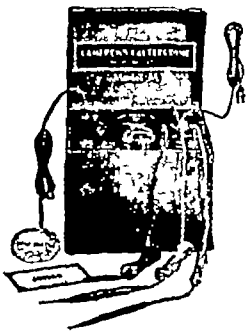
The Burdick Corporation, Milton, Wisconsin and New York City (Booth 68), will exhibit their line of physical therapy equipment This includes ultraviolet and infrared lamps, short wave diathermy and the rhythmic constrictor for the treatment of peripheral vascular conditions

Burroughs Wellcome & Co, Inc., New York (Booth 56), cordially invite physicians to their exhibit of a representative group of fine pharmaceuticals and chemicals. Of particular interest are Globin Insulin, a new advance in diabetic control, Digoxin, a pure, stable, crystalline glycoside of digitalis lanata combining constant, uniform potency with rapidity of action, "Dexin" High Dextrin Carbohydrate, the milk modifier in which the nonfermentable portion predominates, and "Lubafax" Brand Surgical Lubricant, our newest preparation.

Cambridge Instrument Company, Inc., New York (Booths 71 and 72), will exhibit cardiac diagnostic instruments including the well-known Cambridge "Simplı-Trol" portable electrocardiograph which operates from the electric light supply current, also Cambridge stethographs and pulse recording instruments.

Camel Cigarettes, New York (Booths 30 and 31), will exhibit large detailed photographs of equipment used in comparative tests of the five largest-selling brands of cigarettes Representatives will be available to discuss research. Trans-Lux News will be supplied throughout the meeting

The Cameron Heartometer Co, Chicago and New York (Booth 69), is showing the improved Heartometer, a scientific precision instrument for accurately recording diastolic and systolic blood pressures It also furnishes a permanent graphic record of the pulse rate, the nervous functioning of the heart, the myocardial response, as well as the functioning of the valves The Heartometer reveals heart disturbances in both early and advanced stages, and is of great value in checking the progress of medication and treatments



Cameron Surgical Specialty Company, Chicago and New York (Booth 107), is showing the first all-stainless steel, boilable, and electrically operated bronchoscopic outfit The Deluxe Omniangle Gastroscope is also on display Cauterdynes (the genuine radio knives), in both office and hospital sizes, are being demonstrated The newest and finest in electrically lighted diagnostic and operating instruments may be seen at this interesting exhibit

S H Camp & Company, Jackson, Michigan (Booth 114), will display a complete line of Camp Anatomical Supports for prenatal, postnatal, orthopedic, visceroptosis, sacro-iliac, hernia, and other specific conditions Experts from the Camp Staff will be in attendance to answer questions pertaining to the scientific application of these supports, and to advise regarding the availability of them in authorized service departments of stores throughout the country

Canadian Radium And Uranium Corp, New York (Booth 82) High-purity radium is available to the medical profession in any form and any type of container A special exhibit is devoted to Alpha-Ray Therapy by the utilization of Radon in ointment For further interesting details, call at Booth 82

Carnation Company, Milwaukee, Wisconsin (Booth 117) You will see an attractive display presenting some interesting information on the various uses of Carnation Vitamin D Evaporated Milk for infant feeding, child feeding, and general diet purposes The method by which Carnation Milk is generously fortified with vitamin D—400 U S P Units per reconstituted quart, will be explained Valuable literature will also be available for distribution

Ciba Pharmaceutical Products, Inc, Summit, New Jersey (Booths 102 and 103), invites you to visit its exhibit Products displayed will include Privine, a potent, prolonged-acting nasal vasoconstrictor, Metandren Linguets, the most potent androgen for oral use, Trasentine, a well-tolerated antispasmodic and Trasentine-Phenobarbital Representatives in attendance will be ready to answer any questions you may have

The Coca-Cola Company, Atlanta, Georgia (Booth 78) Coca-Cola will be served through the joint courtesy of The Coca-Cola Bottling Co of New York, Inc, and The Coca-Cola Company

[Continued on page 810]

When Vitamins Are Not Enough

In malnutrition, convalescence, anorexia and old age, more than vitamins are often indicated Besides vitamins there are maltose, dextrose and dextrins and other food elements present in Maltine with Vitamin Concentrates

Some of the food elements in Maltine with Vitamin Concentrates— approximate content per 30 cc. (2 tablespoonfuls)

VITAMIN A	10,000 U S P units
VITAMIN D	1,000 U.S P units
THIAMINE HYDROCHLORIDE	3 mg
RIBOFLAVIN	4 mg
NICOTINAMIDE	40 mg
+ MALTOSE	9 6 gm
+ DEXTROSE	4.2 gm
+ DEXTRINS	10.2 gm
+ PHOSPHORUS	279 mg
+ CALCIUM	303 mg
+ CHOLINE*	36 mg
+ INOSITOL*	44 mg
+ FOLIC ACID*	22 mcg

*These constituents are members of the natural B Complex. Their need in human nutrition has not been established.

Two tablespoonfuls supply at least twice the minimum daily requirements of the above vitamins and supplementation of other easily digested food elements. The Maltine Company, New York 22.

MALTINE WITH VITAMIN CONCENTRATES

MORE THAN A CAPSULE COULD HOLD

[Continued from page 808]

Cutter Laboratories, Berkeley, Chicago, New York (Booth 15) Biologicals, human blood fractions, blood plasma, penicillin, intravenous solutions, blood transfusion, and plasma preparation equipment

The Denver Chemical Mfg Co, Inc, New York (Booth 34) Galatest, dry reagent for instantaneous detection of urine sugar, now used routinely by many hospitals, industrial medical departments, Army induction and separation centers, and ever-increasing numbers of private practitioners Acetone Test (Denco), dry reagent for rapid detection of acetone in urine, has been enthusiastically received by hospitals and physicians

Doak Company, Inc, Cleveland, Ohio (Booth 40), demonstrates colloidal sulfur, iron, calcium, and bismuth diasporal and also the well-known line of dermatologic preparations

The Doho Chemical Corporation, New York (Booth 118), makers of Auralgan, are introducing a new sulfa drug for treatment and control of chronic suppurating ears, Otosmosan Colored lantern slides and moulage models depicting acute and pathologic conditions of the ear, with strict scientific accuracy, so as to be highly constructive and interesting to all physicians, will be displayed at this exhibit

The Drug Products Co, Inc, Long Island City, New York (Booth 85) Myopone—an entirely new approach in the treatment of myopathies—myositis, fibrositis, and fibromyositis—will feature our exhibit There will also be displayed other therapeutic agents (Hyposols, Pulvoids, etc) of special interest to physicians You are cordially invited to attend and our representatives will be pleased to give you full information

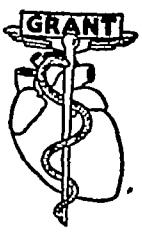


Eaton Laboratories, Inc, New York (Booths 100 and 101), will exhibit ethical, pharmaceutical specialties of interest to the medical profession Several of these are new and improved advances in therapy

Endo Products, Inc., Richmond Hill, New York (Booth 10) Endo professional service representatives will be on hand to give information on Endo specialties Some of these are Pendil (an emulsifier for prolonging the action of penicillin), Mesopin (selective, gastrointestinal antispasmodic), Endoglobin-C (liver, iron, B vitamins, *plus* Vitamin C), Hycodan Bitartrate (selective antitussive), Endoglobin (liver, iron, B vitamins), Estronome (natural mixed estrogens)

C B Fleet Co, Inc, Lynchburg, Virginia (Booth 7) Phospho-Soda (Fleet) has been an ethical product over half a century It is a highly concentrated, purified, aqueous solution of the two U S P phosphates in stable form It is nontoxic, rapid, but mild in action, without irritation of the gastric or intestinal mucosa

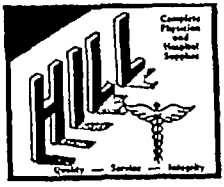
Otis E Glidden & Co, Evanston, Illinois (Booth 35) You are cordially invited to visit us and obtain latest information on Zymenol (Brewer's Yeast Emulsion) for constipation, colitis and diarrhea Avoids catharsis, colloid bulkage, mineral oil leakage, and avitaminosis



Grant Chemical Company, Inc, New York (Booth 90), makers of specialties for diseases of the heart and blood vessels, presents a highly interesting display on Diurbital. Diurbital provides a three-way approach to effecting a gradual, steady substantial decrease in blood pressure in essential hypertension This is accomplished by direct relaxation of the blood vessels At the same time, diuresis removes excessive fluid from the oppressed heart, and gentle sedation allays such symptoms as nervousness, headache, and vertigo Thus, Diurbital aids in making life more comfortable for patients with hypertension, angina pectoris, myocarditis, dropsy, and arteriosclerosis with edema.

Hanovia Chemical And Manufacturing Company, Newark, New Jersey (Booth 8) A complete line of self-lighting ultraviolet quartz lamps will be on display for general body and orificial application Don't fail to witness a demonstration of Hanovia Safe-T-Aire Lamps that have a wide field of application in the destruction of airborne bacteria Courteous and competent representatives will be at your disposal

H J Heinz Company, Pittsburgh, Pa (Booth 81), is displaying and sampling from their glass containers of Strained Foods for infants and Junior Foods, especially designed for intermediate feeding Their representatives would appreciate your recommendations regarding these foods Register for *The Nutritive Value of Vegetables,* eleventh edition, *Nutritional Charts, Nutritional Observatory, Special Dietary Foods Book,* and *Your Baby's Diary and Calendar*



Hill Surgical Supply Co, Syracuse, New York (Booth 28) Representatives of the Hill Surgical Co will be on hand to tell you about the many new products from leading surgical and equipment manufacturers throughout the United States. Of special interest to you, undoubtedly, will be the new hospital furniture and surgical instruments. Be sure to stop

Hoffman La Roche, Inc., Nutley, New Jersey (Booth 52) Pharmaceutical prescription specialties of rare quality produced at Roche Park, where vitamins are made by the ton, will be exhibited. The medical profession's interest in Per-Os-Cillin, the new stable oral penicillin, the versatile parasympathetic stimulant Prostigmin, and other scientific accomplishments will be satisfied by Hoffman-La Roche representatives who will be in attendance to discuss clinical problems.

The Hygeia Nursing Bottle Co, Buffalo New York (Booth 9) Doctor you are invited to stop at Booth No 9 to learn the advantages of the improved Hygeia Nursing Bottle Unit Prescribing Hygeia Nursing Bottles will help mothers overcome feeding problems and will indirectly help you. Come and see a six minute motion picture, giving you the story in a "nutshell."

Holland-Rantos Company, Inc., New York (Booth 37) You are cordially invited to visit the Holland-Rantos booth where on display will be the well-known Koromex contraceptive specialties. Besides the new Koromex Set Complete, which is a package combining the necessary items for complete contraceptive technic, will be the new Nylmerate Jelly introduced only a short time ago and received enthusiastically, for the treatment of trichomoniasis and vaginal discharges of a nonspecific origin. Representatives of the company will be on hand to answer all questions. Professional samples of Nylmerate Jelly and Koromex Jelly will be available as will copies of the Dickinson-Freret Chart.

International Vitamin Corporation, New York (Booth 22) In the rear of the booth is a graphic demonstration of the manufacture of vitamin A concentrate from the crude fish livers to the finished vitamin concentrate, illustrating each step in its production. In the foreground of the exhibit is a series of lighted photographs illustrating different plant and laboratory operations.

Kelley-Koett X-Ray Co., Covington, Kentucky (Booth 124) Featured at the Kelsket booth this year is the completely modern Kelsket KY Mobile Unit. Physicians have long recognized the KY as a versatile complement to larger apparatus, and, in cases where space is limited or other equipment unavailable as an effective all-purpose unit offering complete radiographic coverage. Its easy mobility allows it to be used with any professional table in the office or hospital. Come in and see us at any time during the Exhibit. We will be glad to demonstrate this fine unit to you.



Kellogg Company, Battle Creek Michigan (Booth 23) Kellogg's ready to-eat cereals have an important place in normal and restricted diets. All of these cereals contain valuable whole grain nutrients, either natural or restored Pep is fortified with extra thiamin (B_1) and with vitamin D All Bran is one of the best sources of iron, one serving furnishing about one third the daily minimum requirement. A new Diet Manual and the Nutritive Value Charts are available at the Kellogg booth.

Kidde Mfg Co., Bloomfield, New Jersey (Booth 73) The Kidde exhibit consists of the plastic CO_2 Snow Maker, plastic applicators for applying the Snow and CO_2 refill cartridges for the apparatus. The Kidde Dry Ice Apparatus makes Cryotherapy safe simple, and easy to apply, thus eliminating former objections to the use of this long recognized therapy

H. W Kinney & Sons, Inc., Columbus, Indiana (Booth 16)

Lakeside Laboratories, Milwaukee, Wisconsin (Booth 29) are exhibiting and offering literature on three products (1) Leuron-B, a tablet of iron, copper and vitamin B-complex for the treatment of hypochromic anemia, (2) Menacyl, a tablet of aspirin with vitamins K and C for use in the treatment of rheumatic fever etc., and (3) Mercuhydrin, a mercurial diuretic

Lanteen Medical Laboratories, Inc., Chicago, Illinois (Booth 12), presents a new product Vi-Teens Homogenized Vitamins. Vi Teens Homogenized Vitamins is a palatable multiple vitamin emulsion containing vitamins A, B_1 B_2, C, D, and Niacinamide, it is miscible in milk, formula, juices or water, and easily mixed with cereal For infants and children, the recommended dosage provides well above daily minimum requirements. Other Lanteen products Lanteen Flat Spring Diaphragm and Jelly, Lanteen Douche Powder Hexestrol (Lanteen), Hexyphean (Hexestrol with phenobartital), and Vi Teens Vitamin Tablets. Ethically advertised for prescription and use of the medical profession and available only through established drug outlets

Lea & Febiger, Philadelphia Pennsylvania (Booth 25) will exhibit among their new works Quiring's *The Extremities* Soffer's *The Adrenals* Olkon's *Essentials of Neuro-psychiatry*, Burch and Winsor's *Primer of Electrocardiography* Bell on *Renal Diseases*, and new editions of Levinson and MacFate's *Clinical Laboratory Diagnosis*, Katz's *Electrocardiography* Kovacs' *Electrotherapy and Light Therapy*, Musser's *Internal Medicine* Clement's *Nitrous Oxide-oxygen Anesthesia*, and other standard works.

Lederle Laboratories, Inc., New York (Booth 6) will feature products of current interest to the profession—Ledercillin Tablets and Lozenges, Penicillin, Anti Rh Serum, and the newer developments in vitamin therapy Immunization products of proved quality, also will be featured Lederle representatives will be on hand to answer questions and supply literature and samples.



Libby, McNeill & Libby, Chicago, Illinois (Booth 1) Libby's strained and homogenized baby foods are featured at the Libby Booth. Physicians are invited to stop and discuss new findings on the greater availability of iron and ease of digestion of Libby's Council Accepted Foods for babies

The Liebel-Flarsheim Co, Cincinnati, Ohio (Booth 122), considers it a privilege to exhibit models of their Bovie electrosurgical units and short wave diathermies at the meeting of the Medical Society of the State of New York. Its representatives cordially invite you to visit their booth for examination and demonstration of their latest electromedical equipment

Eli Lilly & Co, Indianapolis, Indiana (Booth 127) The Lilly exhibit will feature an interesting demonstration in miniature on penicillin culture Many Lilly products will be on display, and attending Lilly medical service representatives will be present to assist visiting physicians in every possible way

J B Lippincott Co, Philadelphia, Pennsylvania (Booth 45), will have a complete display of Lippincott Selected Professional Books, designed to fill the real needs of the medical profession, including outstanding works on management of the thoracic patient, diseases of the breast, peripheral nerve injuries, electrocardiography, syphilology, dermatology hay fever, industrial health, and general medical subjects of interest today Advance information on other new books and new editions now in preparation.



The Maltex Co, Burlington, Vermont (Booth 86) Maltex Cereal is a fine old New England product which people eat because they enjoy it Our exhibit describes the combination of whole wheat and barley malt which produces such a delicious flavor We also display Height-Weight Wall Charts, Daily-Diet Records, and other literature which will interest you

The Maltbie Chemical Co, Newark, New Jersey (Booth 105), cordially invites members and guests of the Medical Society of the State of New York to their booth. Maltbie therapeutic achievements include the antispasmodic antacid-adsorbent, Lusyn, for gastrointestinal dysfunctions and Calpurate, the unique theobromine compound, for acute and chronic cardiovascular disorders



The Maltine Co, New York (Booth 126) A new advance in thyroid—Proloid—is one of the featured products at our booth. Others, among the newer products developed at the Research Laboratories of the Maltine Co on display, are Tedral—for the relief of asthma and hay fever, and Depancol—a balanced choleretic Old friends, such as Maltine with Cod Liver Oil, Malto Yerbine, and Maltine with Vitamin Concentrates, will also be present

T H McKenna, Inc., New York (Booths 43 and 44), will have a comprehensive exhibit of the new and more important books of all medical publishers At this exhibit you have an opportunity of comparing the various books on any given subject and making your own selection

McNeil Laboratories, Inc., Philadelphia, Pennsylvania (Booth 125)

Mead Johnson & Co, Evansville 21, Indiana (Booth 48) "Servamus Fidem" means We are Keeping the Faith Almost every physician thinks of Mead Johnson & Co as the maker of Dextri-Maltose, Pablum, Oleum Percomorphum, and other infant diet materials, including the new precooked oatmeal cereal, Pabena But not all physicians are aware of the many helpful services this progressive Company offers physicians A visit to Booth No 48 will be time well spent

Medical Film Guild, New York (Booth XX), through their *Medical Films That Teach*, presents a refresher course in fundamental medical problems This program, during the war period, kept the military medical man abreast of modern civilian practice The new subjects reorient the military doctor to civilian procedures These films, each representing several years of research, are condensed into half-hour productions, each acting as a visual text book. They review such subjects as Parkinson's Disease, the major neuralgias, cervicitis, otolaryngologic diseases, contagious diseases, arterial blood pressure, hypothyroidism, and industrial medicine These are available to medical societies, medical schools, and hospitals, and include projection service at no charge, through grants for postgraduate instruction.

The Mennen Co, Newark, New Jersey (Booth 84), will exhibit their two baby products—Mennen Antiseptic Baby Oil and Mennen Antiseptic Baby Powder, in addition to their fungicidal foot powder—Quinsana The antiseptic oil is now being used routinely in the majority of hospitals that are important in maternity work

Merck & Co, Inc, Rahway, New Jersey (Booth 53), appreciate the opportunity of exhibiting at the 140th Annual Meeting of the Medical Society of the State of New York. The attending physician can obtain information on prescription chemicals, vitamins, antibiotics, and well-known Merck medicinal specialties at the Merck booth The Merck representatives in attendance will be glad to be of service



The Wm S Merrell Co, Cincinnati, Ohio (Booth 54), will feature the new Hexestrofen Tablets, combining the true estrogen, Hexestrol, with phenobarbital, for more complete treatment of menopausal syndrome Also shown will be the new therapeutic vitamin capsule, Thera-Concemin, based on the formula of Jolliffe, designed for the treatment of frank deficiency states.

[Continued on page 814]



welcomes

cough

control

[Continued from page 812]

Philip Morris & Co, Ltd., Inc., New York (Booth 64), will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating Their representative will be happy to discuss researches on this subject, and problems on the physiologic effects of smoking

National Dairy Council, Chicago, Illinois (Booth 13), cordially invites you to visit their exhibit of health education materials Booklets, and posters, giving timely and authentic nutrition information, will be on display This literature may be used for distribution to patients or for the reception room Sample material may be requested



National Dairy Products Co, Inc, New York (Booth 61) As a physician, you are always on the lookout for something new to aid you in your practice In the field of infant feeding, Formulac, a new product of the National Dairy Products Co, has some definite advantages It has been clinically tested and has the acceptance of the A M A Council on Foods and Nutrition Why not plan to stop and learn how Formulac, an evaporated milk fortified with vitamins and minerals, can be of help to you?

The National Drug Co, Philadelphia, Pennsylvania (Booth 123) In addition to National's time-tested Council Accepted Biologicals, newest developments in both the biological and pharmaceutical fields will be presented Of specific interest will be our Amino Acid and Allantomide products, plus National's series of multiple Antigens for simultaneous immunization Trained representatives will be in attendance

The National Live Stock and Meat Board, Chicago, Illinois (Booth 11), cordially invites you to visit their exhibit showing how you "Build Your Body with the Food You Eat" Nutrition literature, including a nutrition reader for elementary school children, will be displayed

The Nepera Chemical Co, Yonkers, New York (Booth 57), cordially invites the members of the Medical Society of the State of New York to discuss Urinary Antisepsis, with particular reference to Mandelamine, a chemical combination of mandelic acid and methenamine Because of its increasing effectiveness with comparatively small dosage in the treatment of urinary infections, Mandelamine offers additional advantages of ease of administration and virtual freedom from by-effects An authoritative booklet and literature are available for your review

Nestle's Milk Products, Inc., New York (Booth 38), first to offer the medical profession an improved evaporated milk, with 400 U S P units of pure vitamin D_3, presents two new complimentary services to the busy physician *Nutrition Briefs*, a quarterly periodical with abstracts of the current literature in nutrition, and *Your Baby's Record*, a valuable gift for prospective mothers

The New York Medical Exchange, New York (Booth X) Be sure and stop at our booth in the Main Ballroom If you have any personal problems, Patricia Edgerly will be there to help you locate an appointment for yourself, or to find for you an assistant physician or an associate, an office nurse, medical secretary, technician, or any other help you may be seeking

Nutrition Research Laboratories, Chicago, Illinois (Booths 110 and 111), will again feature Ertron in both the oral and parenteral forms New information is now available concerning this product, which is being used so extensively by physicians in the treatment of chronic arthritis Also on display will be Infron Pediatric, the new approach to the problem of rickets prophylaxis and, in addition, Bezon, Whole Vitamin B-Complex, in its new improved capsule form Members of the Professional Department will be in attendance at all times at our booth, to welcome members and guests of the Society

Ortho Pharmaceutical Corp, Linden, New Jersey (Booth 4), will exhibit their well-known line of gynecic pharmaceutical specialties, including Triple Sulfa Vaginal Cream, designed specifically for the treatment of bacterial vaginitis

The Oxygen Equipment Mfg. Corp, New York (Booth 14), will display and demonstrate the following Barach-Thurston Oxygen Tent with a "Clearlite" Transparent Plastic Canopy, Barach Sinusillin Rebreather for Sinusitis, O E M Aerosol Nebulizer for Penicillin, O E M Meter Masks, O E M Positive Pressure Mask, O E M Safety Cylinder Holder, O E M Open Top Box for Infants, Humidifying Units, Oxygen Analyzer, Regulator Flow Tester, and other equipment for the therapeutic administration of oxygen and helium-oxygen mixtures

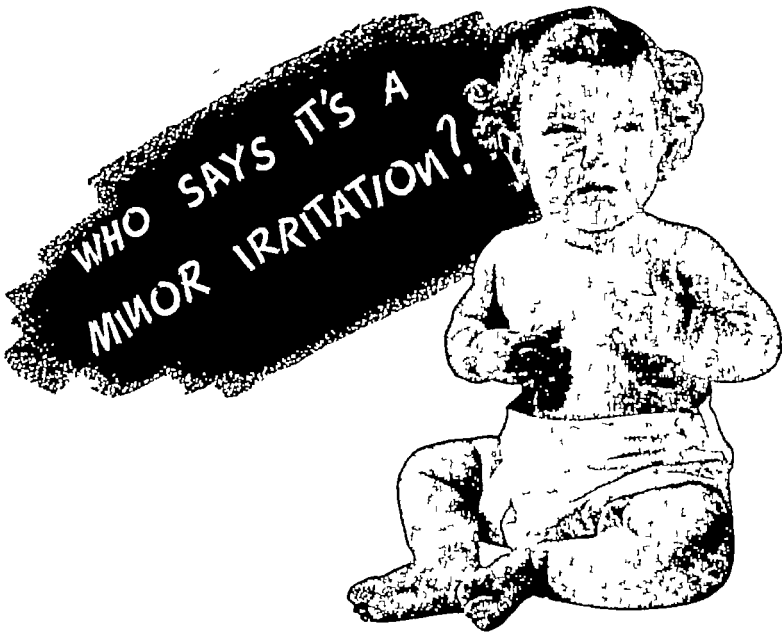
Parke, Davis & Co, Detroit, Michigan (Booth 51) Representatives, well-informed concerning progress in pharmaceutical research, and desirous of presenting new advancements to you, will be in attendance at our Technical Exhibit to discuss the nature and employment of new and present products Displayed will be such outstanding products as Theelin, Mapharsen, and Adrenalin Preparations The latest type of biologicals will be on display Likewise Penicillin and other therapeutic agents of antibiotic, biologic, and chemotherapeutic interest will be shown. We sincerely invite your visit to this Exhibit

Pet Milk Sales Corp, St Louis, Missouri (Booths 79 and 80) A complete display of material illustrating the time-saving Pet Milk services available to physicians Specially trained representatives will be in attendance to give you information about the production of Pet Milk and its use for infant feeding Miniature cans will be given to physicians visiting the exhibit

Procter and Gamble Co, Cincinnati, Ohio (Booth 3), the manufacturers of world-famous Ivory Soap will display illuminated color transparencies showing various technics and equipment used in studying the mildness of soaps Copies of the popular Ivory booklet, "Bathing Your Baby the Right Way," and samples of Ivory Soap will be available for all members

Professional Nutrition Products, Inc., New York (Booth 21) P N P, a newly organized concern, specializes in nutritional products for prescription by the profession. Representatives will welcome

[Continued on page 816]



You wouldn't think so if you itched from diaper rash, eczema, chafing, chickenpox or scarlet fever It would seem mighty important to you and so would the soothing comforting relief of ENZO CAL.

Rubbed gently on irritated areas, the benzocaine in ENZO CAL promptly allays the burning, stinging pain and, at the same time, a protective, healing layer of semi colloidal calamine and zinc oxide is left on the skin.

Mothers, too, appreciate ENZO CAL because it is clean, convenient to use, and *greaseless.*

Prescribe ENZO CAL in your next case of pruritus or, better yet, suggest that your patients keep a tube on hand for routine use in the various skin irritations of infanthood

May we send you a FREE trial tube of ENZO-CAL? Address your request to us at 305 East 45 St., New York 17 N Y

CROOKES
Laboratories

[Continued from page 814]

physicians and discuss the first two products just being introduced Enzex, a natural complement to vitamin therapy, and Hydrogelin, for the treatment of common constipation Register for literature and samples

Radium Emanation Corp, New York (Booth 74), will exhibit a wide variety of instruments and applicators used in modern radium therapy, including permanent and removable composite, leakproof Radon Seeds The advantages of these seeds will be demonstrated by magnified sections showing their construction in detail.

Rare Chemicals, Inc., Harrison, New Jersey (Booths 32 and 33) Preparations exhibited by Rare will include Acidolate (nonlathering liquid) and Dermolate (new lathering solid), both nonirritating skin detergents, also Eucupin, local anesthetic with prolonged analgesic action, Gitalin, digitalis preparation, Salysal, anti-rheumatic analgesic, and Testosterone Propionate, "Rare Chemicals" androgenic preparation

Rees-Davis Drugs, Inc., Meriden, Connecticut (Booth 87) Hydrosulphosol Solution and Ointment—Chemical analysis confirms the presence in Hydrosulphosol of a high concentration of sulfhydryl ion Clinical applications indicate ability to stimulate cell function with maximal healing rate when applied to wounds such as burns, certain skin disorders, and nonhealing infected ulcers Laboratory tests show absorption of sulfur in some form with no evidence of toxic reaction when administered orally or applied topically The value and importance of Hydrosulphosol as a chemotherapeutic agent has been pointed out in a number of published reports dealing with clinical and laboratory studies.

L & B Reiner, New York (Booths 76 and 77), will display equipment of interest to every physician Cardiotron, the Direct-Recording Electrocardiograph, will be in actual operation. Stop in and let us show you how you can take instantaneous electrocardiograms The latest Jones Motor-Basal Metabolism apparatus will be on display We should like to have the opportunity to explain some of the exclusive features of the Jones, such as automatic check on accuracy and elimination of calculations and barometric or temperature corrections The H G Fischer line of x-ray and physical therapy units, representing some of the finest construction in this type of equipment, will also be shown, as will the Allison doctors' office furniture



Riedel-de Haen, Inc., New York (Booth 97), will display Decholin, the original hydrocholeretic, Degalol, a choleretic, Cholmodin, a laxative agent, and Sigmodal, an analgesic used in obstetric analgesia. Physicians are cordially invited to discuss with our representatives the wide therapeutic application of these products

Ritter Co, Inc, Rochester, New York (Booth 46) On exhibition are the Ritter Ear, Nose, and Throat Unit complete with instruments, Ritter Motor Chair, Ritter Shock Proof X-ray, Ritter Compressor, Ritter Rest and Relief Stool, Ritter Mobilrest Stool, Ritter Fluorescent Light, Ritter Sterilizer, and Ritter Bone Surgery Engine

A H Robins Co, Richmond, Virginia (Booth 26) This exhibit will bring to the attention of the physicians some of the latest therapeutic advances in the antispasmodic and cardiovascular field

J B Roerig & Co, Chicago, Illinois (Booth 50), will exhibit interesting products for use in arthritis, anemia, and dermatologic conditions Company representatives will be on hand to explain these various products in detail Attending physicians are cordially invited to call at the Roerig display

Rogers Diesel And Aircraft Corp, New York (Booth 27) Devices for the sterilization of air vaporize triethylene glycol according to the work of Robertson, Puck, Biggs, and Jennings The small unit vaporizes enough triethylene glycol to treat a large room having four air changes per hour Larger units, for use where air ducts are available, vaporize sufficient triethylene glycol to treat the air in assembly halls, operating rooms, etc Charts will illustrate the sterilization effect of the vapors and their lack of toxicity

Rystan Co, New York (Booth 116) Chloresium products, containing water-soluble chlorophyll derivatives, as used in the treatment of burns, wounds, and ulcers, is shown by a series of typical clinical cases in Kodachrome Lack of toxicity, acceleration of healing, and deodorization of foul suppurative wounds are outstanding properties of these products Similar response in upper respiratory infections is observed by the use of the nasal solution

Sandoz Chemical Works, Inc., New York (Booth 96) For the non-narcotic relief of migraine, physicians will be interested in Gynergen (ergotamine tartrate) Other well-known Sandoz products include Cedilanid (lanatoside C—crystalline glycoside from digitalis lanata, not present in purpurea), Bellergal, Belladenal, Digilanid, Strophosid, Glysennid, Calglucon, and Neo-Calglucon

Saratoga Springs Authority, New York (Booth 119) This exhibit consists of a photographic montage designed to show facilities available to the public at The Saratoga Spa as part of the health service of New York State The photographs were taken in and about the various buildings on the State's 1,200-acre reservation They display the bottling and distribution of the natural mineral waters, scenic views, recreation facilities, and various treatments using natural mineral waters as given at the bath houses These include mineral baths and packs, as well as heat cabinet, light ray, and other treatments State-bottled Geyser water will be served by an attendant throughout the Meeting

[Continued on page 818]

Books with Emphasis on The Practical Side

New! Campbell's Everyday Psychiatry

By John D Campbell, M.D., Commander M C., U S.N R, formerly Chief Neuropsychiatrist, U S. Naval Base Hospital No. 8

An unusual new book that bridges the gap between medicine and psychiatry in everyday practice It clarifies those obscure symptoms in nervous or borderline mental patients—making possible a more accurate diagnosis. 333 Pages $6 00

New (3rd) Edition Dooley's Practitioner and Interns Handbook

By M. S. Dooley M.D ; and Members of the Faculty of the College of Medicine, Syracuse University

A handy efficient, pocket guide for use in emergencies. Contains clinical advice on the new drugs vitamins, biologicals, full chemotherapy data and how to use it. 573 Pages $3.00

New! Derbes and Engelhardt's Treatment of Bronchial Asthma

By Vincent J Derbes M.D., in charge of Allergy at the Ochsner Clinic; and H T Engelhardt, formerly Instructor of Medicine Tulane University School of Medicine.

This new book covers completely the management of the asthmatic patient. Special emphasis is placed on the treatment of hay fever Approximately 500 Pages 50 Illustrations Price $6 00

New! Conduction Anesthesia

Based on the clinical studies of the late George P Pitkin. Edited by James L. Southworth, M D., Surgeon, U S.P.H.S; and Robert A. Hingson M.D., Surgeon, U S.P H S.

Gives a clear authoritative picture of the clinical advantages of all anesthesia which interrupt nerve conduction without disturbing the mental faculties of the patient. Over 800 Pages 606 Illustrations $15.00

Ferguson's Surgery of the Ambulatory Patient

By L. Kraeer Ferguson M D., F.A C.S., Captain M C. U.S.N R., formerly Assistant Professor of Surgery University of Pennsylvania Medical School.

A step-by-step coverage of common surgical lesions giving methods of treatment. A practical book for the general practitioner and surgeon. 923 Pages 645 Illustrations $10 00

2nd Edition Kracke's Diseases of the Blood

By Roy A Kracke, M.D., Dean of the Medical College of Alabama

Contains virtually everything known to medical science about the blood and blood diseases. Presents complete diagrams, symptomatology treatment, differential diagnosis and prognosis. 692 Pages 51 color plates 46 black & white Illustrations $15 00

New! Guthrie's History of Medicine

By Donald Guthrie, M D., F R.C.S.

A refreshingly different new book that skillfully portrays the background and tradition of medical practice. Stresses the progress of medicine from ancient Egypt to present-day America. 72 excellent Illustrations 448 Pages Price $6.00

New! Scherf and Boyd's Clinical Electrocardiography

By David Scherf M.D., F.A.C.P., Associate Professor of Medicine, and Linn J Boyd M D., F.A C.P Professor of Medicine New York Medical College.

A new book timed to fill the need for information on this important diagnostic technic. Describes clearly the theory methods and accurate interpretation of findings. 267 Pages 409 Illustrations including 391 Electrocardiograms on 243 figures $5.00

LIPPINCOTT SELECTED PROFESSIONAL BOOKS

J B. Lippincott Company East Washington Square, Phila. 5, Pa. NYM-446

Enter my order and send me:

- ☐ Conduction Anesthesia $15.00
- ☐ Campbell's Everyday Psychiatry $ 6.00
- ☐ Derbes & Engelhardt s Bronchial Asthma Ready Soon
- ☐ Dooley's Practitioner & Interns Handbook $ 3.00
- ☐ Ferguson s Surgery of Ambulatory Patient $10 00
- ☐ Guthrie s History of Medicine $ 6 00
- ☐ Kracke s Diseases of the Blood $15 00
- ☐ Scherf & Boyd s Clinical Electrocardiography $ 5.00

☐ Cash Enclosed ☐ Charge my account ☐ Send C.O.D

Name

Street Address

City Zone, State

Under your guarantee, I may return book(s) within 10 days, otherwise, I will pay in full within 30 days.

[Continued from page 816]

The Schenley Labs, Inc., New York (Booth 67), exhibit is devoted entirely to penicillin and penicillin products A series of transilluminated Kodachromes of various pyogenic skin infections shows the therapeutic efficacy of Penicillin Ointment Schenley A well-informed attendant will gladly discuss any phase of penicillin therapy and developments with interested physicians

Schering Corp, Bloomfield, New Jersey (Booth 55), will feature the latest developments in endocrine therapy, radiographic aids and other pharmaceutical advances Of particular interest is the presentation of Combisul-TD Combisul-TD is a sulfonamide combination based upon the now proved therapy which offers the therapeutic benefits of sulfathiazole and sulfadiazine with a material decrease in the danger of renal toxicity and crystalluria Schering professional service representatives will be present to answer inquiries and to provide valuable, informative literature

Julius Schmid, Inc, New York (Booths 92 and 93), invite physicians to visit their exhibit to view anatomic Kodachromes These illustrate, step by step, the insertion and placement of the Ramses Flexible Cushioned Diaphragm Representatives of Julius Schmid, Inc, will be in attendance to answer any questions asked by physicians concerning Ramses Gynecological Products

G D Searle & Co, Chicago, Illinois (Booth 49), cordially invites you to visit their exhibit where representatives will be happy to answer questions pertaining to Searle Products of Research Featured will be Searle Aminophyllin, Metanucil, Ketochol, Floraquin, Diodoquin, Pavatrine, Tetrathione, and Gonadophysin

Sharp & Dohme, Inc., Philadelphia, Pennsylvania (Booth 95), will feature Tyrothricin Concentrate for [illegible] use, Lyovac Normal Human Plasma, Sulfahalidine, Sulfasuxidine, and Calgesic Ointment, a [illegible] anesthetic and analgesic ointment which possesses antipruritic action A cordial welcome awaits all visitors

Sinclair Pharmacal Co, Inc., New York (Booth 60), has on display at its exhibit the various ingredients that enter the composition of their product, Boroleum. Boroleum is one of the "old timers," that for years has held its own as a relief for nasal conditions, and is in greater demand today than at any time since its inception. It is not a drastic vasoconstrictor, and gives results without disagreeable secondary effects

Smith, Kline & French Laboratories, Philadelphia, Pennsylvania (Booths 112 and 113) Benzedrine Sulfate Tablets, N N R. and Dexedrine Sulfate Tablets are featured at this exhibit Since its introduction, some ten years ago, Benzedrine Sulfate, N N R. (racemic amphetamine sulfate) has grown steadily in clinical usefulness and today occupies a unique place in routine medical practice For certain selected bases, however, it is often desirable to employ a drug combining an even more preponderant central nervous stimulation with a relatively weaker peripheral effect A closely related compound—Dexedrine Sulfate (dextro-amphetamine sulfate)—precisely fulfills these requirements Our specially trained professional representatives will be glad to answer questions concerning the possible uses of our products in your practice

Specific Pharmaceuticals Inc, New York (Booth 83), invites you to visit their exhibit Representatives will be on hand to answer questions regarding several of their interesting products, such as Analbis Suppositories, the effective chemotherapeutic for the treatment of tonsillitis, pharyngitis, and gingivostomatitis, and Profenil, the new synthetic non-narcotic antispasmodic Samples, literature, and reprints will be distributed to members of the medical profession

Spencer Inc., New Haven, Connecticut (Booth 89) You are cordially invited to visit our exhibit, featuring Spencer Individually Designed Supports for abdomen, back, and breasts You will be especially interested in these supports for patients who have undergone mastectomy You will also be interested in the Spencer Spinal Support for patients following cast removal, or as an aid to treatment of protruding disc, and other back derangements Supports for patients with hernia, visceroptosis with symptoms, postoperative needs, obesity, antepartum, and postpartum needs are also on display

E R. Squibb & Sons, New York (Booth 115), presents a technical exhibit intended to further the conservation and more effective use of penicillin

Frederick Stearns & Company Division, Detroit, Michigan (Booth 104), cordially invites you to visit our exhibit Members of our professional staff will be in attendance to discuss these distinctive professional specialties developed in the Stearns Research Laboratories Neo-Synephrine Hydrochloride—sympathomimetic drug for intranasal, ophthalmic, and parenteral use, Parenamine—a solution of amino acids, used in the prophylaxis and therapy of protein deficiency, Adnephrin—for symptomatic relief of bronchial asthma, Fergon—a better-tolerated, better-utilized iron salt, also, the Fairchild enzyme products now manufactured solely by Frederick Stearns & Company Division under the original Fairchild processes—Pepsencia, Gastron, and Holadin.

[Continued on page 820]



NOW *a spermicidal jelly with added advantages*

1

Lorophyn Jelly kills sperm in less than one minute after contact[1, 2]

2

Lorophyn Jelly has excellent spreading and sperm-contact properties.

3

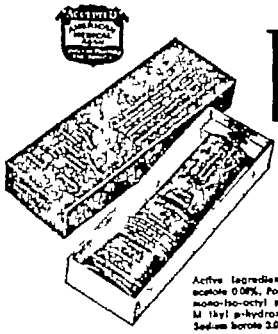
Lorophyn Jelly possesses effective properties as a physical barrier

4

Lorophyn Jelly is non-toxic, non irritating[2]

[1] In tests by modified Brown-Gamble method.
[2] Eastman, N. J., and Scott, A. B.: Human Fertility 9:33 1944.

Accepted by the Council on Pharmacy and Chemistry of the American Medical Association



Active Ingredients Phenylmercuric acetate 0.08%, Polyethylene glycol of mono-iso-octyl phenyl ether 0.3%, Methyl p-hydroxy benzoate 0.09%, Sodium borate 3.0%.

Lorophyn jelly

E. A. TOWNS LABORATORIES Inc.
NORWICH NEW YORK

[Continued from page 818]

Tampax Incorporated, New York (Booth 19) With patients now so frequently inquiring about menstrual protection, physicians will wish to avail themselves of the opportunity to visit our exhibit where representatives will discuss the many benefits and exclusive features of this intravaginal tampon, supplied in three absorbencies Also available are published clinical reports demonstrating its adequacy, safety, and numerous advantages

The Tarbonis Co, Cleveland, Ohio (Booth 62) Tarbonis Cream—anti-inflammatory, decongestant, resolution promoting—presents tar in a nonirritant form, and a special vanishing-type cream base The active ingredient extracted from selected tars presents high concentrations of sulfur and unsaturated hydrocarbons, the substance to which the action of tar is credited

Teca Corporation, New York (Booth 66), shows its improved models of the well-known Two Circuit Hydrogalvanic Units, for office and hospital work. Among these are conveniently operated four-tank units for the treatment of lesions in the extremities Galvanic full-bath units are employed for systemic treatment, using standard tube with complete safety Of interest are the new Teca Bi-Trodes, modern instruments for testing and localized treatment Also shown is the new Teca low volt generator SP3, with original new facilities, permitting a more efficient and varied utilization of galvanic and sinusoidal currents Another low-volt unit, HP4, is used for ion-transfer and electrodiagnosis

U S Vitamin Corp, New York (Booth 75), will distribute a full color illustrated brochure, *Diagnosing Vitamin Deficiencies*, together with professional samples and literature on Vi-Syneral, Hypervitam, Lipo-Heplex, Desiver, and others

Varick Pharmacal Co, Inc., New York (Booth 36) The theme of this exhibit will be the use of Digitaline Nativelle, the original digitoxin, in single dose oral digitalization The panel will portray graphically, by means of a clock-like figure, the three to six hours required for digitalization. A miniature showcase will contain specimens of the product

Walker Vitamin Products, Inc., Mt Vernon, New York (Booth 18), will exhibit its line of vitamin specialities and individual vitamin tablets Unique in the specialty group will be their Protein Hydrolysate with vitamins and minerals This product consists of casein hydrolysate (50 per cent) providing all of amino acids and delightfully flavored with pure bouillon It also supplies liberal potencies of the essential vitamins and minerals, considered to be important as supportive therapy in restricted diets

Wallace & Tiernan Products, Inc, Belleville, New Jersey (Booth 106) Features Desenex—specific fungicidal agent for Athlete's Foot and other superficial dermatomycoses, bland and harmless to the skin, Azochloramid—stable chloramine for local therapy of wound infections, Monomestrol—safe, orally effective synthetic estrogen—sustained in action. Our representatives will welcome your inquiries and you are invited to register for literature and samples.

William R. Warner & Co, Inc., New York (Booth 108) Warner representatives will introduce and offer samples of "Thera-Vita" capsules, a new, therapeutic, multivitamin product especially designed for prescription use in the treatment or prevention of vitamin deficiencies associated with acute febrile illnesses, pregnancy, hyperthyroidism, restricted diets, and impaired assimilation of food elements, particularly in the geriatric patient

Westwood Pharmacal Corp, Buffalo, New York (Booth 47), features two products For patients with soap-sensitive skin, Lowila is a completely soapless, lathering detergent which cleanses without irritation Lowila Cake for face, hands, bath, etc, and Lowila Liquid for household use For the treatment of Vaginitis (Trichomonas vaginalis, etc.) and Cervicitis, Westwood presents Westhiazole Vaginal, a highly effective, sterile jelly in a convenient, single dose, disposable applicator Two representatives will be on hand to welcome you and provide samples and literature

White Laboratories, Inc, Newark, New Jersey (Booth 88), present information regarding White's Sulfathiazole Gum—expressly formulated for topical chemotherapy in oropharyngeal infections, White's Otomide—a more effective means of topical chemotherapy in ear infections—and a new specialty, White's Mol-Iron Tablets, a new and definite advance in the treatment of iron deficiency anemias White's ethically promoted vitamin specialties are also featured You will find a very cordial welcome by White's Medical Service Representatives in charge of the exhibit

Winthrop Chemical Co, Inc, New York (Booths 120 and 121), has available a number of interesting and highly informative booklets Ask particularly for your copy of Demerol, new analgesic, spasmolytic and sedative, and Creamalin, nonalkaline antacid.

Wyeth Incorporated, Philadelphia, Pennsylvania (Booths 58 and 59) Free samples of Bucillin, Wyeth's smooth-tasting penicillin troche, are at the Wyeth booth for your personal appraisal Visit with us and permit us to acquaint you with a few of our outstanding additions to the line of Wyeth biologicals, pharmaceuticals, and nutritionals, such as Purodigin (Digitoxin Wyeth), Strean's Pertussis Vaccine, Cerol (a new cereal for infants and children), and Lactamin, a complete amino-acid preparation



"KI" the MODERN way *

for conditions requiring Potassium Iodide



OLD SOLUTION FORMS of Potassium Iodide with variable dosages have proven to be largely unsatisfactory[1 2] and there has been a long recognized need for a more accurate simple and convenient preparation.

NEW ENKIDE (Brewer) fulfills this need—providing in a small, enteric-coated tablet a full gram (15 43 grains) or a half gram (7 72 grains) of Potassium Iodide easy to prescribe and easier to tolerate with minimum gastric distress. Supplied 100 or 500 on prescription only—at a price acceptable to the average patient.

(1) Riseman J E F *The Treatment of Angina Pectoris A Summary of Ten Years Objective Study* N E J Med. Vol 229 p 670 1943

(2) Garfield W T., *A New Method of Giving Potassium Iodide* N E J Med Vol 229 p 971 1944

Dosages recommended in ANGINA PECTORIS (1) and in SYPHILIS (2) In literature on request with PHYSICIAN'S SAMPLE.

BREWER & COMPANY, Inc.

Pharmaceutical Chemists Since 1852 · WORCESTER, MASS

★ ★

The Medical Society of the State of New York wishes to take this opportunity to thank the Hotel Pennsylvania staff for their splendid cooperation in helping to plan the Meeting this year in the face of extremely difficult conditions

Members are reminded that, as convention headquarters, the Hotel Pennsylvania will be called upon for a great many services in addition to room reservations The Society feels confident that members attending the Convention will be aware of the many difficulties of hotel operation today

★

Woman's Auxiliary

To the Medical Society of the State of New York

Annual Convention

Hotel Pennsylvania, New York, April 28, 29, 30, May 1

THE ANNUAL CONVENTION of the Woman's Auxiliary to the Medical Society of the State of New York will be held April 28, 29, 30, and May 1, 1946, at the Hotel Pennsylvania, New York City Headquarters will be in the Roof Garden

All doctors' wives, whether members of a Woman's Auxiliary to a County Medical Society or not, are urged to register at the Registration Desk in the corridor, eighteenth floor, Roof Garden, and are cordially invited to participate in all parts of the program

PROGRAM

Sunday, April 28

2 00 P M.– 5 00 P M. Registration of Delegates, Alternates and Guests—Corridor, Roof Garden
Registration for Luncheon (Monday 12 30 P M)
Registration for Breakfast (Tuesday 8 30 A.M)

8 00 P M.– 10 00 P M. Meet president in her suite

Monday, April 29

9 00 A M.– 4 00 P M Registration—Corridor, Roof Garden

10 00 A M – 12 NOON Preconvention Meeting of Executive Board—Roof Garden

12 30 P M. Luncheon

1 30 P M – 4 30 P M First Half of House of Delegates Meeting—Roof Garden

Tuesday, April 30

8 30 A M Breakfast

9 00 A M – 5 00 P M Registration

9 30 A M Second Half of House of Delegates Meeting

Wednesday, May 1

10 00 A M – 11 00 A.M Postconvention Meeting of Executive Board

11 00 A M.– 12 NOON Conference with County Presidents

6 00 P M Cocktail Party

7 00 P M. Banquet—Medical Society of the State of New York

Officers

President, Mrs. Edwin A. Griffin

President-Elect, Mrs Alfred Madden

First Vice-President, Mrs Otto Pfaff

Second Vice-President, Mrs. Walter G Hayward

Treasurer, Mrs. Fred Jones

Recording Secretary, Mrs Edgar M Neptune

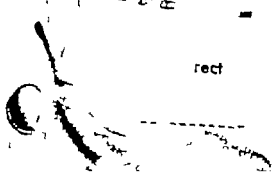
Corresponding Secretary, Mrs. Walter J Puderbach



MEDIA for bacterial cultures are sterilized for fifteen minutes at 250°F with this [illegible] clave, in the modern research department of the Lanteen Medical Laboratories. A continuous program of research and rigid scientific control throughout [illegible] insures the efficacy and high standards of all Lanteen products

Lanteen Lilac (Mensinga-type diaphragm) is available *on the prescription of the physician*

Since patients are not mechanically minded, simplicity and ease of handling are prime requisites for continued use. Lanteen Lilac flat spring diaphragm is extremely simple to place—it is collapsible in one plane only No inserter required.



rect

L A N T E E N

COPYRIGHT 1944 LANTEEN MEDICAL LABORATORIES, INC. 6A6B4DO 10

Women's Medical Society of New York State

Annual Meeting

Hotel Pennsylvania, New York, April 28, 29, 1946

THE thirty-ninth Annual Meeting of the Women's Medical Society of New York State will be held in New York, April 28–29

There will be a buffet supper at the home of the President, Dr Theresa Scanlan, 34 Gramercy Park, on Sunday, April 28, from 5 00 P M to 7 00 P M

The regular Annual Meeting will be held on Monday, April 29, at the Hotel Pennsylvania

The program for Monday is as follows 9 00 A M –Registration, 10 00 A M.–Business Meeting, 1 00 P M –Luncheon, 2 00 P M –Scientific Sessions—Symposium on Plastic Surgery

THERESA SCANLON, M D, *President*
MARY A JENNINGS, M D, *Secretary*

Officers of the Women's Medical Society

Honorary Presidents

Mary T Greene, M D
Helene J C Kuhlmann, M D
Rosalie Slaughter Morton, M D

President

Theresa Scanlan M D
133 E 58th St, New York City

Vice-Presidents

Mary E Potter, M D
305 Washington Ave, Brooklyn
Helen Walker M D
2629 Main St., Buffalo
Sophy Page Carlucci, M D
120 Washington Ave Endicott

Treasurer

Isabel Scharnagel M D
139 E 36th St New York City

Secretary

Mary A Jennings, M D
901 Lexington Ave New York City

COUNCILORS

1st District Branch

Ruth E Ewing M D
50 E 10th St, New York City

2nd District Branch

Cora M Ballard M D
1078 Park Place, Brooklyn

3rd District Branch

Elizabeth Vuornos, M D
12 Chestnut St, Liberty

4th District Branch

Annetta E Barber, M D
106 Warren St, Glens Falls

5th District Branch

Elizabeth L Shrimpton, M D
608 E Genesee St, Syracuse

6th District Branch

Florence Warner, M D
78 Front St, Binghamton

7th District Branch

Kathleen L Buck M D
331 Monroe Ave, Rochester

8th District Branch

Alta Sager Green M D
30 Cayuga Road, Williamsville

Honorary Councilors

Helene J C Kuhlmann, M D
Maud J Frye, M D
Emily Dunning Barringer, M D
Lois L Gannett M D
Esther Parker M D
Mary Dunning Rose M D
Ethel Doty Brown M D
Rosalie Slaughter Morton M D
Anna H Voorhis, M D
Louise Beamis-Hood, M D
Marion S Morse M D
Mary J Kazmierczak M D
Clara H Pierce, M D
Elise S L'Esperance, M D
Madge C L McGuinness M D
Alice Stone Woolley, M D
Margaret P McCarthy, M D

Honorary Members

Judge Dorothy Kenyon
Catherine Macfarlane, M D
Philadelphia Pa

CHAIRMEN OF COMMITTEES

Scientific Program

Adelaide Romaine, M D
39 West 9th St, New York

Legislative

Louise Beamis-Hood, M D
153 Bidwell Parkway, Buffalo

Medical Education

Mary T Greene, M D
Sanitarium, Castile

Public Health

Sophie Rabinoff, M D
720 West End Avenue, New York City

Public Relations

Christine Einert, M D
344 West St, Rochester

Membership

Ruth Moore, M D
614 Plant St, Utica

Resolutions

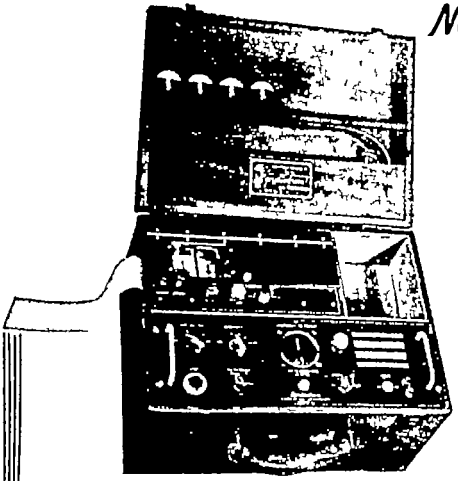
Mary J Kazmierczak, M D
957 Sycamore St, Buffalo

Publicity

Leoni N Claman M D
40 East 88th St, New York

Medical Economics

Madge L McGuinness M D
1211 Madison Ave, New York



Now Being Delivered

The Original INSTANTANEOUS

Direct-Recording

Portable

Cardiotron

•

Produces an Absolutely Permanent Standard Recording of Heart Action

THE INSTANT IT OCCURS!

It's already in use by leading physicians and hospitals—the ideal dependable EKG providing instant, accurate, direct recordings without the need for photographic reproduction or development.

Without any sacrifice in accuracy or dependability, CARDIOTRON produces an electrocardiographic record impervious to heat and time—a record which cannot be scratched or marred by rough handling and which will retain its original form after years of storage

No ink is used, no processing or developing is necessary either before or after taking the graph The CARDIOTRON operates from regular A C lines, with no batteries of any kind required, and will operate on D C lines through the use of a special light weight converter which is available

See It demonstrated at BOOTH 76-77

Manufactured by Electro-Physical Laboratories, Inc.

Division of ELECTRONIC CORPORATION OF AMERICA

Distributed by L. & B. Reiner

L. & B REINER, 139 East 23rd Street, New York 10, N Y

Please send me further information, without obligation, about CARDIOTRON, the Direct-Recording Electrocardiograph.

Dr _____

Address _____

City _____ **Zone** _____ **State** _____

Necrology

William Byron Agan, M D , of Brooklyn, died on February 5 at the age of 58 Dr Agan, an ophthalmologist, was former president of the Brooklyn Ophthalmological Society and a member of the staff of the Brooklyn Eye and Ear Hospital, St John's Hospital, and St Giles the Cripple Hospital. He was graduated from the College of Physicians and Surgeons, Columbia University, in 1912, and served his internship at Mary Immaculate Hospital, Queens

He was a Fellow of the American College of Surgeons, a diplomate of the American Board of Ophthalmology, and a member of the American Medical Association, the American Academy of Ophthalmology, and the medical societies of New York State and Kings County

William H Crohn, M D , of Brooklyn, died on January 25 Dr Crohn received his medical degree from the University of Munich, in 1919, and also studied at the Universities of Königsberg and Berlin He was a member of the Medical Society of the State of New York, Kings County Medical Society, and the American Medical Association

Victor Gang, Lt Comdr , (MC),USNR, of New York City, died on September 3, 1945, while on active duty with the Navy as a flight surgeon. He was graduated in 1937 from Rush Medical College, of the University of Chicago Before entering service he was a member of the department of medicine of the University of Chicago clinics, a ember of the staffs of the Municipal Contagion isease Hospital, in Chicago, and of Lenox Hill ospital New York City He was 33 years old

John Christian Germann, M D , of Valhalla, and formerly of Brooklyn, died on February 6 at the age of 74.

Dr Germann was twice president of the North Brooklyn Medical Society, and a member of the medical societies of Kings County, New York State, and the American Medical Association He was graduated in 1893 from New York University College of Medicine, and practiced in Brooklyn for forty-six years

Benjamin F Handelsman, Capt ,(MC),AUS, of Brooklyn, died on September 24, 1945 Captain Handelsman was graduated from University and Bellevue Medical College in 1922 and before entering the service was adjunct physician at Wyckoff Heights Hospital, associate physician in charge of electrocardiography, at Greenpoint Hospital, and attending cardiologist at Williamsburgh Maternity Hospital.

He was a member of the medical societies of N York State, Kings County, and the Am Medical Association. He was 48 rs old

Charles Eugene Huber, (MC),A of New York City, died on at the

of 43 Colonel Huber was on terminal leave at the time of his death, after serving thirty months in the China-Burma-India theater For a time he commanded the 14th Evacuation Hospital there, a unit composed of physicians from City Hospital He was graduated in 1928 from the College of Physicians and Surgeons, Columbia University, and was a member of the American Medical Association, and the New York State and County medical societies

Edward William Koch, M D , of Buffalo, dean of the University of Buffalo School of Medicine, died on February 10 He was 64. Dr Koch, dean of the school for the last sixteen years, was instrumental in the development of medical graduate work leading to the degree of Master of Science in Medicine. He received his medical degree from Rush Medical College, Chicago University, in 1911

He was a Fellow of the Academy of Medicine and a member of the medical societies of New York State and Erie County and the American Medical Association

Emil Koffler, M D , of the Bronx, died at his home on February 14 after a brief illness He was 65 years old.

Dr Koffler was a past president of the Bronx County Medical Association, a Fellow of the New York Academy of Medicine, and a member of the medical societies of Bronx County, New York State, and the American Medical Association He was graduated from the University of Bucharest in 1905, coming to this country forty years ago He has since been associated with the staffs of Beth Israel, Montefiore, and Bronx hospitals. A diplomate of the American Board of Internal Medicine, he published many articles on modern medical education and practice

Adolf Lorenz, M D , formerly of New York City, died on February 12 in Vienna at the age of 91 Dr Lorenz attained international fame for the technic which he developed for relieving many orthopedic ailments by external manipulation He received his medical degree in 1880 from the University of Vienna

Henry Nicholas Moeller, M D , of Poughkeepsie, died on February 17 at the age of 63 He was graduated from the College of Physicians and Surgeons, Columbia University, in 1904, and was a member of the staff of Vassar Hospital

He was a member of the medical societies of Dutchess County and New York State and of the American Medical Association

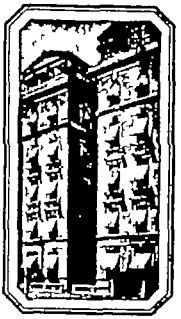
Aaron H Rabinovitz, M D , of Brooklyn, died on tember 6, 1945, at the age of 72 Dr Rabinovitz graduated from the Long Island College of in 1914, and was a member of the medical of New State, Kings County, and the ciation.

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment endorsed by many physicians. Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY

COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24, N Y Tel: SChuyler 4-0770

WEST HILL

West 252nd St and Fieldston Road
Riverdale-on the-Hudson, New York City

For nervous mental, drug and alcoholic patients The sanitarium is beautifully located in a private park of ten acres. Attractive cottages, scientifically air-conditioned. Modern facilities for shock treatment Occupational therapy and recreational activities Doctors may direct treatment. Rates and illustrated booklet gladly sent on request

HENRY W. LLOYD, M.D., *Physician in Charge*
Telephone Kingsbridge 9-8440



TWIN ELMS

A Modern Psychiatric Unit
Selected drug and alcohol problems welcome.
Rates moderate
Eugene N Boudreau, M.D., *Phys-in-Chg*
SYRACUSE, N Y

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y

FOR MENTAL AND NERVOUS PATIENTS. An institutional atmosphere. Treatment modern scientific, individual. Moderate rates. Licensed by dept. of Mental Hygiene. (See also our advertisement in the Medical Directory of N Y., N J. and Conn.) Address inquiries to MARGARET TAYLOR ROSS, M D *Physician-in-Charge.*

'INTERPINES'

Goshen, N Y

Phone 117

Ethical — Reliable — Scientific
Disorders of the Nervous System
BEAUTIFUL — QUIET — HOMELIKE
Write for Booklet

FREDERICK W SEWARD M. D., *Director*
FREDERICK T SEWARD M. D., *Resident Physician*
CLARENCE A. POTTER M. D., *Resident Physician*

PINEWOOD

Route 100 Westchester County, Katonah, New York

Licensed by the Department of Mental Hygiene In addition to the usual forms of treatment (occupational therapy physiotherapy outdoor exercise etc.) we specialize in more specific techniques. All forms of shock therapy Psychological and physiological studies. Psychoanalytic approach. Group psychotherapy

DR. JOSEPH EPSTEIN } Physicians in Charge
DR. LOUIS WENDER } Tel. Katonah 778

Dr Max Friedamann Senior Psychiatrist

N Y Officem 19 East 79th St. Tel. Butterfield 8-8700

LOUDEN-KNICKERBOCKER HALL, INC.

81 LOUDEN AVENUE - Tel Amityville 53 - AMITYVILLE, N Y

A private sanitarium established 1886 specializing in NERVOUS and MENTAL diseases.
Full information furnished upon request

JOHN F LOUDEN *President* JAMES F VAVASOUR, M.D., *Physician in Charge*
NEW YORK CITY OFFICE, 67 West 44th St. Tel. VAnderbilt 6-3722

Norman Solny, M D, of West New Brighton, died on February 13 shortly after completing a major operation at the Sunnyside Hospital in West New Brighton He was 45 years old Dr Solny, chief surgeon at Sunnyside Hospital, was a graduate of the University of Tennessee College of Medicine, class of 1930

He was also assistant surgeon at Adelphi Hospital, and was a member of the Richmond County Medical Society, the Medical Society of the State of New York, and the American Medical Association

Abraham O Tumen, M D, of New York City, died on February 14 of coronary thrombosis He was 42 years old A graduate of University and Bellevue Medical College, in 1926, he was associate chief of medicine at Harlem Hospital, assistant physician at the Cancer Institute, and a member of the staffs of Manhattan General and Mount Sinai hospitals

Siegfried Wachsmann, M D, of Middletown, and formerly of Yonkers, died on February 18 after a long illness He was 81 years old Dr Wachsmann, a graduate of the University of Berlin in 1891, was professor of clinical medicine at the College of Physicians and Surgeons, Columbia University, from 1914 to 1938, and became medical director of Sydenham Hospital in 1927, holding the position for six years He was also consultant to Montefiore Hospital, and was a member of the Medical Society of the State of New York and the American Medical Association.

Alfred Millard Wose, M D, of Syracuse, died on February 13 at the age of 69 Dr Wose was professor emeritus of urology of Syracuse University College of Medicine and a staff member of St Joseph and Memorial hospitals He was graduated in 1901 from Harvard Medical College, and later studied in Vienna.

He was a member of the American Urological Association, the American Medical Association, and the medical societies of Onondaga County and New York State, and was a Fellow of the Academy of Medicine

Lucius A Wing, M D, of New York City, died on February 15 at his country home in Southfield, Massachusetts

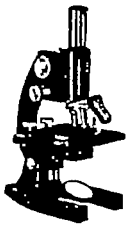
He was 63 years old Dr Wing was graduated from Cornell University Medical College in 1907, and was an attending surgeon at the Lying-In Hospital, associate attending surgeon at St Mary's Hospital for Children, in New York City, associate obstetrician and gynecologist at New York Hospital, and consulting obstetrician at Margaret Hague Maternity Hospital, Jersey City He was a diplomate of the American Board of Obstetrics and Gynecology, a Fellow of the American College of Surgeons, and a member of the American Medical Association and the medical societies of New York County and New York State

YONKERS PROFESSIONAL HOSPITAL

The Yonkers Professional Hospital has enlarged its bed capacity to meet the increasing demand for the care of convalescents, post-operative cases, invalids and patients suffering from chronic ailments.
Modern Fire-proof building Excellent location.

Rates from $35.00 per week, and up
Physicians are privileged to treat their own patients.

Yonkers 3-2190
26 Ludlow St. Yonkers, N Y
No contagious or mental cases accepted.



BAUSCH & LOMB MICROSCOPE

MODEL BA 8

In weight, in balance, in range of magnification (from 20X to 950X) and in accessories available these beautifully built microscopes give you a precision instrument that's truly versatile. Built-on mechanical stage Abbe Condenser in a full ring mount positive smooth focusing. Write for Catalog D-185 Bausch & Lomb Optical Co 667 St. Paul Street, Rochester 2 N Y

BAUSCH & LOMB
ESTABLISHED 1853

DR. BARNES SANITARIUM

STAMFORD, CONN.
45 minutes from N Y C. via Merritt Parkway
For treatment of Nervous and Mental Disorders, Alcoholism and Convalescents. Carefully supervised Occupational Therapy Facilities for Shock Therapy Accessible location in tranquil, beautiful hill country Separate buildings.
F H. BARNES, M.D., Med. Supt. *Tel. 4-1143

Correction Notice

The Post-Graduate courses announced by the University of Buffalo—School of Medicine as being held the week of March 13, 1916 have been rescheduled to be held the week of April 22nd through April 27th

FALKIRK
IN THE
RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg
CENTRAL VALLEY Orange County N Y

BRUNSWICK HOME

A PRIVATE SANITARIUM. Convalescents, perioperative aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M. D Supt.
S'way & Loudon Ave., Amityville N Y., Tel: 1700, 1 2

HALCYON REST

764 BOSTON POST ROAD RYE, NEW YORK
Henry W Lloyd, M.D., Physician-in-Charge
Licensed and fully equipped for the treatment of nervous, mental drug and alcohol patients, including Occupational therapy. Beautifully located a short distance from Rye Beach. Telephone: Rye 650 *Write for illustrated booklet.*

NO COLLECTION — NO CHARGE
20 years of friendly dealings with patients in your community have taught us how and when to collect. *Write* Our local man will do all the work of compiling the list. You just have to like-press it.
NATIONAL DISCOUNT & AUDIT CO
Herald Tribune Bldg New York N Y

IN WHOOPING COUGH
ELIXIR BROMAURATE

Cuts short the period of the illness and relieves the distressing cough. Also valuable in BRONCHITIS BRONCHIAL ASTHMA. In four-ounce original bottles. A teaspoonful every [illegible]
(Contains one-half grain Gold Tribromide in one fluidounce.
GOLD PHARMACAL CO.

Officers—County Medical Societies—1946

TOTAL MEMBERSHIP AS OF APRIL 1, 1946—19,768

County	*President*		*Secretary*		*Treasurer*	
Albany	R G Leddy	Albany	A Vander Veer	Albany	F E Vosburgh	Albany
Allegany	I Felsen	Wellsville	E B Perry	Belfast	D Grey	Belfast
Bronx	F La Gattata	Bronx	G B Gilmore	Bronx	J A. Landy	Bronx
Broome	V W Bergstrom	Binghamton	M A Carvalho	Binghamton	L J Flanagan	Binghamton
Cattaraugus	L R Stoll	Salamanca	W R. Ames	Olean	W R Ames	Olean
Cayuga	C W Bullard	Auburn	S J Karpenski	Auburn	L H. Rothschild	Auburn
Chautauqua	R E Storms	Westfield	E Bieber	Dunkirk	C E Hallenbeck	Dunkirk
Chemung	W T Boland	Elmira	E D Smith	Elmira	M F Butler	Elmira
Chenango	W D Mayhew	Oxford	J H Stewart	Norwich	J H Stewart	Norwich
Clinton	E W Sartwell	Plattsburg	K M Clough	Plattsburg	K M Clough	Plattsburg
Columbia	L M Niesen	Hudson	L J Early	Hudson	L J Early	Hudson
Cortland	F A Jordan	Cortland	W A. Wall	Cortland	F F Sornberger	Cortland
Delaware	G B Ewing	East Branch	F R. Bates	Walton	F R. Bates	Walton
Dutchess	G J Jennings	Beacon	A A Rosenberg	Poughkeepsie	A. A Rosenberg	Poughkeepsie
Erie	P A Steele	Buffalo	L W Beamis	Buffalo	R L Scott	Buffalo
Essex	J Breen	Schroon Lake	J E Glavin	Port Henry	J E Glavin	Port Henry
Franklin	J N Hayes	Saranac Lake	D H. Van Dyke	Malone	D H Van Dyke	Malone
Fulton	J F Sarno	Johnstown	L Tremante	Gloversville	J A Shannon	Johnstown
Genesee	P P Welsh	Leroy	P J Di Natale	Batavia	P J Di Natale	Batavia
Greene	F E Persons	Lexington	W M Rapp	Catskill	M H Atkinson	Catskill
Herkimer	B J Kelly	Frankfort	F C Sabin	Little Falls	A L Fagan	Herkimer
Jefferson	S E Douglas	Adams	C A Prudhon	Watertown	L E Henderson	Watertown
Kings	T B Givan	Brooklyn	B M Bernstein	Brooklyn	I E Sirus	Brooklyn
Lewis	B M Phelps	Lowville	J F Rudmin	Port Leyden	J F Rudmin	Port Leyden
Livingston	H J Schneckenburger	Nunda	F J Hamilton.	Hemlock	F J Hamilton	Hemlock
Madison	F Ottaviano	Oneida	L S Preston	Oneida	G S Pixley	Canastota
Monroe	J S Houck	Rochester	C S Lakeman	Rochester	J L Norris	Rochester
Montgomery	M F Geruso	Amsterdam	S Partyka	Amsterdam	M T Woodhead	Amsterdam
Nassau	W C Atwell	Great Neck	W C Freese	Baldwin	W C Freese	Baldwin
New York	R B Henline	New York	B W Hamilton	New York	F Beekman	New York
Niagara	C M Brent	Niagara Falls	C M Dake	Niagara Falls	D B Fitzgerald	Lockport
Oneida	H D MacFarland	Utica	O J McKendree	Utica	R. C Hall	Utica
	F S Wetherell	Syracuse	I L Ershler	Syracuse	A C Hofmann	Syracuse
	B C Hurlbutt	Rushville	D A Eiseline	Shortsville	D A. Eiseline	Shortsville
Orange	R W Thompson	Cornwall-on-Hudson	E C Waterbury	Newburgh	E C. Waterbury	Newburgh
Orleans	E T Eggert	Knowlesville	A. H Snyder	Holley	A. H. Snyder	Holley
Oswego	H F McGovern	Fulton	W F Fivaz	Fulton	W F Fivaz	Fulton
Otsego	A. M Skinner	Oneonta	M F Murray	Cooperstown	J M Constantine	Oneonta
Putnam	G H. Steacy	Lake Mahopac	Garrett W Vink	Carmel	Garrett W Vink	Carmel
Queens	V Juster	Jamaica	E A Wolff	Forest Hills	A A Fischl	Long Island City
Rensselaer	J F Connor	Troy	R. E De Friest	Troy	H. C Engster	Troy
Richmond	M. S Lloyd	New York	H Friedel	St George	H. Dangerfield	St George
Rockland	F J Schwartz	Spring Valley	R L Yeager	Pomona	M R. Hopper	Nyack
St. Lawrence	T M Watkins	Potsdam	C F Prairie	Massena	L T McNulty	Potsdam
Saratoga	F G Eaton	Saratoga Springs	M. J Magovern	Saratoga Springs	J M Lebowich	Saratoga Springs
Schenectady	W E Gazeley	Schenectady	N H Rust	Scotia	R E Faulkner	Schenectady
Schoharie	R. G S Dougall	Cobleskill	D R. Lyon	Middleburg	D L Best	Middleburg
Schuyler	W C Stewart	Watkins Glen	C W Schmidt	Montour Falls	C W Schmidt	Montour Falls
Seneca	S B Folts	Interlaken	F W Lester	Seneca Falls	F W Lester	Seneca Falls
Steuben	J I Yanick	Hornell	R. J Shafer	Corning	R. J Shafer	Corning
Suffolk	R. W Jones	Center Moriches	E P Kolb	Holtsville	G A. Sillman	Sayville
Sullivan	R. S Breakey	Monticello	D S Payne	Liberty	D S Payne	Liberty
Tioga	H. S Fish	Waverly	P E Zoltowski	Waverly	P E Zoltowski	Waverly
Tompkins	R. H Broad	Ithaca	W Wilson	Ithaca	W Wilson	Ithaca
Ulster	H Silk	Kingston	F H. Voss	Kingston	C B Van Gaasbeek	Kingston
Warren	J A Glenn	North Creek	L C Huested	Glens Falls	L C Huested	Glens Falls
Washington.	Leslie A. White	Whitehall	D M Vickers	Cambridge	C A. Prescott	Hudson Falls
Wayne	D F Johnson	Newark	I M Derby	Newark	I M Derby	Newark
Westchester	L Zadek	Mt Vernon	E J Dealy	White Plains	H. W Kipp	Ossining
Wyoming	A Kosseff	Attica	G W Nairn	Warsaw	G W Nairn	Warsaw
Yates	W P Rhudy	Penn Yan	R. F Lewis	Penn Yan	R. F Lewis	Penn Yan

CLASSIFIED

Classified Rates

Rates per line per insertion

One time	$1.10
3 Consecutive times	1.00
6 Consecutive times	.80
12 Consecutive times	75
24 Consecutive times	70

MINIMUM 3 LINES

Count 7 average words to each line

Copy must reach us by the 20th of the month for issue of First and by the 5th for issue of Fifteenth.

Classified Ads are payable in advance. To avoid delay in publishing remit with order

WANTED

MEDICAL DIRECTOR for FRONTIER NURSING SERVICE in Kentucky mountains; salary; travel expenses; house in Hospital grounds; training or experience in obstetrics essential. Address Mrs. Breckinridge Director Frontier Nursing Service Wendover Kentucky

SELECTION AND FITTING OF HEARING AIDS

Thomas H. Halsted, M D., F.A C.S

Otologist, Specializing in the Fitting of Hearing Aids
Representative for
AUREX, BELTONE, OTRONIC, PARAVOX, RADIO EAR, TELEX, WESTERN ELECTRIC
Hours 9.30-4.30 Saturday 9:30-1:00 By appointment.
475 Fifth Avenue (cor 41st St.) New York City (17)
La. 2-3427

REAL ESTATE

OFFERING

Sound Real Estate Investments in Income Producing Properties Samuel Kramr 7 West 44th Street, New York City Murray Hill 2-9461 Member Real Estate Board of New York. Member National Association of Real Estate Boards

FOR SALE

Ano-Recto-Sigmoidoscope, Model #465 complete with The Vitrobin Potential Adjuster In perfect condition at less than half price. Telephone—Tonawanda 836

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service. Paine Hall graduates have character intelligence personality and thorough technical training Let us help you find exactly the right assistant.

Est. 1917 Paine Hall

101 W 31st St. New York
BRyant 9-2831
Licensed by State of N Y

PATENT ATTORNEY

Z. H. POLACHEK, Patent Attorney Engineer
Specialist in patents and trademarks. Confidential advice
1234 Broadway N Y C. (at 31st) LOngacre 5-3088

FOR SALE

Fully equipped office containing all diagnostic instruments for surgery and general practice including complete x ray outfit. Dr J H Collins 820 State St. Schenectady N Y

FOR SALE

Boulitte Electrocardiograph practically new complete with all accessories and carrying case. Reasonable Call Rhinelander 4-8162 any time between 9 A M and 5 P M

FOR SALE

Full office of equipment, including fluoroscope and Lepel short wave. Will only sell complete. Excellent condition WI-6-1338.

POSITION WANTED

Pathologist, American Board Diplomate and certified by New York State Health Dept. desires hospital or group association Box 4020 N Y St. Jr Med

POSITION WANTED

Well trained general practitioner 33 exceptional academic record 3 years military service surgical experience, desires association with group or established physician or surgeon. Licensed New York California Box 4100 N Y St. Jr Med

ZEMMER

Prescribe or Dispense

Zemmer Pharmaceuticals

A complete line of laboratory controlled ethical pharmaceuticals. NY 4-46

Chemists to the Medical Profession for 44 years.

The Zemmer Company Oakland Station Pittsburgh 13, Pa.

We do appreciate the wholehearted cooperation of the Medical Society of the State of New York

The Yorkshire Indemnity Company of New York

90 John Street *New York City*

Official Carrier of the Group Malpractice Insurance Plan of the Medical Society of the State of New York

The Yorkshire is vitally interested in providing proper insurance for the Hospital risk as there is, in many instances, the overlapping of liability of the doctor and the institution. This interest goes beyond the development of a contract form and is best exemplified by the manner in which inspections are made and suggestions offered to the end that accidents shall be kept to a minimum.

FRIED & KOHLER, Inc.

"True to Life"

Artificial Human Eyes

Especially Made to Order by Skilled Artisans





Comfort, pleasing cosmetic appearance and motion guaranteed Eyes also fitted from stock by experts Selections sent on memorandum Referred cases carefully attended

FRIED & KOHLER, Inc.

Specialists in Artificial Human Eyes Exclusively

665 Fifth Avenue
(near 53rd Street)

New York, N Y
Tel Eldorado 5-1970

"Over Forty Years devoted to pleasing particular people"



FULL COLOR HUMAN INTEREST GOOD POSTURE CHART expressly designed for physicians' offices, clinics and health centers. One of four in the new 1946 group added to the standard series widely distributed in schools, colleges, industrial plants, "Y's" and similar outlets. Write for your office copy of this educational chart on your professional letterhead. Samuel Higby Camp Institute for Better Posture, Empire State Building, New York 1, N Y

May 6 to 11 CAMP *8th Annual*
NATIONAL POSTURE WEEK

Once again National Posture Week takes its place on the calendar of public health education as it dramatizes the sound and ethical year-round program focusing the attention of the country on the significance of good posture as one element in good health and physical fitness

Since no field is more subject to the dangers of "glamorizing" and lay "experting," the Institute in all its appeals stresses the necessity of "seeing your physician" as the first step in the improvement of poor body mechanics Distribution of authentic literature through schools, colleges, medical and government bodies, and industrial, professional and civic public health groups is an important part of the program Press and radio give serious coverage

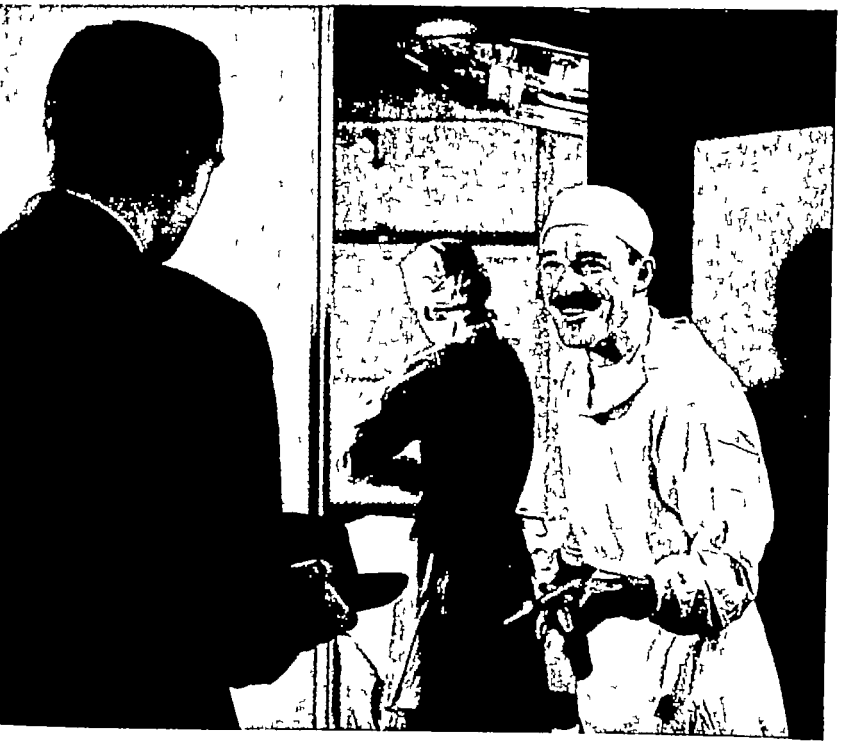
We hope to merit the continued cooperation of the medical profession during the first post-war observance of National Posture Week as peace presents its varied problems to those charged with maintaining the health of the nation



FREE: These two heavily illustrated booklets on posture prepared especially for distribution by physicians to their patients Their titles are "The Human Back its relationship to Posture and Health" and "Blue Prints for Body Balance." Ask for the quantity you need on your professional letterhead THE SAMUEL HIGBY CAMP INSTITUTE FOR BETTER POSTURE, Empire State Bldg, New York 1 N Y Founded by S H. Camp & Company, Jackson, Mich

S. H CAMP & COMPANY · Jackson, Mich. · *World's Largest Manufacturers of Scientific Suppor*

Offices in NEW YORK · CHICAGO · WINDSOR, ONTARIO · LONDON, ENGLAND



"It's a Boy!"

—and his life expectancy is brighter, and longer by 15 years —thanks to medicine's "men in white"

● Cold figures with a warm, wonderful significance. Yes, the figures on increased life expectancy tell as much as a five-foot shelf of volumes on the amazing strides modern medical science has made in protecting and prolonging human life.



According to a recent independent nationwide survey

MORE DOCTORS SMOKE CAMELS

than any other cigarette

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 APRIL 15, 1946 NUMBER 8

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK *Publication Office* 20TH AND NORTHAMPTO STS, EASTON, PA *Editorial and Circulation Office* 292 MADISON AVE, NEW YORK 17, N Y *Change of Address* NOTI SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS Twenty-five cen per copy—$2 00 per year *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act August 24, 1912*

CONTENTS

SCIENTIFIC ARTICLES

Streptomycin in the Treatment of a Case of Persistent Urinary Infection, *Harry G Jacobi, M D* 88

The Conservative Treatment of Pilonidal Cyst, *B G P Shafiroff, M D*, and *H Doubilet, M D* 89

Problems of Peptic Ulcer in the Armed Forces and in the Returned Soldiers, *Abraham L Garbat, M D* 89

The Obstetric Forceps, *Louis A Buntin, M D* 90

(*Continued on page 838*)

Steady, Substantial Drop in Blood Pressure in

HYPER
HYPER



HYPERTENSION

WITH *Diurbital*

VASODILATOR •
CARDIOTONIC •
DIURETIC •
RELAXANT

AS BLOOD PRESSURE GOES DOWN in hypertension—through relaxation of blood vessels, and MYOCARDIAL TONE IS IMPROVED through removal of oppressive fluids. GENTLE, SOOTHING, SEDATION relieves nervousness, fear vertigo, headache, etc

DIURBITAL* helps provide A MORE COMFORTABLE LIFE FOR CARDIOVASCULAR PATIENTS in Hypertension . Angina Pectoris . Myocarditis Dropsy Arteriosclerosis with Edema

SAMPLE SUPPLY UPON REQUEST

Each enteric coated DIURBITAL Tablet provides: Theobromine Sodium Salicylate 3 grs, Phenobarbital ¼gr, Calcium Lactate 1½ grs., Bottles of 25 and 100 tablets * Trademark Reg

GRANT

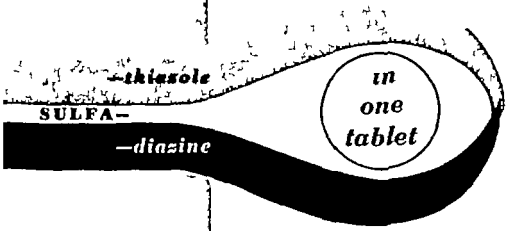
GRANT CHEMICAL CO., Inc

95 Madison Ave, New York 16, N Y

Specialties for Diseases of the Heart and Blood Vessels

To lessen renal complications during administration of sulfonamides Combisul - TD

Combisul TD is a combination of sulfaTHIAZOLE and sulfaDIAZINE in equal parts in one tablet Administration of these two sulfonamides together reduces the likelihood of renal involvement even though the total quantity of sulfa drugs is the same as when either is used alone [1] [2] Danger of calculus formation with oliguria and anuria is largely eliminated by *Combisul TD* for even crystalluria is uncommon The chemotherapeutic activity of *Combisul TD* is equivalent to that obtained when either constituent is used in full dosage.



Combisul TD available in 0.5 Gm. tablets each containing 0.25 Gm. sulfathiazole and 0.25 Gm sulfadiazine. Indications and dosage are the same as for either drug administered alone.
For the treatment of meningitis, *Combisul DM* consisting of 0.25 Gm. sulfadiazine and 0.25 Gm sulfamerazine is available.
Combisul TD available in 0.5 Gm tablets. Bottles of 100 and 1000
Combisul DM available in 0.5 Gm. tablets. Bottles of 100 and 1000.

1 Lehr D : Proc Soc Exper Biol. & Med 58:11 1945
2. Lehr D : I press
Trade Marks *Combisul TD* and *Combisul DM*—Reg U.S Pat. Off

Schering CORPORATION BLOOMFIELD N J
In Canada, Schering Corporation Ltd., Montreal

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 APRIL 15, 1946 NUMBER 8

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK *Publication Office* 20TH AND NORTHAMPTON STS, EASTON, PA *Editorial and Circulation Office* 292 MADISON AVE, NEW YORK 17, N Y *Change of Address* NOTICE SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS Twenty-five cents per copy—$2 00 per year *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act of August 24, 1912*

CONTENTS

SCIENTIFIC ARTICLES

Streptomycin in the Treatment of a Case of Persistent Urinary Infection, *Harry G Jacobi, M D* 883

The Conservative Treatment of Pilonidal Cyst, *B G P Shafiroff, M D*, and *H Doubilet, M D* 891

Problems of Peptic Ulcer in the Armed Forces and in the Returned Soldiers, *Abraham L Garbat, M D* 894

The Obstetric Forceps, *Louis A Buxton, M D* 902

(*Continued on page 838*)

Steady, Substantial Drop in Blood Pressure in

HYPER
HYPER



HYPERTENSION

WITH *Diurbital*

VASODILATOR •
CARDIOTONIC •
DIURETIC •
RELAXANT

AS BLOOD PRESSURE GOES DOWN in hypertension—through relaxation of blood vessels, and MYOCARDIAL TONE IS IMPROVED through removal of oppressive fluids GENTLE, SOOTHING, SEDATION relieves nervousness, fear, vertigo, headache, etc

DIURBITAL* helps provide A MORE COMFORTABLE LIFE FOR CARDIOVASCULAR PATIENTS in Hypertension . Angina Pectoris Myocarditis Dropsy . Arteriosclerosis with Edema

SAMPLE SUPPLY UPON REQUEST

Each enteric coated DIURBITAL Tablet provides: Theobromine Sodium Salicylate 3 grs., Phenobarbital ¼gr, Calcium Lactate 1½ grs., Bottles of 25 and 100 tablets * Trademark Reg

GRANT

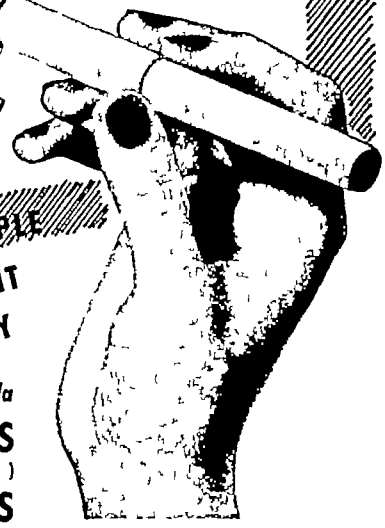
GRANT CHEMICAL CO., Inc.

95 Madison Ave, New York 16, N Y.

Specialties for Diseases of the Heart and Blood Vessels

Single Dose, Disposable Applicators

Westhiazole Vaginal



SIMPLE

CONVENIENT

DAINTY

New, Improved, Effective Formula

for VAGINITIS
(Trichomonas vaginalis, etc)
CERVICITIS

- MAINTAINS thorough, persistent therapeutic contact with vaginal and cervical mucosa
- PROMOTES restoration of vaginal pH and flora hostile to pathogenic organisms
- ACCELERATES healing by control of sulfathiazole-amenable infections so often secondary to the trichomoniasis
- Convenient, agreeable, time-saving for office and home use Invites sustained patient cooperation

*Westwood PHARMACAL CORP.

*WESTHIAZOLE VAGINAL FORMULA
10% SULFATHIAZOLE
3% LACTIC ACID
1% ACETIC ACID
in a Polyethylene Glycol Base

Write for Sample and Literature

*Trademark Reg. U S Pat Off

468 DEWITT STREET BUFFALO 13 N Y

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	EDWARD R. CUNNIFFE, M D , Bronx
Past-President	HERBERT H BAUCKUS, M D , Buffalo
President-Elect	WILLIAM HALE, M D , Utica
Second Vice-President	STEPHEN R. MONTEITH, M.D , Nyack
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR., M D , Forest Hills
Treasurer	KIRBY DWIGHT, M D , New York
Assistant Treasurer	JAMES R. REULING, JR., M D , Bayside
Speaker	LOUIS H BAUER, M D , Hempstead
Vice-Speaker	F LESLIE SULLIVAN, M D , Scotia

TRUSTEES

GEORGE W KOSMAK, M D , *Chairman* New York 28

JAMES F ROONEY, M D	Albany	WILLIAM H ROSS, M D	Brentwood
ALBERT A GARTNER, M D	Buffalo	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

EDWARD R CUNNIFFE, M D	Bronx	WALTER P ANDERTON, M D	New York
WILLIAM HALE, M D	Utica	KIRBY DWIGHT, M D	New York
HERBERT H BAUCKUS, M D	Buffalo	LOUIS H BAUER, M D	Hempstead

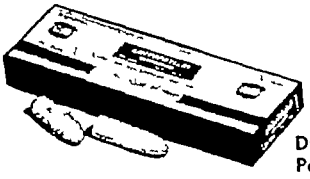
GEORGE W KOSMAK, M D New York

Term Expires 1946	*Term Expires 1947*	*Term Expires 1948*
CARLTON E WERTZ, M D Buffalo	FLOYD S WINSLOW, M D Rochester	OLIVER W H MITCHELL, M D Syracuse
RALPH T TODD, M D Tarrytown	J STANLEY KENNEY, M D New York	MAURICE J DATTELBAUM, M D Brooklyn
CHARLES M ALLABEN, M D Binghamton	HARRY ARANOW, M D Bronx	DAN MELLEN, M D Rome

[*See pages 842 and 844 for additional Society Officers*]

"*very satisfactory* in securing prompt and prolonged relief' *in bronchial asthma,* says Dees (J Allergy 14 492 1943) of Aminophyllin rectal suppositories.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry



Very satisfactory are...

DUBIN AMINOPHYLLIN

RECTAL SUPPOSITORIES (0 36 Gm. each)

Dubin Aminophyllin (theophylline ethylenediamine) also in Tablets, Ampuls, Powder for rapid action in many indicated cardio respiratory conditions

TABLETS, ea. 1½ (0.1 gm.); ors. 3 (0.3 gm.) AMPULES, 2cc.(7½ grs.); 10 cc (3½ grs.); 20 cc. (7½ grs.)

H. E. DUBIN LABORATORIES, Inc., 250 East 43rd St., New York 17, N.Y.



Triple Sulfa
VAGINAL CREAM

Non-specific vaginitides associated with breakdown of vaginal or cervical mucosa (as in *atrophic vaginitis* ulcerative vaginitis post-operative vaginitis or cervicitis and other similar conditions) appear to be caused principally by the overgrowth of secondary bacteria

Suppression of these secondary invaders is, therefore, the logical therapeutic aim.

Triple Sulfa Vaginal Cream, a rational combination of three sulfa derivatives provides bacteriostatic and bacteriocidal action, optimally specific at *different,* individual pH levels.[1] [2] Clinical investigation has demonstrated that complete mucosal healing and restoration of normal pH can usually be effected within twelve to twenty one days

Now available at most pharmacies.

TRIPLE SULFA VAGINAL CREAM — An optimal association of sulfathiazole N'acetylsulfanilamide N'benzoylsulfanilamide, and urea peroxide incorporated into a pleasant, water soluble absorptive cream base

1 COWLES, P. B.: Yale Journal of Biology and Medicine 14:399-404, July 1942.

2 TOPLEY W. W. C. and WILSON, G. S.: The Principles of Bacteriology and Immunity 2nd ed., Williams and Wilkins Co., Baltimore, page 44, 1936.

ORTHO PHARMACEUTICAL CORPORATION • LINDEN NEW JERSEY

©1946, ORTHO PHARMACEUTICAL CORP. LINDEN, NEW JERSEY

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D , Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L EDWARDS, M D , Hudson
Fourth District
FRANK F FINNEY, M D , Malone
Fifth District
DAN MELLEN, M.D , Rome
Sixth District
CLIFFORD F LEET, M D , Horseheads
Seventh District
HOMER J KNICKERBOCKER, M D , Geneva
Eighth District
PETER J DI NATALE, M D , Batavia

NEW YORK STATE JOURNAL OF MEDICINE

Publication Committee

GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON, M D

[Address all communications to above address]

LEGAL DEPARTMENT

Counsel WILLIAM F MARTIN, ESQ Attorney THOMAS H CLEARWATER, ESQ
30 Broad Street, New York 4 Telephone HAnover 2-0670

AUTHORIZED INDEMNITY REPRESENTATIVE

HARRY F WANVIG, 70 Pine St , New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER

ROBERT R. HANNON, M D , 100 State St , Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION

DAVID J KALISKI, M D , 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

DIRECTOR, PUBLIC RELATIONS BUREAU

DWIGHT ANDERSON, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

GEORGE P FARRELL, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841



The nocturnal symptoms of many allergic disorders are often successfully controlled with

LUASMIN

CAPSULES and ENTERIC COATED TABLETS

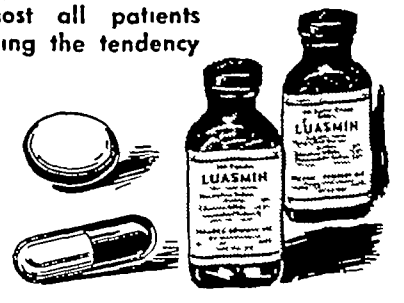
(for prompt action) (for delayed action)

A LUASMIN capsule, administered as needed, and supplemented with an enteric coated tablet makes it possible for almost all patients to enjoy the benefits of a full night's sleep thus minimizing the tendency of recurrence of symptoms on the following day.

Each capsule or enteric coated tablet contains

Theophylline Sodium Acetate	3 grains
Ephedrine Sulfate	½ grain
Phenobarbital Sodium	½ grain

Half formula capsules and tablets are also available for children, or for adults when symptoms are mild



Write for descriptive literature and professional samples

Brewer EST 1852

BREWER & COMPANY, INC.
WORCESTER, MASS., U. S. A.


downward sweep . . .
is logically the direction of medical management, in the biliary tree and in the intestinal tract, in conditions involving biliary stasis and accompanying constipation. • Stimulation of the functional performance of the cholecyst and of the lower intestine can often be best accomplished by the administration of choleretic and cholagogic agents (preferably bile-salts), coupled with small amounts of cathartics in other words
SUPPLY
'Veracolate' cholagogue-evacuant — in bottles of 30 tablets, each tablet containing bile salts (sodium taurocholate and glycocholate), extract cascara sagrada, phenolphthalein, oleoresin capsicum DOSAGE 1 tab t i d., or 2 tab at bedtime.
Modified 'Veracolate' cholagogue-evacuant — in bottles of 30 tablets each tablet containing bile salts (sodium taurocholate and glycocholate), phenolphthalein, oleoresin capsicum, pancreatin, pepsin DOSAGE 2 tab 2 hrs after eats, pepsin (*Recommended for adult use only)
Veracolate' CHOLAGOGUE EVACUANT
MANUFACTURED FOR MARCY LABORATORIES, INC., 113 W. 18TH ST. NEW YORK 11 N Y

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

SECTION OFFICERS
1945–1946

ANESTHESIOLOGY

Milton C Peterson, *Chairman*	New York
Robert B Hammond, *Vice-Chairman*	White Plains
Rose M Lenahan, *Secretary*	Buffalo

DERMATOLOGY AND SYPHILOLOGY

Clarence H Peachey, *Chairman*	Rochester
E William Abramowitz, *Secretary*	New York

GASTROENTEROLOGY AND PROCTOLOGY

Stockton Kimball, *Chairman*	Buffalo
Descum C McKenney, *Vice-Chairman*	Buffalo
Harry E Reynolds, *Secretary*	Schenectady

INDUSTRIAL MEDICINE AND SURGERY

Russell C Kimball, *Chairman*	Brooklyn
Philip L Forster, *Secretary*	Albany

MEDICINE

Frederick W Williams, *Chairman*	Bronx
Harold F R. Brown, *Vice-Chairman*	Buffalo
George E Anderson, *Secretary*	Brooklyn

NEUROLOGY AND PSYCHIATRY

E Jefferson Browder, *Chairman*	Brooklyn
Burton M Shimners, *Secretary*	Brooklyn

OBSTETRICS AND GYNECOLOGY

Charles J Marshall, *Chairman*	Binghamton
Jes A Gordon, *Secretary*	Brooklyn

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Harold H Joy, *Chairman*	Syracuse
Maxwell D Ryan, *Secretary*	New York

ORTHOPEDIC SURGERY

Robert M Cleary, *Chairman*	Buffalo
Joseph Buchman, *Secretary*	New York

PATHOLOGY AND CLINICAL PATHOLOGY

Fred W Stewart, *Chairman*	New York
Ellis Kellert, *Vice-Chairman*	Schenectady
M J Fein, *Secretary*	New York

PEDIATRICS

Carl H Laws, *Chairman*	Brooklyn
Albert G Davis, *Vice-Chairman*	Utica
George R Murphy, *Secretary*	Elmira

PUBLIC HEALTH, HYGIENE, AND SANITATION

Joseph P Garen, *Chairman*	Saranac Lake
Henry B Doust, *Vice-Chairman*	Syracuse
Frank E Coughlin, *Secretary*	Albany

RADIOLOGY

Alfred L L Bell, *Chairman*	Brooklyn
Lee A Hadley, *Vice-Chairman*	Syracuse
Raymond W Lewis, *Secretary*	New York

SURGERY

Beverly C Smith, *Chairman*	New York
Stanley E Alderson, *Secretary*	Albany

UROLOGY

George E Slotkin, *Chairman*	Buffalo
John K deVries, *Vice-Chairman*	New York
Archie L Dean, Jr , *Secretary*	New York

SESSION OFFICERS
1945–1946

HISTORY OF MEDICINE

T Wood Clarke, *Chairman*	Utica
Judson B Gilbert, *Vice-Chairman*	Schenectady
Claude E Heaton, *Secretary*	New York

PHYSICAL MEDICINE

Walter S McClellan, *Chairman*	Saratoga Springs
Albert Richard Hatfield, Jr , *Secretary*	Utica

CHEST DISEASES

Nelson W Strohm, *Chairman*	Buffalo
Grant Thorburn, *Secretary*	New York

to control hysteria

For emergency management of hysteria, Elixir Gabail affords control without narcotics or barbiturates.

Each tablespoonful contains chloral hydrate 4½ gr , potassium bromide 3 gr , strontium bromide 1½ gr , extract valerian (deodorized) 4½ gr , ammonium valerianate (deodorized) 1½ gr Supplied: 4 and 8 oz bottles

Write for full information, contraindications

Elixir Gabail
sedative • soporific

ANGLO-FRENCH Laboratories, Inc
75 Varick Street, New York 13, N Y



PAIN

A CAUSE OF DISASTROUS INATTENTION

rom Pearl Harbor to "V-J" Day accidents caused the deaths of more Americans on the "home-
it" than were killed in action *

ain can be an ever present cause of accidents A spasm—preoccupation—loss of sleep resulting
dulled reflexes—inattention—and a disastrous accident occurs

Of all symptoms, pain is most important, it is one from which the patient must have relief "**
or the relief of symptomatic pain in headache, neuralgia, dysmenorrhea and the common cold,

ASPIROCAL

(McNeil)

ndicated as a safe, effective analgesic Since a prescription is required for Aspirocal, its use remains
ler the physician's control—self-medication is effectively discouraged

Trial supplies of Aspirocal are available to physicians on request

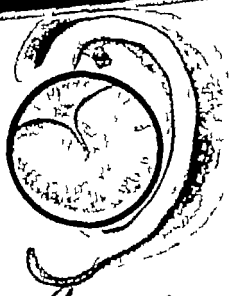
irocal combines the analgesic effect of acetylsalicylic acid (4 gr), and mild sedation of Butisol
ethyl-5 secondary butyl barbituric acid "McNeil") (⅓ gr) with calcium gluconate (2 gr) Caution
only as directed Supplied in bottles of 100, 500 and 1000 tablets

*Safety and Accident Prevention, An interview with Bauer, W W, Peterson, C M., Dearborn N H and Hester, H., Hygeia 23 666-(Sept) 1945

**Handbook of Therapy, Chicago, Published by American Medical Association 1935, p 58

McNeil Laboratories
INCORPORATED
PHILADELPHIA PENNSYLVANIA

Medications of Choice FOR THE SPECIFIC INVOLVEMENT



Auralgan

in ACUTE OTITIS MEDIA

Symptoms

Pain, fever, edema leucocytosis, sense of fullness and impaired hearing

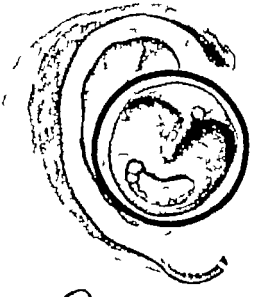
Treatment

Relief of pain and inflammation—*Auralgan*

Action

Decongestant, analgesic, bacteriostatic.

Scientific data and reprints of clinical studies reporting upon the use of Otosmosan available on request.



Otosmosan

in CHRONIC SUPPURATIVE OTITIS MEDIA

Symptoms

Persistent discharge, often foul smelling, usually no toxemia, no pain, no fever

Treatment

Otosmosan

Formula

SULFATHIAZOLE 10% - UREA 10% - In GLYCEROL (DOHO)

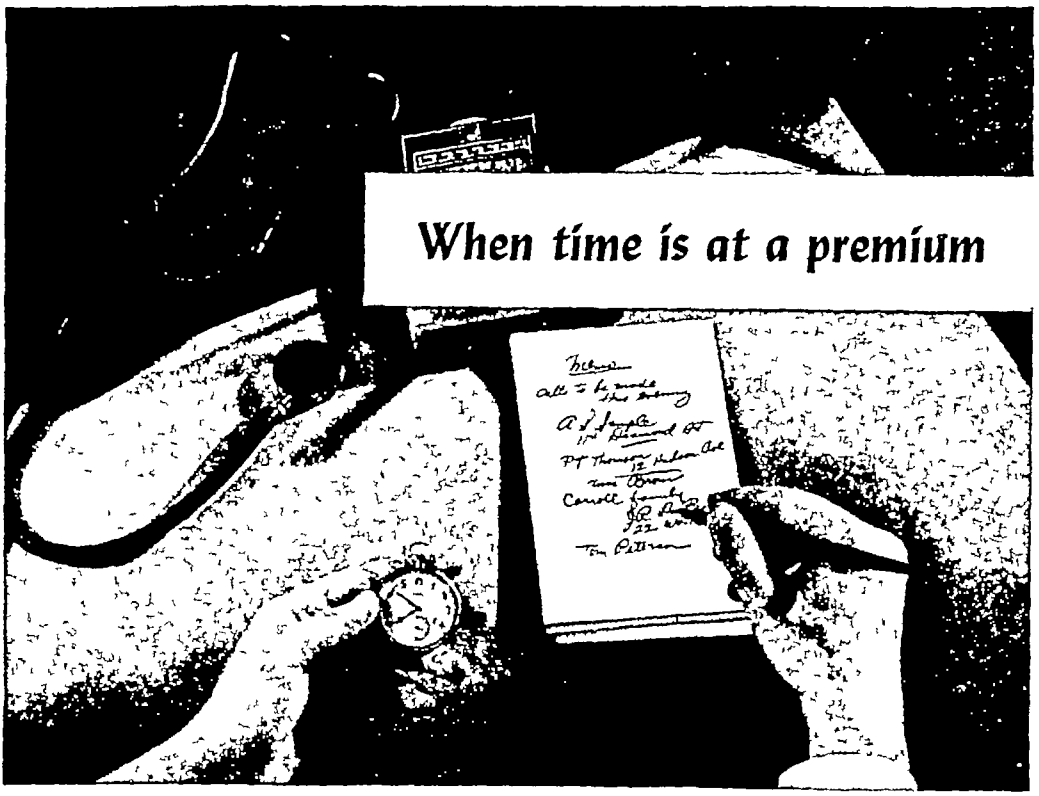
Action

Deodorizes the discharge, liquifies unhealthy granulations, bacteriostatic, permits normal epithelialization

Complimentary quantities for clinical trial

THE DOHO CHEMICAL CORPORATION

New York 13, N Y • Montreal • London



PYRIDIUM

(REG U S. PAT OFF.)

affords several distinct advantages

EASE AND CONVENIENCE OF ADMINISTRATION

Pyridium is convenient to administer No laboratory control, accessory medication, or other special measures are necessary for effective Pyridium therapy

LACK OF TOXICITY

Therapeutic doses of Pyridium may be administered with complete safety throughout the course of cystitis, pyelonephritis, prostatitis, and urethritis

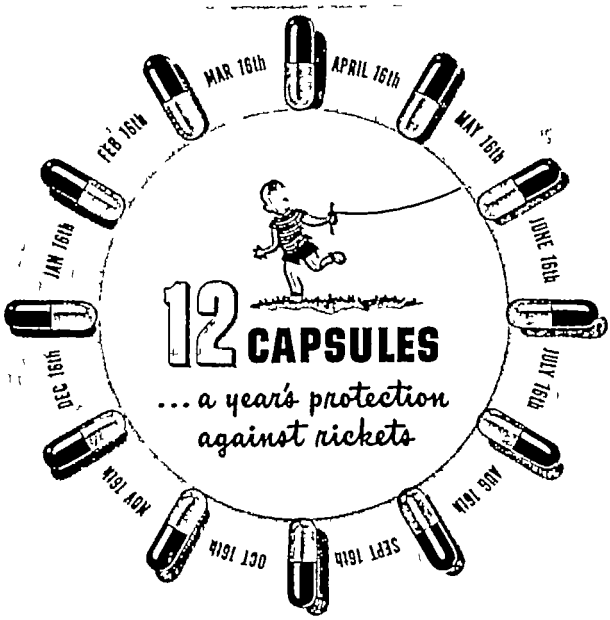
RAPID RESPONSE

Prompt, *gratifying* relief of distressing urinary symptoms is the characteristic response to Pyridium therapy

PYRIDIUM
REG U S. PAT OFF
(Phenyleze-alpha-alpha-diamine-pyridine mono-hydrochloride)

For gratifying relief of distressing symptoms in urogenital infections

MERCK & CO, Inc *Manufacturing Chemists* RAHWAY, N J.



One capsule per month of Infron Pediatric provides adequate vitamin D for the prophylaxis against and treatment of rickets

The rationale of this convenient and economical new method of vitamin D administration has been established clinically by the work of Wolf, Ramlar, Hardy and Fishbein

Each capsule of Infron Pediatric contains 100 000 U.S.P Units of Vitamin D—Whitter Process—especially prepared for pediatric use.

Infron Pediatric mixes readily with the feeding formula, milk, fruit juices or water, and can also be spread on cereal.

Supplied in packages of 6 capsules—sufficient dosage for 6 months. Available at prescription pharmacies.

REFERENCES:

Ramlar A C., Hardy L. M and Fishbein W. L. J Ped. 23 31-38 (July) 1943
Wolf I J : J Ped., 22 707 718 (June) 1943
Wolf I. J.. J Ped 23 396-417 (April) 1943
Wolf I. J.. J Med. Soc. New Jersey 38.436 (Sept.) 1941

ETHICALLY PROMOTED

Infron is the registered trade-mark of Nutrition Research Laboratories

NUTRITION RESEARCH LABORATORIES CHICAGO

N Y.S.J M-4

Please send literature and a supply sufficient for 6 months clinical trial.

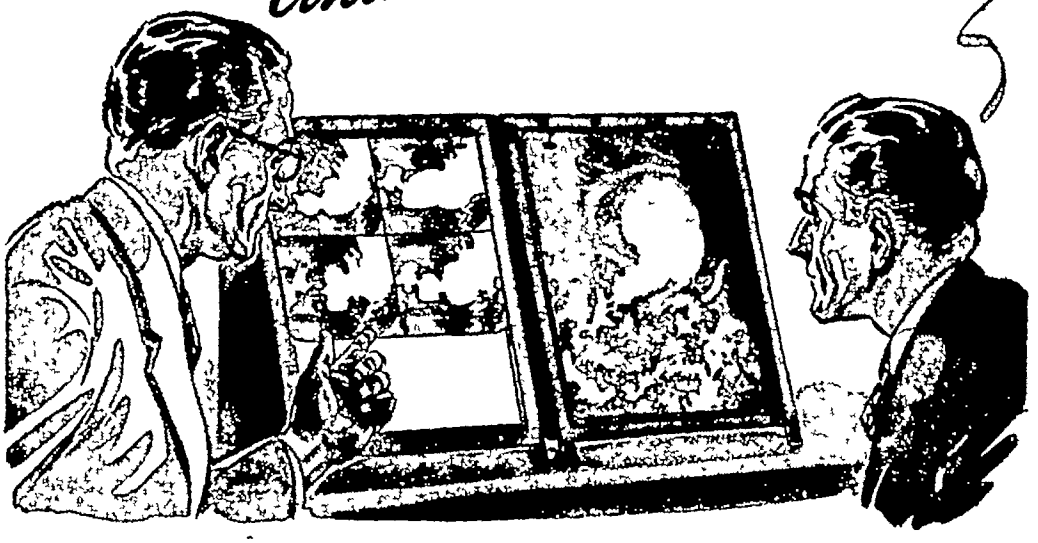


DR. _____

ADDRESS _____

CITY _____ STATE _____

A Non-Systemic Antacid and Protective



IN peptic ulcer, Kamadrox affords rapid relief of epigastric discomfort and prompt objective improvement. It promotes healing of the ulcer crater because of the specific influence of its three ingredients (*Magnesium Trisilicate*, 50%, *Aluminum Hydroxide*, 25%, *Colloidal Kaolin*, 25%)

Kamadrox exerts prompt, profound, and sustained acid-combining power Yet it is systemically inert so that it cannot lead to alkalosis or secondary acid-rise By forming a coating over the ulcer crater, it provides mechanical as well as chemical protection. Kamadrox is astringent, demulcent, and adsorbent. Its ease of administration and pleasant taste are appreciated by the patient and assure his cooperation in carrying out the ulcer regimen



KAMADROX

KAMADROX POWDER is supplied in 4-oz. and 1-lb jars
KAMADROX TABLETS are supplied in bottles of 100, 500, 1,000 and 5,000 Each tablet contains *Magnesium Trisilicate*, 4 gr , *Aluminum Hydroxide*, 2 gr , *Colloidal Kaolin*, 2 gr
KAMADROX LIQUID. *Each fluidounce represents 64* gr (4 15 Gm) magnesium trisilicate and 32 gr (2 1 Gm) kaolin colloidal, suspended in 3½% aluminum hydroxide gel, aromatics, q s

THE S. E. MASSENGILL COMPANY
Bristol, Tenn.-Va.

NEW YORK • SAN FRANCISCO • KANSAS CITY

SE MASSENGILL CO

hop, jump, and skip...



They may skip their cereal or vege tables, but not this new potent concen trate which in unique form supplies the B complex from both *natural* and crystalline sources Tasty, rich, honey like 'RYZAMIN B' No 2, mixed with peanut butter or jam, tempts the most finicky youngster Children will take it gladly—not because they *have to,* but because they *want to* It is Burroughs Wellcome's concentrate of oryza sativa (American rice) polishings, amply fortified with pure crystalline B vita mins 'RYZAMIN B' No 2 provides physicians with a happy solution for the child whose fussy eating habits cry out for a potent vitamin B complex "appe tite booster" and who will delight in this unusual dessert like product.

Each gram contains: Vitamin B_1 (Thiamine Hydrochlo ride) 1 mgm. (333 U.S.P. Units); Vitamin B_2 (Riboflavin) 0.47 mgm. Nicotinamide 6.7 mgm. and other factors of the B complex. Gram measuring spoon with each packing.

'RYZAMIN-B' BRAND RICE POLISHINGS CONCENTRATE **No.2**

WITH ADDED THIAMINE HYDROCHLORIDE, RIBOFLAVIN NICOTINAMIDE

TUBES OF 2 OZ. AND BOTTLES OF 8 OZ.

BURROUGHS WELLCOME & CO (U.S.A.) INC., 9 & 11 EAST 41ST STREET, NEW YORK 17



Successful management of high blood pressure calls for a regimen which is adjusted to individual requirements Physical activity is generally curtailed and overwork is avoided. In certain circumstances special diets are prescribed and the use of stimulants is restricted.

These measures are often supplemented with the administration of Theominal This combined vasodilator and sedative aids in reducing blood pressure to a more normal level. As a consequence hypertensive symptoms are relieved and the risk of complications is reduced.

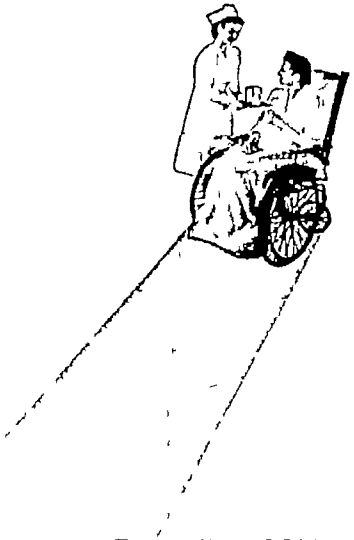
DOSAGE. The customary dose of Theominal is 1 tablet two or three times daily, when improvement sets in the dose may be reduced. Each tablet contains theobromine 5 grains and Luminal* ½ grain.

*Luminal (trademark), Winthrop Chemical Company, Inc., brand of phenobarbital

WINTHROP Theominal
Reg. U. S. Pat. Off. & Canada

Supplied in bottles of 25, 100 and 500 tablets.

Winthrop
CHEMICAL
COMPANY
INC
Pharmaceuticals of merit for the physician
NEW YORK, N Y
WINDSOR, ONT.



"SMOOTHAGE" FOR THE CONVALESCENT

METAMUCIL

A PRODUCT OF SEARLE RESEARCH

By promoting normal peristalsis without irritating the delicate mucosa, Metamucil is particularly desirable for treating the constipation of hospital patients.

Metamucil provides 'smoothage' a modern concept for the treatment of constipation. It does not interfere with digestion or absorb oil soluble vitamins. It is rapidly miscible, pleasantly palatable.

Metamucil is the highly purified nonirritating extract of the seed of the psyllium Plantago ovata (50%), combined with dextrose (50%) In 1-lb 8-oz. and 4-oz. containers.

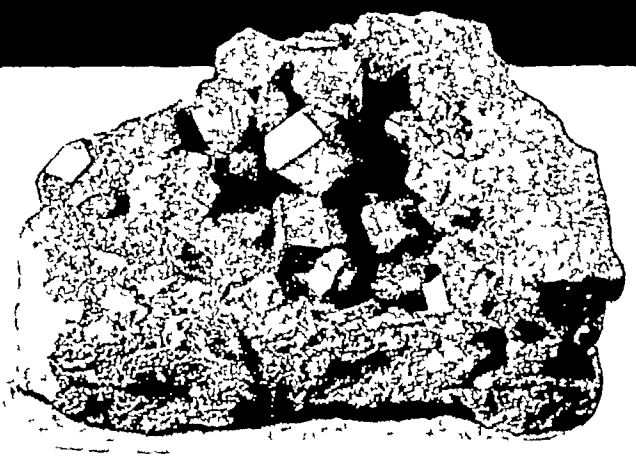
Metamucil ® the registered trade-mark of G D Searle & Co

SEARLE RESEARCH IN THE SERVICE OF MEDICINE

HYDROSULPHOSOL

Provides all 9 desired requisites as a superior therapy in thermal, acid and caustic burns.

Provides for mechanical exclusion of air at site of burn • Insures prompt relief of pain • Aids in abating burn shock • Bacteriostatic influence • Non-toxic effect • STIMULATES TISSUE REPAIR • Rapidly reduces inflammation and edema • Results in absence or marked reduction of scar tissue • Tends to shorten convalescent period.





HYDROSULPHOSOL is a true solution of sulfur bearing compounds resulting solely from the reduction of flowers of sulfur by a catalytic process In aqueous solution, it is capable of rapidly releasing its high concentration of sulfhydryl ion (-SH radical) in such form as can be effectively utilized by the body in the synthesis of sulfur-containing amino acids functionally active in cell stimulation and directly related to tissue respiration and repair.

Unlike the sulfa group and many other sulfur compounds, Hydrosulphosol is non-toxic when administered orally or topically applied in heavy concentrations, and will not result in damage to liver and kidney function

Reprints of scientific papers by authoritative investigators available on request

AVAILABLE FORMS

AQUEOUS SOLUTION
Bottles of 8, 4 and 1 fluid ounce

OINTMENT
Jars of 1 lb and 1 oz.

ORDER TODAY through your surgical or hospital supplier.

Distributed by
REES-DAVIS DRUGS, INC.
MERIDEN CONNECTICUT

S·I·M·I·L·A·C

Similar to human milk



★The name is never abbreviated, and the product is not like any other infant food — notwithstanding a confusing similarity of names

The fat of Similac has a physical and chemical composition that permits a fat retention comparable to that of breast milk fat (Holt, Tidwell & Kirk, Acta Pediatrica, Vol XVI, 1933) In Similac the proteins are rendered soluble to a point approximating the soluble proteins in human milk Similac, like breast milk, has a consistently ZERO curd tension The salt balance of Similac is strikingly like that of human milk. (C. W Martin, M. D., New York State Journal of Medicine, Sept. 1, 1932) *No other substitute resembles breast milk in all of these respects*

A powdered modified milk product especially prepared for infant feeding made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and fish liver oil concentrate.

SIMILAC } **SIMILAR TO HUMAN MILK**

M&R DIETETIC LABORATORIES INC • COLUMBUS 16 OHIO



WALKER'S PROTEIN HYDROLYSATE

with VITAMINS and MINERALS

There's growing emphasis on hyperalimentation as an adjunct to therapy. WALKER'S PROTEIN HYDROLYSATE WITH VITAMINS AND MINERALS has the pleasant savor of fine bouillon assuring patient acceptance when prescribed in: Pre- and postoperative dietary therapy, peptic ulcer and certain other gastrointestinal diseases, nutritional edema and anemia, pregnancy and lactation, febrile disease, periods of active growth and aging, and wherever protein hydrolysate-vitamin supplementation is indicated. Available through prescription pharmacies. Professional literature on request

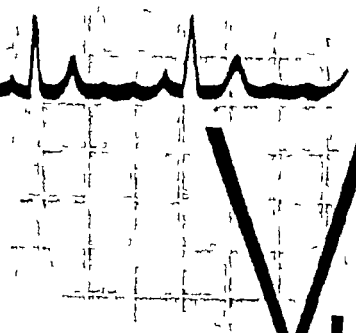
Walker

VITAMIN PRODUCTS, INC.

MOUNT VERNON, NEW YORK

INDEX TO ADVERTISERS

The Alkalol Co	937
American Hospital Supply Corporation	931
Anglo-French Laboratories, Inc	844
Ar-Ex Cosmetics, Inc	937
Arlington Chemical Company	927
Ayerst, McKenna & Harrison Limited	859
A C Barnes Company	935
Dr Barnes Sanitarium	941
Brewer & Company, Inc	842
Brigham Hall Hospital	941
Brunswick Home	939
Burroughs Wellcome & Co	851
Ca-Ma-Sil Co	939
S H Camp & Company	834
Campbell Soup Company	923
G Cenbelli & Co	866
Chatham Pharmaceuticals, Inc	845
Ciba Pharmaceutical Products, Inc	3rd cover and Between 856–857
Coca Cola Co	944
Crane Discount Corporation	939
Doho Chemical Corporation	847
Drug Products Co , Inc	870
H E Dubin Laboratories, Inc	840
Falkirk in the Ramapos	941
Fried & Kohler, Inc	833
Gold Pharmacal Co	939
Gradwohl Laboratories	866
Grant Chemical Co , Inc	836
Haley on Rest	939
Interpines	941
Eli Lilly & Company	876
Louden-Knickerbocker Hall, Inc	941
M & R Dietetic Laboratories, Inc	855
McNeil Laboratories Inc	846
Maltbie Chemical Company	857
The Maltine Company	2nd cover
Marcy Laboratories, Inc	843
The S E Massengill Company	850
Mead Johnson & Company	4th cover
Merck & Co Inc.	848
The C V Mosby Company	869
New York Medical Exchange	943
Numotizine, Inc	868
Nutrition Research Laboratories	849
Ortho Pharmaceutical Corporation	841
Paine Hall	943
Parke Davis & Company	871
E L Patch Company	873
Pediforme Shoe Company	866
Z H. Polachek	943
Rare Chemicals, Inc	933
L & B Reiner	939
Rees-Davis Drugs, Inc	854
R J Reynolds Tobacco Company	835
William S Rice, Inc	872
Riverlawn Sanitarium	941
A. H. Robins Company	929
Sandoz Chemical Works, Inc	838
Saratoga Springs Authority	858
Schering Corporation	837
Julius Schmid, Inc.	862
G D Searle & Co	853
Specific Pharmaceuticals Inc	864
E R. Squibb & Sons	874
Chas B Towns Hospital	941
The Upjohn Company	860
U S Vitamin Corporation	925
Van Patten Pharmaceutical Co	863
Waldorf-Astoria	937
Walker Vitamin Products, Inc	856
William R. Warner & Co , Inc.	865
West Hill	939
Westwood Pharmacal Corp	839
White Laboratories, Inc	861
Whittaker Laboratories, Inc	937
Winthrop Chemical Company Inc	852
Wyeth Incorporated	867, 875



Therapeutic VICTORIES . .

IMPROVING collateral coronary circulation—especially during acute and subacute phases—may, in large measure, account for the "therapeutic victories" of the clinician today in the management of coronary heart disease.

Toward this end, Maltbie's Calpurate—with its powerful coronary dilating, myocardial stimulating and diuretic actions—is increasingly preferred . particularly because it is so remarkably free from gastric side effects. Its salts, being almost insoluble in the stomach and readily absorbed by the intestine, are said to be "least likely to cause distress."

FORMULA Calcium theobromine—calcium gluconate in molecular proportions.
PACKAGED as tablets (each containing 7½ gr calcium theobromine—calcium gluconate) in bottles of 100, 500 and 1000—or as powder in 1 oz. bottles.
ALSO AVAILABLE with ¼ gr phenobarbital per tablet when sedation is desired.

THE MALTBIE CHEMICAL COMPANY • NEWARK, NEW JERSEY

CALPURATE

FOR TODAY'S CARDIOVASCULAR PATIENT



IDEALLY EQUIPPED BY NATURE TO PROVIDE RESTORATIVE CARE



Unsettled times like these bring the overburdened physician more than the normal number of patients suffering from chronic disorders of a cardiac, vascular or rheumatic nature

Here at the Spa, in superb plant facilities placed in a restful setting of great natural beauty, your patient will find the restorative care he needs to prepare him for the full benefit of your continued medical direction

Under regimens of treatment which you yourself recommend, your patient, relaxed in mind and body, draws a full measure of improved health from the Spa's naturally carbonated mineral waters

Well trained physicians are available in Saratoga Springs for consultation with your patient on the details of the program

Secure in the knowledge that your instructions for his care will be faithfully carried out, you find needed relief from your overburdened practice

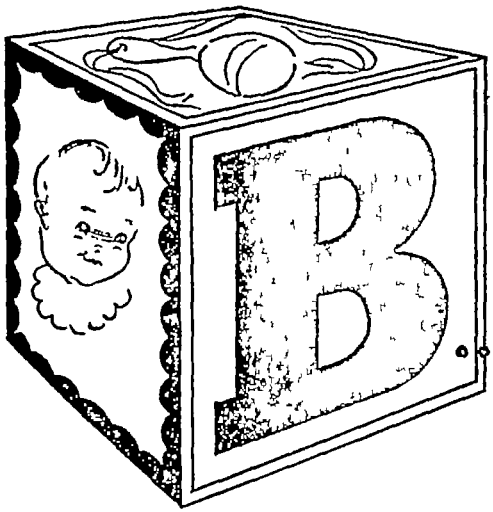
THE SARATOGA SPA

"PHYSICIAN, GIVE HEED TO THINE OWN HEALTH"

Many physicians have recently come to the Spa for the same kind of treatments that helped their patients here After a restorative "cure" at the Spa, you, too, would return to your practice refreshed—revitalized—ready for the busy days that still lie ahead

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION

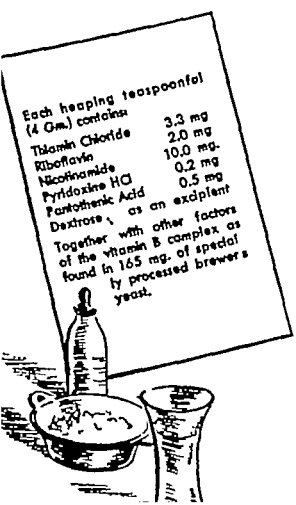
For professional publications of the Spa, and physician's sample carton of the bottled waters, with their analyses, please write W S. McClellan, M D , Medical Director, Saratoga Spa, 155 Saratoga Springs, N Y



• We had your young patients in mind the infant on a formula and the child who has difficulty taking capsules or tablets when we developed these readily soluble, palatable *granules* of VITAMIN B COMPLEX—a preparation which lends itself to flexibility of dosage as required in pediatric practice.

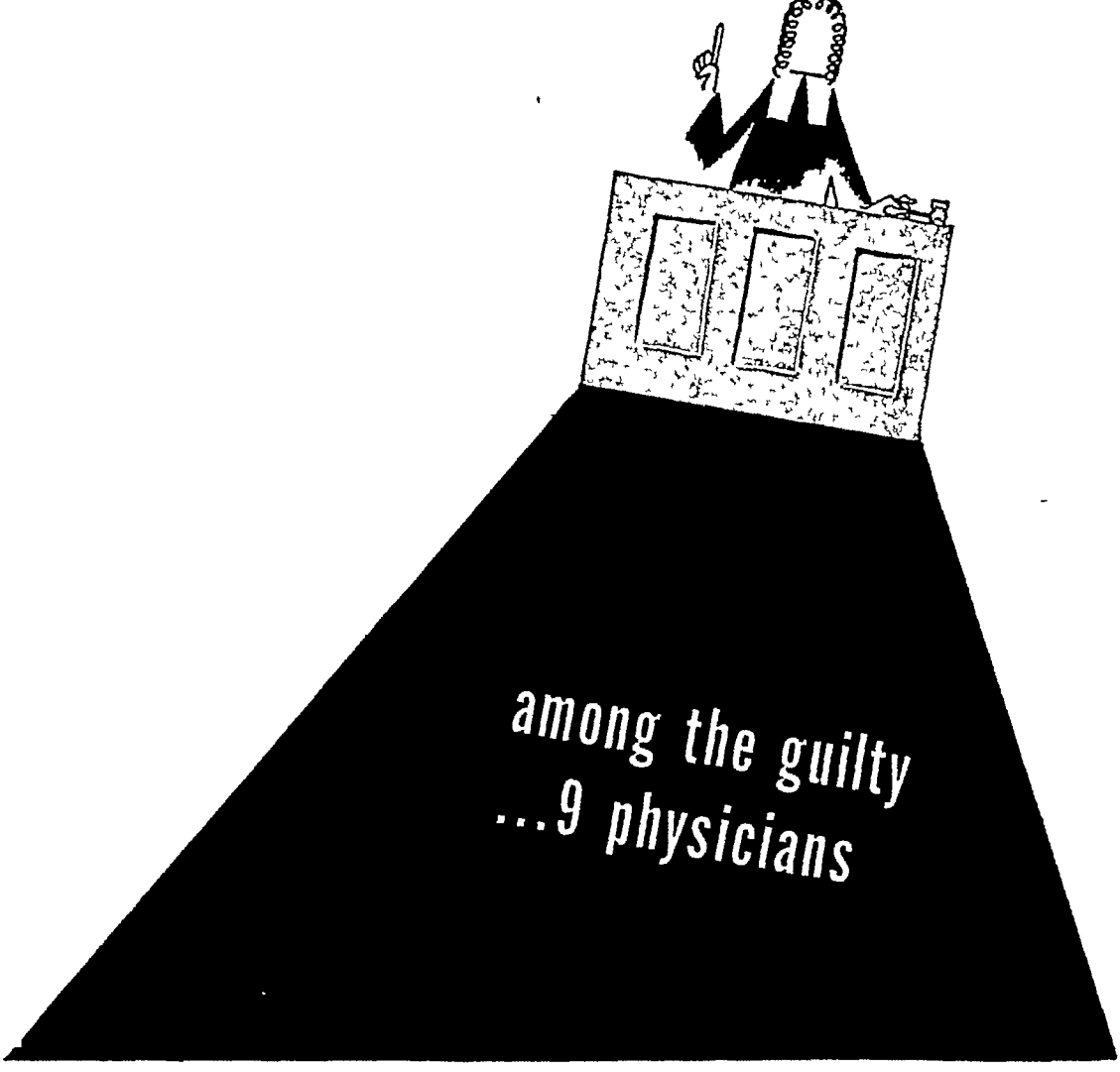
• "BEMINAL Granules may be added to the baby's formula, sprinkled on cereal, or dissolved in fruit juices, milk or any other liquid Older children may prefer to take them dry

Available in bottles of 4 ounces.



"BEMINAL" Granules, No. 925

REG. U. S. PAT. OFF



Nine physicians were among 225 upper income patients found guilty of diets wanting in one or more vitamins. Low-vitamin diets are not restricted by income or by intelligence.[2] Greater assurance of adequate vitamin maintenance is available in potent, easy to take, and reasonably priced Upjohn vitamin preparations.

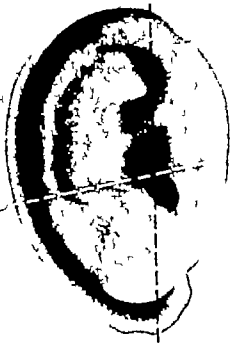
1 New England J Med 228:118 (Jan 28) 1943
2. J A.M.A. 129:613 (Oct 27) 1945

Upjohn
KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

UPJOHN VITAMINS

for topical treatment of otologic infections



White's

OTOMIDE

A STABLE SULFANILAMIDE UREA SOLUTION

- **Effective in BOTH acute AND chronic otologic infections.**[1]
- **Potentiated antibacterial potency—because of combined effects of urea with sulfanilamide**[2]
- **Non-irritating—free from unphysiologic alkalinity**
- **Effectively analgesic—without impaired sulfonamide activity**

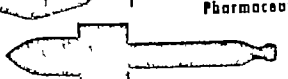


White's Otomide is a stable, non-irritating solution. Composed of 5% Sulfanilamide, 10% Urea (Carbamide) and 3% anhydrous Chlorobutanol in a specially processed glycerin vehicle of unusually high hygroscopic activity

Ethically promoted—not advertised to the laity

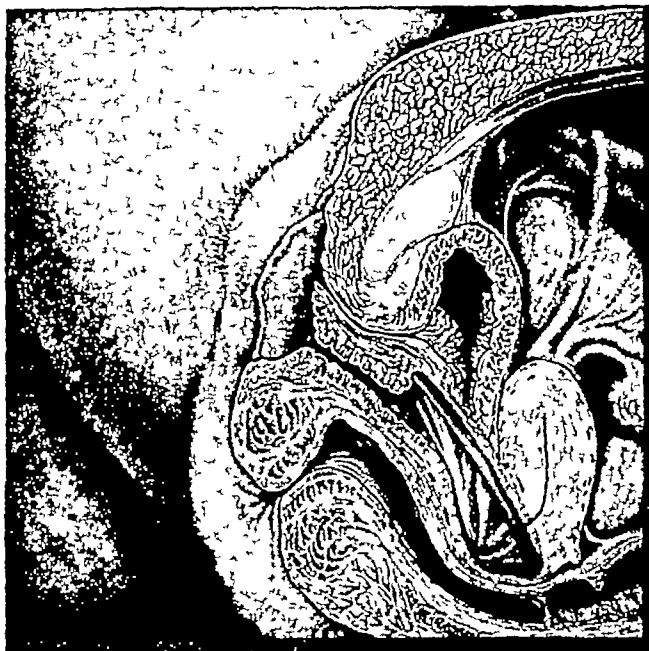
WHITE LABORATORIES, INC.

Pharmaceutical Manufacturers Newark 7 N. J.



1 Strakosch, E. A. and Clark, W. G. Minn. Med., 26:276-282 (March) 1943

2. Tsuchiya, H. M., et al. Proc. Soc. Exper. Biol. and Med., 50:262-266 (June) 194...



Most DEPENDABLE Method

The combined use of an occlusive diaphragm and vaginal jelly remains, in the published opinions of competent clinicians, the most dependable method of conception control.

Dickinson[1] has long held that the use of jellies alone cannot be relied upon for complete protection. It is noteworthy that in the series of patients studied by Eastman and Scott[2], an occlusive diaphragm was employed in conjunction with a spermicidal jelly for effective results Warner[3], in a carefully controlled study of 500 patients, emphasized the value of a diaphragm.

In view of the preponderant clinical evidence in its favor, we suggest that physicians will afford their patients a high degree of protection by prescribing the diaphragm and jelly technique.

You assure quality when you specify a product bearing the "RAMSES"* trademark.

1 Dickinson, R. L. Techniques of Conception Control. Baltimore, Williams and Wilkins Co 1942.
2. Eastman, N J., and Scott, A. B. Human Fertility 9 33 (June) 1944
3 Warner, M. P J A. M. A. 115 279 (July 27) 1940

gynecological division

JULIUS SCHMID, INC.

Quality First Since 1883

423 West 55 Street New York 19, N Y

*The word RAMSES is a registered trademark of Julius Schmid, Inc.



THYROBROM,* a brominated thyroid in tablet form, provides every pharmacological action afforded by thyroid, U S P, with a minimum of toxic effects that ordinarily attend the administration of plain thyroid

The therapeutic effectiveness of THYROBROM, and proof of its clinical advantages, is set forth in a recently published paper reporting a controlled study of 60 obese cases [1] Administered in the same dosage as thyroid, U S P, THYROBROM was reported to be

- ▲ 15% more effective in raising B M R
- ▲ 35% more effective in reducing weight
- ▲ 64% less causative of palpitation and nervousness than thyroid, U S P

Each THYROBROM tablet contains *brominated* thyroid 2 gr, made from the finest grade of clean fat free, desiccated whole thyroid THYROBROM'S iodine content 0 2% equals the U S P standard for thyroid

THYROBROM may be prescribed in hypothyroid obesity or in any indication for thyroid U S P It may be tried in cases in which thyroid U S P., is not well tolerated

ADMINISTRATION Adults—½ to 1 tablet (1 to 2 gr) daily preferably given in the morning. Dosage may be gradually increased to meet individual requirements but should seldom exceed 4 gr per day Discontinue if untoward symptoms arise Therapy should be controlled by periodic examination. Any thyroid preparation is contraindicated in cardiac disease, adrenal cortex insufficiency hypertension diabetes and hypothyroidism secondary to pituitary dysfunctions

HOW SUPPLIED: Bottles of 30 tablets grooved for easy division.

Limited to Prescription Use

For covering literature sign and mail the coupon herewith.

[1] M. Rec. 158:420 1943

* Patent Pending

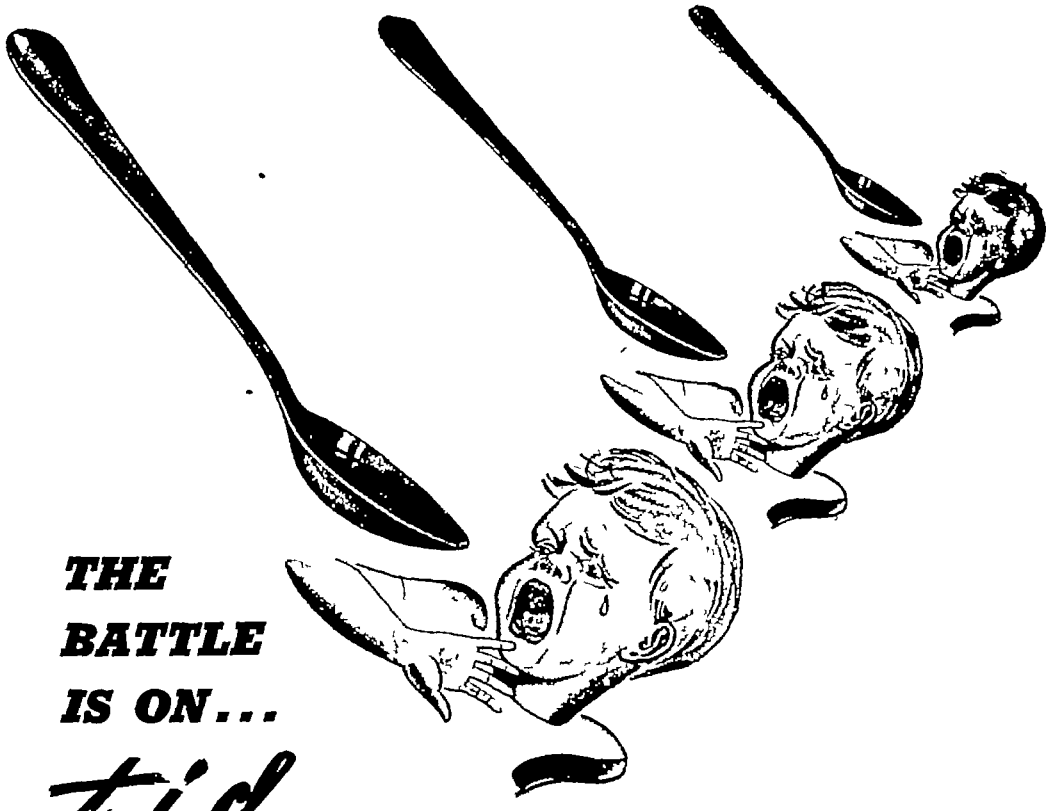
VAN PATTEN PHARMACEUTICAL CO
500 North Dearborn Chicago 10 N. Y. J.-4

Gentlemen Please send covering literature on Thyrobrom.

Dr _____

Address _____

Town _____ State _____



THE BATTLE IS ON...

t.i.d.

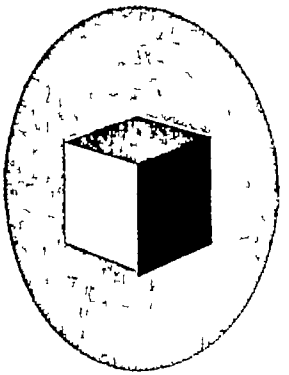
A disrupted household and a harassed family usually attend "medicine time" of the acutely ill youngster No such problem exists when treating acute tonsillitis with Analbis *One suppository daily* is all that is needed for simple yet effective therapy

Analbis Suppositories contain the bismuth salt of heptadienecarboxylic acid, adult suppositories contain 0 135 Gm, child size suppositories 0 0675 Gm of this salt Dosage should be carefully adjusted according to age

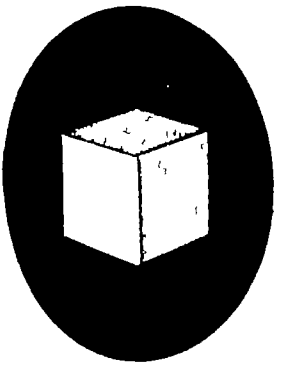
Available: In packages of 2 suppositories

ANALBIS SUPPOSITORIES

Send for sample literature and reprints



in clear relief



Protruding in bold relief from the adjacent tissues, rectal hemorrhoids frequently obscure less well-defined pathology located higher in the ano-rectal area To avoid all error while providing relief—in the clear—the physician may avail himself of the palliative yet safe actions of 'ANUSOL'* Hemorrhoidal Suppositories Containing no narcotic, anesthetic or analgesic drugs to mask the symptoms of more serious rectal pathology no styptics or hemostatics with attendant danger of thrombosis and no vasoconstrictors to produce systemic side effects, 'ANUSOL Hemorrhoidal Suppositories permit continued function of sensory warning mechanisms. Simultaneously, they permit early *and* safe relief by means of decongestion, lubrication and protection

Schering & Glatz, Inc., *a subsidiary of*

WILLIAM R WARNER & CO INC 113 WEST 18TH STREET NEW YORK 11 N Y

'anusol'

*Trademark Reg. U. S. Pat. Off

Hemorrhoidal Suppositories

Available in boxes of 6 and 12 suppositories.



FORMULA: Guaiacol—Beechwood Creosote, 13 02—Methyl Salicylate, 2.60—Sol Formaldehyde, 2.60
C. P Glycerine and Aluminum Silicate q s 1000 parts.

NUMOTIZINE INC. 900 N FRANKLIN ST CHICAGO, ILL., U. S. A

Just Released! *Key & Conwell's*



NEW 4th EDITION

FRACTURES, DISLOCATIONS & SPRAINS

- More than 200 new illustrations added and substituted
- All recent developments in theory and practice included
- Section on war wounds revised especially with regard to skeletal fixation and chemotherapy
- Complete revision of the chapter on Injuries of the Spine Davis contributes a description of his gravity suspension method for the treatment of compression fractures of the spine and the section on cervical fractures and dislocations

By JOHN ALBERT KEY, B.S., M.D. & H. EARLE CONWELL, M.D., F.A.C.S.

1300 pages Price, $12.50 1316 Illustrations

ORDER YOUR COPY NOW!

THE C. V. MOSBY COMPANY NY 4/46
3207 Washington Boulevard
St. Louis 3, Missouri

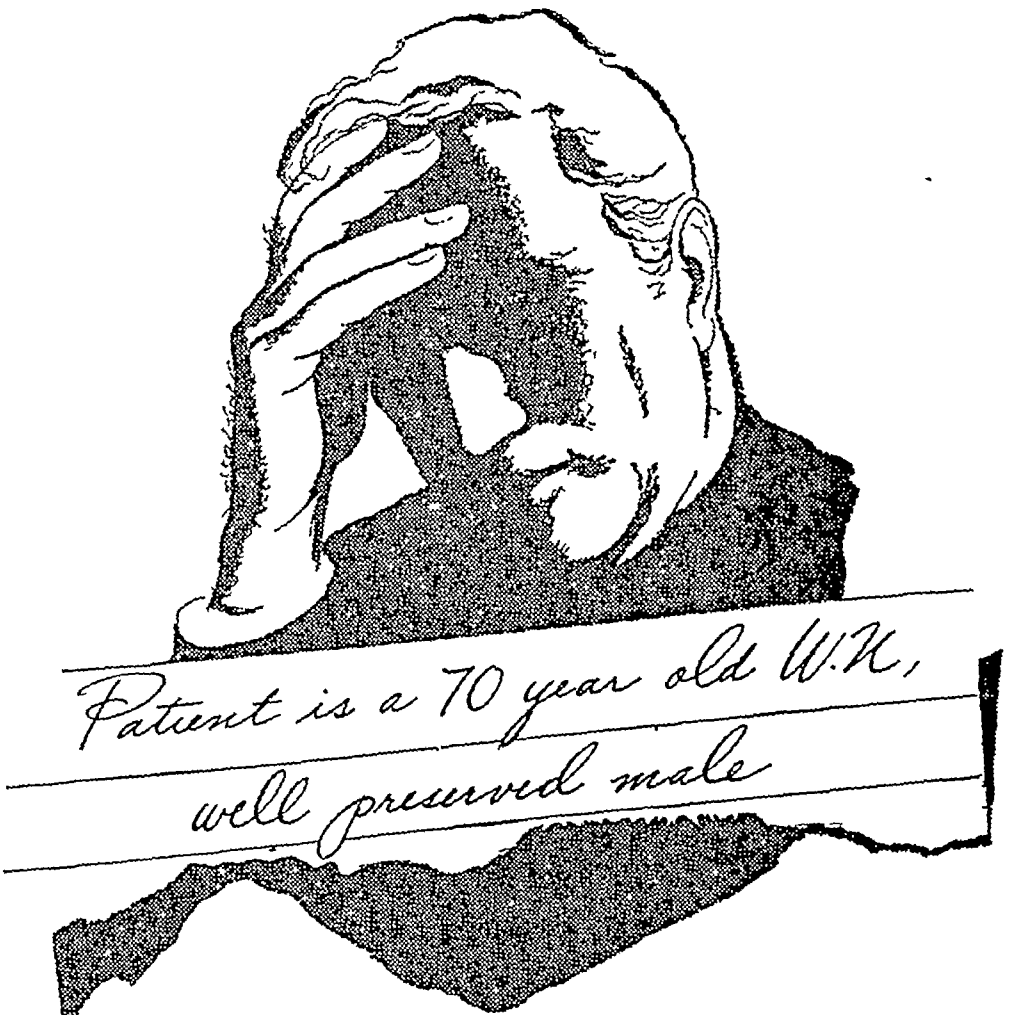
Gentlemen: Send my copy of Key and Conwell's Fourth Edition

FRACTURES, DISLOCATIONS & SPRAINS, $12.50

☐ Attached is my check ☐ Charge my account.

Name

Address



Truly well nourished? Then he'd be outstanding. The hurdles of mastication, digestion and absorption which the aged have to meet frequently threaten nutritive intake. Only by careful inquiry can the vitamin status of elderly patients be determined.

"Severe atypical deficiency disease," states Spies[1], "like other forms of nutritive failure, can be successfully corrected by the application of . four essentials " One of these is administration of the four critical water-soluble vitamins *in high dosage*

Squibb Basic Formula is the identical formula used by Spies[1,2] and Jolliffe and Smith[3] —based on years of clinical experience.

Each Squibb Basic Formula Vitamin tablet contains thiamine HCl 10 mg , niacinamide 50 mg., riboflavin 5 mg., ascorbic acid 100 mg.

For our newest professional leaflet with complete information, write on your prescription blank "Nutritive Failure," and mail to Squibb Professional Service Department, 745 Fifth Avenue, New York 22, N. Y.

Basic Formula SQUIBB

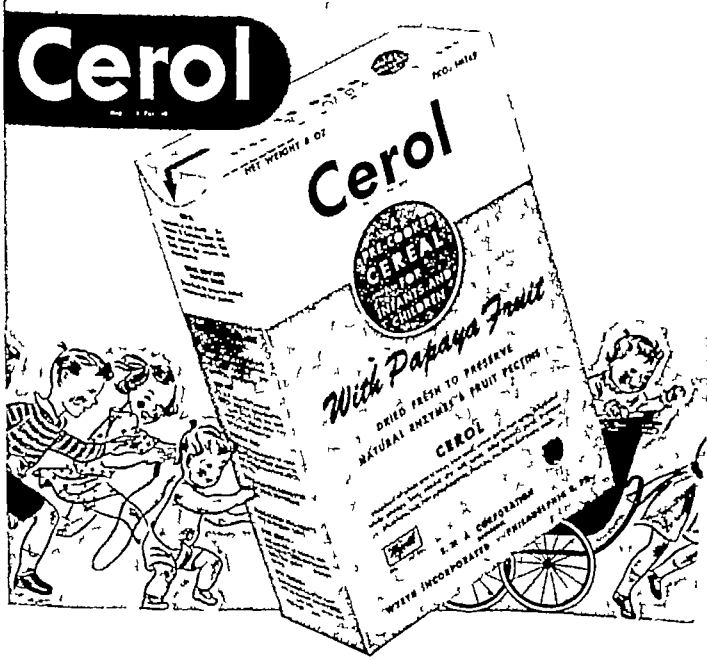
1 Spies, Tom D Cogswell Robert C and Vilter, Carl J.A M.A. (Nov 18) 1944 Spies, Tom D Med Clin N Am 27.273 1943
2. Spies, Tom D J.A M A 122-911 (July 31) 1943 3 Jolliffe, Norman, and Smith, James J Med Clin N Am 27 567 (March) 1943

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

A NEW CEREAL FOR

Infants and Children WITH PAPAYA FRUIT

DRIED FRESH TO PRESERVE NATURAL ENZYMES AND PECTINS



THE LATEST ADDITION to the famous S.M.A Infant Foods —CEROL something new in infant feeding—FLAVORED with mellow papaya fruit—FORTIFIED with vitamins and minerals—READY TO SERVE a nutritious, precooked, multi-grain cereal—Supplied in 8 oz. packages

Wyeth

REG. U. S. PAT. OFF.

S M A DIVISION • WYETH INCORPORATED PHILADE[illegible]



the standard in oral liver therapy

Right from the start. - all through the years, 'Lextron' (Liver-Stomach Concentrate with Ferric Iron and Vitamin B Complex, Lilly) and 'Lextron Ferrous' (Liver-Stomach Concentrate with Ferrous Iron and Vitamin B Complex, Lilly) have met every challenge in the field of oral liver therapy Both 'Lextron' and 'Lextron Ferrous' contain the extremely potent liver-stomach concentrate, a development of the Lilly Research Laboratories Liver-stomach concentrate exerts a therapeutic effect greatly exceeding that of the original fresh liver Only twelve pulvules of 'Lextron' or 'Lextron Ferrous' are required daily to produce a standard reticulocyte response in clinical cases of uncomplicated, primary anemia in relapse.

Along with liver-stomach concentrate, 'Lextron' and 'Lextron Ferrous' contain adequate amounts of iron salts and a rich supply of vitamin B_1 and vitamin B_2, with other factors of the vitamin B_2 complex Clinically standardized 'Lextron' and 'Lextron Ferrous,' designed especially for physicians' prescriptions, are available at leading drug stores everywhere.

Lilly

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U S A.

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1946 by the Medical Society of the State of New York

GEORGE W KOSMAK, M.D., *Managing Editor*
LAURANCE D REDWAY, M D., *Assistant Managing and Literary Editor*
NORMAN S MOORE, M D Ithaca *Assistant Literary Editor*
DWIGHT ANDERSON, *Business Manager*
WILLIAM L. SIMMONS, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M.D., *Chairman*
KIRBY DWIGHT, M.D
DWIGHT ANDERSON
LAURANCE D REDWAY, M.D
WALTER P ANDERTON, M D

VOLUME 46 APRIL 15, 1946 NUMBER 8

Editorial

The Annual Meeting, Again

It seems reasonably certain that Col James C Harding of the Veterans Administration will be the principal speaker at this year's banquet In view of the enormous strides which have been made in the reorganization of the Veterans Administration, and the increasingly important relationships which are now developing between the American Medical Association, state medical societies, and the Medical Bureau of the Administration under Maj Gen Paul B Hawley, what the principal speaker will have to say should be of great interest to veteran medical officers and to all physicians throughout the State.

Undoubtedly, medical care for veterans in their own localities by their own physicians will be discussed as well as the extensive revision of inpatient care and the expanding opportunities for physicians in the Veterans Administration

The program of the scientific meeting will be of much interest and variety, we are assured by Dr Duncan Clark, Chairman of Sections and Sessions.

This first full Annual Meeting since the termination of the war should be well attended from all parts of the State.

The exhibitors this year will be numerous, and many new things in the way of books, office equipment, drugs, and modalities for treatment will be shown. It is hoped that the attendance will be large and that all will take advantage of this first opportunity to see and hear what is new

"Is there anything whereof it may be said, See, this is new ?"[1] Come and see!

The Governor's Public Health Program

As currently reported,[2] Governor Dewey's public health program, now in the hands of the legislature, constitutes a drive against tuberculosis of no mean proportions. It proposed to spend some $14,000,000 a y in the State, with nearly $6,000,000 allocated to New York City There is outlined, also, a revised system of financial aid by the State to local health departments

[1] ...clesiastes, Chapter 1, verse 10.
[2] ...y York Herald Tribune, March 5, 19

The tuberculosis control plans with the State providing about half of the cost for public care and treatment of patients would be worth about $3,000,000 to New York City, and the new State aid to the local health department budgets would send another $2,800,000 to the city

On tuberculosis control, Governor Dewey proposed that localities could take the option of retaining their own hospitals or of turning them over to the State In either case, the State would aid the localities by standing half of the cost for treatment of their tuberculosis patients on a patient-day basis

Governor Dewey recommended, also, that the "means" test as a condition for admission to approved tuberculosis hospitals be removed "In other words," he said, "every person in our state can, under this plan, go immediately to a hospital for treatment without financial concern"

Other recommendations made by Governor Dewey would provide

1 Establishment of a service in the State Department of Health to recruit and train physicians and nurses for public health work

2 Establishment of a new joint interdepartmental health council in the state government, to consist of the commissioners of health, social welfare, mental hygiene, and education, and the chairman of the Health Preparedness Commission

Of the entire program, Governor Dewey said in his special message "This program will, I believe, be the broadest step forward in health service ever undertaken by this state or any other state It will multiply our present cost from $3,000,000 to $14,000,000, but I firmly believe it will give the largest return of any expenditure by the state in happiness and better health for our people"

The proposed abolition of the "means" test seems to be a progressive step with which the medical profession might agree as removing an objectionable barrier to better control of tuberculosis As to the cost of the program, it would appear picayune, indeed, for a people who have recently spent billions for explosives to blow up the begats of Adam to object to a few millions of dollars for the improved public care and treatment of the diseased

The matter of cost in relation to a program of public care for the sick raises the question of balance What is a proper relation between the cost of necessary administration and the p[illegible] the public dollar which provides direct benefit to the patient in shelter, food, medicine, and professional medical care? In the recent rapid expansion of the field of public health work, not only the plant itself but the machinery in it has grown apace With the general theory that public health is purchasable and that within certain limits any community can determine its own death rate there can be little disagreement However, it is the individual patient whose health in the mass, after all, is responsible for progress or failure in the general community health, who may be forgotten or buried under a mass of public health machinery, multiplying social workers, inefficient administration, political ambition, and bureaucratic perpetuation Are the administrative costs of public health becoming too high? Are these and the costs of ancillary services, hospital construction and maintenance absorbing a disproportionate part of the public dollar? What residue remains for direct care of the individual patient?

These questions arise from the report of the health conditions in New York State in 1945 [3] The total death rate in the entire state was 11 0 "However," says the report, "if one were to take account of the natural aging of the population, the 1945 death rate would actually be the lowest in the entire period of years for which there are accurate corresponding figures"

"The war years have added to the population of the State 200,000 *more* births than would have occurred had the birth rates of the immediately preceding peace years been continued"

In view of the increased life expectancy to 65 years, the number of living people who may become recipients of public medical care should advance rapidly Will this mean simply an expanded bureaucracy to administer to their needs, or is it time now to examine the efficiency of public health and medical care, with the objective of making a larger proportion of the public dollar available to the needs of the individual either in public health education, in preventive medicine, or in direct benefits?

Money has been plentiful in the past It has done much good Its availability both

[3] Health News, Vol. 23, No 8, Feb 25, 1946

from private and public sources, has elevated public health care and education to the rank of big business. The field has attracted many men and women of outstanding ability as well as others of enormous mediocrity No one begrudges the money spent in this field, there should be more, if necessary The physician-citizen-taxpayer asks only that the individual patient be not submerged in a vast pile of inefficient benevolence or, eventually be lost in a welter of public munificence. Midas—remember him?

The Woman's Auxiliary

Mention of Woman's Auxiliary activities several times in the Annual Reports of the Society this year attests the demonstrated and growing usefulness of this branch of the State Medical Society A review of Auxiliary activities around the state in the past several years confirms the conviction of many county societies that this organization has far outgrown its original role of popularizing the magazine *Hygeia*, and had branched out into other constructive channels of assistance to the medical profession

This year, for example, the auxiliaries have been "selling" an idea—the idea of voluntary medical insurance. Spurred on by the Society's Public Relations Bureau, supported staunchly by its genial state president, Mrs Edwin A. Griffin, and its hardworking program chairman, Mrs. Michael M Schultz, and with the cooperation of the Bureau of Medical Care Insurance, the State Auxiliary has put on a quiet but most convincing demonstration of the kind of job it can do From an impetus to help promote voluntary medical-care insurance, has developed a series of effective community meetings on this subject sponsored by the State Auxiliary and carried out by local units It can be said that the Woman's Auxiliary has been instrumental in putting Mr Farrell before more audiences throughout the State than any other single agency

A score of these auxiliary-sponsored community meetings have been held throughout the state. Sometimes, the medical societies and auxiliaries have met jointly Always, community representatives were invited. Schenectady County is typical of those auxiliaries that worked with their menfolk and saw to it that community representatives and the press were there to hear about medical-care insurance in New York State A dinner party in this instance preceded a well-attended meeting, complete with speakers from New York State and from out of the state There was plenty of discussion from the floor and informative printed matter was distributed

That was the pattern for most of the meetings. Often, as happened in Long Island, further talks on medical-care insurance were requested as a result of the community meeting sponsored by an Auxiliary Needless to say, this series of gatherings brought to several large audiences throughout the state discussion of a not too well understood subject

During the campaign against chiropractic legislation and the antivivisection bill in the state legislature, and during the intensive work against the Wagner-Murray-Dingell Bill, many county societies discovered the wealth of assistance that could be obtained from their Woman's Auxiliaries Experience has shown that whenever any county medical society has entered into an effective partnership with its Auxiliary the society has acquired an earnest hardworking unit. Auxiliaries have welcomed responsibility and have discharged it well when requested

During the war years the Auxiliary members have not only worked in behalf of the profession, but also have distinguished themselves in community war activities. Working as an auxiliary unit has had the added value of presenting doctors' wives as a constructive community group This has a far-reaching public relations value.

County medical societies that have not so far formed an auxiliary have missed the satisfaction of seeing at first hand the energy, the faithfulness, and willingness to serve of

a united and purposeful group of women They have not had the opportunity to find out for themselves that with encouragement and proper guidance a Woman's Auxiliary can be a distinct asset

The pressure of community war work has had much to do with the slowdown in new membership of the New York State Auxiliary Logically, in this State there could be the largest organization of its kind in the country However, several other states, including California, have far outstripped New York in growth of auxiliary membership in the last few years Now that the war is over, the time is propitious to strengthen each present county auxiliary and to organize new ones There are still many counties without auxiliaries Such counties might well consider the formation, now, of local units All counties, then, could and should provide both leadership and working sinews for the growing State Auxiliary

The Viral Etiology of Congenital Anomalies

Evidence of a causal relationship between viral infections in early pregnancy and congenital anomalies in the offspring has been accumulating since Gregg,[1] of Australia, reported in 1941 a high incidence of congenital cataract following maternal rubella Since that report, approximately 150 cases have been published in which congenital cataract, cardiac malformation, cerebral dysgenesis, deaf-mutism, microphthalmos, biliary atresia, and glomerulosclerosis have followed the occurrence of maternal rubella (and less frequently of measles and influenza), usually in the first two or three months of gestation The bulk of these reports were Australian, some American, and a few British

Recently, Conte, McCammon, and Christie[2] investigated, in Tennessee, 120 children with congenital defects and found that only 4 2 per cent had a history of gestational maternal rubella Fox and Bortin[3] in three epidemics occurring in Milwaukee between 1924 and 1944 found only one anomalous infant among eleven pregnancies complicated by rubella These adverse reports indicate that the correlation of maternal rubella and congenital defects is not a consistent one, despite the impression of some earlier authors who found an exceedingly high positive correlation Further studies by virologists, clinicians, and statisticians are necessary to answer the following questions Why has the connection between virus disease and anomalies only recently been described? Is this a new disease? Why do more severe viral infections often leave the infant unharmed? Why is the incidence apparently different in different localities? Are the defects the result of a specific viral infection, or is the time of involvement relative to embryologic development of equal or greater importance?

The work of Warkany[4] showing an etiologic relationship between maternal diet and congenital anomalies in animals is pertinent to the present problem Possibly, lesions similar to those he observed have confused some reports attributing anomalies to rubella In any case, the fact that similar anomalies can be produced by widely different etiologic agents indicates a lack of specificity of these agents and suggests that the stage of embryologic development in which they act is the more important factor

More knowledge is obviously necessary to validate the suggestion that abortion be performed as a Public Health measure in all cases of early pregnancy complicated by rubella [5,6]

---

[1] Gregg, N McA. Tr Ophth Soc. Australia 3 35 (1941)

[2] Conte, W R., McCammon, C S, and Christie, A. Am J Dis Child 70 301 (1945)

[3] Fox M J, and Bortin M M J A.M.A. 130 568 (1946)

[4] Warkany Science 92 383 (1940) J Nutrition 27 477 (1944)

[5] Swann, *et al* Med J Australia 2 201 (1943)

[6] Ericson, C A. J Pediat. 25 281 (1944)

Current Editorial Comment

Eradicate Diphtheria Control by prompt and early immunization of this dread disease of childhood has constituted such an outstanding accomplishment that there is no excuse for the occurrence of more than isolated sporadic cases Where there is a lack of such accepted preventive measures, the plague will manifest itself This is well shown by reports of conditions in Europe, where during 1943–1944 it was estimated by competent observers that there were two million cases exclusive of the Soviet Union, with probably 100,000 fatalities, the greatest increase being among adults who had never been immunized

In this country, the figure has been well maintained and low morbidity levels have continued during the war period In 1943 the death rate among children up to ten years of age fell below five per 100,000 But eternal vigilance must be continued, for the prevalence of this disease has shown little change since 1940 This fact cannot be disregarded and those sections of the United States where high rates persist must take the necessary measures of control to reduce what has been proved to be a preventable high mortality rate

To have their children immunized as soon as possible after the ninth month and promptness in calling the doctor when symptoms of the disease manifest themselves, are the responsibilities of the parents. Immediately to report the case, early and adequate injections of antitoxin, isolation of the patient, and avoidance of the spread of the disease are the well-known but sometimes neglected duties of the physician Diphtheria can be wiped out, but there must be coordination of effort between the public, the physician, and the health authorities These warnings cannot be repeated too often and that is why we call renewed attention to the matter at this time

"The complete and early conquest of diphtheria in America is entirely practicable To achieve this requires extension and intensification of the organized fight against the disease in those areas of the country where most of the cases and deaths are found For there are still large sections of the United States where diphtheria is far too prevalent. The death rates children in certain states are more times as high as in the case is best controlled For example, during the four-year period 1940–1943, the 25 states with the highest rates from diphtheria, which contain slightly less than half of the total population, reported 83 per cent of the total number of deaths from diphtheria in the country as a whole The actual number of deaths in this area was nearly five times that in the rest of the country

"Virtually all of this loss of life is unnecessary The application on a country-wide basis of the simple and safe methods of immunization of susceptible individuals would eradicate the disease from this country"[1]

Health Department Fellowships The New York State Department of Health has available a limited number of fellowships for physicians desirous of equipping themselves with the necessary field and academic experience for the practice of civilian public health on a full-time basis Six to twelve months of orientation and field work are provided under the guidance of experienced district state health officers followed by an academic year at a postgraduate school of public health where the master's degree in public health is earned Fellowship provisions are generous and include tuition Those completing the training are professionally qualified for appointment on the staff of most local and state health departments

Applicants must possess certain basic qualifications, among which are United States citizenship, graduation from a medical school approved by the American Medical Association, internship of at least one year's duration in a general hospital approved for internship by the American Medical Association, and license to practice medicine in New York State or eligibility to take the examination to obtain such license The upper age limit is 35 years

Physicians interested in making application for a fellowship [illegible] to the State Department of [illegible]bany 1, New York.

a united and purposeful group of women They have not had the opportunity to find out for themselves that with encouragement and proper guidance a Woman's Auxiliary can be a distinct asset

The pressure of community war work has had much to do with the slowdown in new membership of the New York State Auxiliary Logically, in this State there could be the largest organization of its kind in the country However, several other states, including California, have far outstripped New York in growth of auxiliary membership in the last few years Now that the war is over, the time is propitious to strengthen each present county auxiliary and to organize new ones There are still many counties without auxiliaries Such counties might well consider the formation, now, of local units All counties, then, could and should provide both leadership and working sinews for the growing State Auxiliary

The Viral Etiology of Congenital Anomalies

Evidence of a causal relationship between viral infections in early pregnancy and congenital anomalies in the offspring has been accumulating since Gregg,[1] of Australia, reported in 1941 a high incidence of congenital cataract following maternal rubella Since that report, approximately 150 cases have been published in which congenital cataract, cardiac malformation, cerebral dysgenesis, deaf-mutism, microphthalmos, biliary atresia, and glomerulosclerosis have followed the occurrence of maternal rubella (and less frequently of measles and influenza), usually in the first two or three months of gestation The bulk of these reports were Australian, some American, and a few British

Recently, Conte, McCammon, and Christie[2] investigated, in Tennessee, 120 children with congenital defects and found that only 4 2 per cent had a history of gestational maternal rubella Fox and Bortin[3] in three epidemics occurring in Milwaukee between 1924 and 1944 found only one anomalous infant among eleven pregnancies complicated by rubella These adverse reports indicate that the correlation of maternal rubella and congenital defects is not a consistent one, despite the impression of some earlier authors who found an exceedingly high positive correlation Further studies by virologists, clinicians, and statisticians are necessary to answer the following questions Why has the connection between virus disease and anomalies only recently been described? Is this a new disease? Why do more severe viral infections often leave the infant unharmed? Why is the incidence apparently different in different localities? Are the defects the result of a specific viral infection, or is the time of involvement relative to embryologic development of equal or greater importance?

The work of Warkany[4] showing an etiologic relationship between maternal diet and congenital anomalies in animals is pertinent to the present problem Possibly, lesions similar to those he observed have confused some reports attributing anomalies to rubella In any case, the fact that similar anomalies can be produced by widely different etiologic agents indicates a lack of specificity of these agents and suggests that the stage of embryologic development in which they act is the more important factor

More knowledge is obviously necessary to validate the suggestion that abortion be performed as a Public Health measure in all cases of early pregnancy complicated by rubella [5 6]

---

[1] Gregg, N McA Tr Ophth Soc Australia 3 35 (1941)

[2] Conte, W. R., McCammon, C S, and Christie, A. Am. J Dis Child 70 301 (1945)

[3] Fox, M J, and Bortin M M J A.M.A. 130 568 (1946)

[4] Warkany Science 92 383 (1940) J Nutrition 27 477 (1944)

[5] Swann, et al Med. J Australia 2 201 (1943)

[6] Ericson, C A. J Pediat. 25 281 (1944)

STREPTOMYCIN IN THE TREATMENT OF A CASE OF PERSISTENT URINARY INFECTION

HARRY G JACOBI, M.D., New York City

(Associate Attending Physician, Lenox Hill Hospital)

STREPTOMYCIN is the name given to the antibacterial substance isolated from the culture filtrate of a certain strain of Actinomyces griseus, which was first described in January, 1944 by Schatz, Bugie, and Waksman [1] They found that this filtrate was formed only by growth of these organisms in special media containing complex growth-promoting substances, such as meat extract or corn-steep liquor The great importance of the discovery of this antibiotic is due to the fact that it has been found to exhibit rather striking antibacterial activity against certain gram-positive and gram-negative bacteria. It has therefore been received with a great deal of interest and hopeful expectation

In September, 1943, Waksman[2] had reported upon the isolation, production, and activity of another antibiotic, streptothricin, which he obtained from the growth of A lavendulae The in vitro activity of streptomycin[3] has been found to be almost identical with that of streptothricin, except that the former seems to show greater activity against infections produced by certain pathogenic bacteria and also seems to have a lower toxicity

Interest has therefore been concentrated chiefly upon streptomycin[4] because of its more potent antibacterial activity, as manifested in a much wider and more selective bacteriostatic spectrum than streptothricin. Briefly, it may be stated that the chemical nature of streptomycin is an organic base, soluble in water and acid solutions, but not in ether or chloroform It is thermostable and has a low degree of toxicity as determined by means of the experimental laboratory animal

Waksman and his coworkers have certainly done a splendid piece of original investigative work in the isolation of these antibiotic substances from these soil micro-organisms and have clearly described certain of their characteristic features [5] As with all new preparations, however, adequate knowledge of the therapeutic and toxic possibilities is extremely important before this preparation can be released for general use

In order to be of any use therapeutically, adequate means must be made available for the proper and accurate assay of this product Like other antibiotic substances, the potency of streptomycin is expressed in terms of units of antibacterial activity, as determined by its power of inhibiting the growth of a test organism This unit of measurement[6] is based upon the inhibition of growth of a standard strain of Escherichia coli as determined by the dilution method, using either a series of dilutions in liquid media or the agar-plate streak method The unit of streptomycin has therefore been defined as "that quantity of the antibiotic agent which inhibits the growth of a given strain of E coli in 1 ml of nutrient broth or agar" This is also referred to as the S-unit Two other designations have been made, the L-unit, referring to that amount of material which will inhibit the growth of a standard strain of E coli in 1 liter of medium, and the G-unit. The L-unit is equivalent to 1,000 S-units and the G-unit refers to 1 Gm of the crystalline material Assay of streptomycin powder as it is now made available for investigative purposes cannot as yet be considered as of standard uniformity, so that there may occur some variations in potency in the presently available material The potency of each lot must be carefully assayed The actual determinations of the blood and urine concentrations are carried out by the agar diffusion or so-called cup method, using a standard strain of Staphylococcus aureus SM, which is streptomycin-sensitive and which has been found not to be inhibited by normal blood

In carrying out such investigative work as this, several definite facts must be determined (1) studies showing the level of blood concentrations at varying intervals following the administration of streptomycin, (2) similar studies in regard to the urine concentration, (3) studies showing the eventual disposition and elimination of the substance after its administration, (4) the effective optimum dosage necessary to produce therapeutic results, and (5) the occurrence of toxic reactions or other signs of intolerance to the preparation

The investigative work attempting to answer some of these questions has already begun to make its appearance in the medical literature [7–12] As more evidence is made available from such studies, the efficacy and indication for the use of streptomycin will become more clearly and firmly established

Regarding the concentration of this substance in the blood after a single intramuscular injection

The supply of streptomycin used in this study was kindly furnished by Merck and Co., Rahway New Jersey

it was found that in a series of 4 patients thus injected with 600,000 units of streptomycin a maximum of 18 units per cc of blood serum was reached at the one-hour period and remained within that level until the fourth hour [7] These same investigators also report one patient who received a total of 3,000,000 units every twenty-four hours and found that after the third day of such administration, the blood serum level usually varied between 20 and 60 units per cc The highest urine concentration of samples taken three hours after the injection of 600,000 units of streptomycin was 520 units per cc with an average level for 10 cases of 353 units per cc of urine Some very significant findings have also been reported by Helmholz[13] regarding the in vitro bactericidal effect of urine containing streptomycin in varying dilutions For his observations, he made use of a twenty-four-hour specimen of urine containing 1,330 units of streptomycin per cc which was obtained from a patient who had been taking 2,000,000 units of streptomycin daily for weeks He found that there was practically no interference with the growth of various bacteria in urine containing less than 66 units of streptomycin per cc At 100 units of streptomycin per cc and with inoculations up to 2,000 bacteria per 0 5 cc sterilization occurred in twenty-four hours After making a considerable number of varying titrations, he concluded that 100 units of streptomycin is probably sufficient to reduce rapidly the number of any bacteria found in urinary infections and that 235 units, which is only about one fifth of the concentration that was obtained in his particular specimen of urine, is sufficient, even with massive inoculations of bacteria, to sterilize the infected urine

To confirm such observations clinically by the action of this drug is of the utmost importance In rendering such reports, the determining factor, in the final analysis, is the possibility of practical application and use offered by this and similar substances In reporting such experiences, the weight of numbers does not always overbalance the thoroughness of individual case study It is for that reason that I believe the following report merits careful consideration, for our patient was excellently suited for such observations, having had a persistent urinary infection extending over a period of almost six years during which almost every known bactericidal agent had been tried without success

Method of Procedure

The streptomycin was made up into solution freshly prepared with the use of pyrogen-free distilled water and the concentration varied from 125,000 to 175,000 units per cc, depending upon the volume and total dosage required at each injection This total volume never exceeded 3 cc and was as low as 2 cc Most of the solutions employed contained 125,000 units per cc The injections were given intramuscularly, and for the first seventy-two hours, these were administered every three hours and from then to the end of the period of treatment the interval between injections was four hours All blood specimens were collected under sterile precautions and the timing of these specimens was so arranged as to reflect the picture at varying intervals following the injections

Thus, a blood specimen was obtained corresponding to fifteen minutes, one half hour, one hour, two hours, three hours, and four hours following some one of the injections The urine specimens were likewise collected at certain specified periods during the twenty-four hours, so that they too would reflect some definite time interval from the injection of the streptomycin These specimens were kept in the refrigerator until they were transported to the laboratory for determination of their streptomycin content Repeated blood counts were done throughout the period of observation

It is, of course, important in carrying out such observations as these, to obtain the necessary laboratory facilities to insure accurate quantitative determinations of the concentrations of the drug in the blood and urine Foster and Woodruff[14] described a method for the determination of streptothricin in aqueous solution This method was, however, not found to be satisfactory for streptomycin determinations because of the fact that human blood contains a substance which has a marked inhibitory effect upon the test organism used, Bacillus subtilis, and also because this method was not sufficiently sensitive to measure accurately concentrations of the drug in blood serum below 20 units per cc Stebbins and Robinson[15] have devised a method which overcomes these difficulties by the use of an organism (Staph aureus SM) which is streptomycin sensitive and also is not inhibited by normal blood By increasing the pH of the medium and decreasing the salt concentration, the sensitivity to the streptomycin was found to be increased similar to that reported by Foster and Woodruff in the streptothricin assay

Fortunately, the determinations of the blood and urine concentrations of streptomycin do not have to be done immediately after obtaining the specimens, but may be delayed for a considerable period of time without deterioration of their concentration This is quite in contrast with that of the action of specimens containing penicillin Helmholz[13] also refers to this property in his studies He reports that the specimen of urine



FIG. 1 X-ray taken October 21, 1942, twenty-five minutes after the intravenous injection of the dye, showing a large calculus in the lower end of the left ureter Also marked dilatation of right kidney pelvis.



FIG 2. X-ray taken October 21, 1943 showing ureteral catheters and two small and one large calculus in pelvis of right kidney

which he used for his in vitro observations contained 1,330 units of streptomycin per cc. when the determination was made on the fresh specimen Determinations performed after two and three months still showed concentrations of 1,175 and 1,131 units respectively

Case Report

The patient (Hist. No 406) is a 63-year-old white man who had a prostatectomy performed in February, 1939 The procedure involved preliminary suprapubic drainage with subsequent transurethral resection. The choice of this cautious procedure was made because of the x-ray findings of marked dilatation of both ureters and kidney pelves. It was hoped thus to avoid the risk of pyelitis attacks. In spite of this precaution, however the patient developed severe pyelitis shortly following the simple suprapubic cystotomy and then subsequently developed another severe attack of pyelitis after the transurethral resection. Cultures of the urine at this time showed growth of B proteus.

After discharge from the hospital the patient's main difficulty was due to his persistent pyuria. In spite of all the various known therapeutic measures, all of which were tried in succession, the urine could not be freed from this infection, and cultures continued to show the presence of B. proteus. Of the various measures that were tried over a considerable period of time, it was found that alternating periods of high-acid-ash diet followed by sulfathiazole administration helped to clear the urine somewhat, but only temporarily With the discontinuance of the medication the marked pyuria would return.

In September, 1942, x-ray of the abdomen revealed a large calculus, apparently in the lower end of the left ureter Intravenous pyelography performed at this time confirmed this finding (Fig. 1). The patient, however had had no special symptoms referable to this calculus until October 21, 1942. At that time he began to have severe [illegible] gross hematuria, and marked pain in the left lower quadrant of the abdomen. Operation was advised and carried out for the removal of this calculus. After a rather stormy convalescence the patient was discharged from the hospital in the early part of January 1943. He gradually regained [illegible] strength and went to stay at [illegible] for several months.

When he returned to New York in [illegible], 1943, he did so because of the recurrence of very bloody urine accompanied by a [illegible] fever. Culture of the urine still showed the presence of B. proteus and also Staph. albus. [illegible] showed a huge stone [illegible] of the right kidney in addition to one or two other smaller stones in that area. These kidney [illegible] ptosed (Fig. 2)

The patient was [illegible] 1943, and operation was performed for the removal of stones in the pelvis of the right kidney with an attempt to [illegible] The subsequent [illegible]



FIG 3 X-ray taken April 21, 1944, forty-five minutes after the injection of the dye, showing laminated calculus in lower end of the left ureter Note marked improvement in pelvis of right kidney



FIG 4 X-ray taken April 19, 1945, ten minutes after the intravenous injection of the dye, showing another calculus formed at lower end of the left ureter

same as after previous operations Urine cultures taken on April 10, 1944 and April 19, 1944 still showed B proteus At about this time a routine check-up x-ray again showed a large button-like laminated calcified stone in the lower end of the left ureter (Fig 3), and so in May, 1944, the patient was again admitted to the hospital for removal of the obstructing calculus in the left ureter The patient left the hospital after about eight weeks, still with marked pyuria due to B proteus, and this in spite of intensive sulfonamide therapy and adequate doses of penicillin. The latter, of course, was used particularly because of the presence of an intercurrent pulmonary infection with a penicillin-sensitive organism The best results were temporarily obtained by using about 2 Gm. of sulfathiazole daily The urine would clear somewhat but would again become cloudy shortly after the drug was discontinued

On November 16, 1944 urine culture still showed B proteus The patient continued having difficulty with his urine except when he was kept on sulfathiazole medication He also had some burning and pain on urination, and again began to show gross blood in his urine on several occasions On account of the bleeding and because a check-up x-ray examination showed that another calculus had formed in the lower end of the left ureter (Fig 4), readmission to the hospital was advised. In April, 1945, operation was again performed and an attempt was made this time to obliterate the dilated pocket at the lower end of the left ureter, where it was felt that the resulting stagnation of urine was an important factor in calculus reformation After a rather stormy convalescence, complicated by several attacks of severe bleeding, the patient was able to leave the hospital in about ten weeks The urine culture still showed the presence of B proteus, however The next time this patient's urine was cultured was on September 27, 1945, and for the first time B proteus was not present, but instead of this organism, B pyocyaneus was isolated Since then several repeated urine cultures have shown only B pyocyaneus

Further therapy was getting to be quite a problem, and all measures seemed to be only palliative at best It was feared, of course, that if the urinary infection persisted, further calculus formations would probably occur The possibility of using streptomycin was then explored and we proceeded to test the infecting organism cultured from the urine as to its sensitivity to streptomycin Urine culture performed on October 22, 1945 again showed the presence of B pyocyaneus, which was tested and found to be definitely sensitive to this antibiotic The report showed that it was completely inhibited by 2 units of streptomycin per cc It was then definitely decided that this form of therapy was indicated and worth while using in this case

Treatment was started on October 29, 1945 at 8 30 A.M., at which time an initial dose of 500,000 units of streptomycin dissolved in 3 0 cc of pyrogen-free distilled water was given intramuscularly This was followed in three hours by a similar dose, and thereafter 250,000 units dissolved in 2 0 cc of distilled water were given by this route every three

TABLE 1 STREPTOMYCIN ADMINISTRATION

Date	Total Units in 24 Hours	Injections in 24 Hours	Interval
October 29 1945	2,500 000	8	3 hours
October 30, 1945	2,250 000	8	3 hours
October 31 1945	2 000,000	8	3 hours
November 1 1945	1,500 000	6	4 hours
November 2, 1945	1,500,000	6	4 hours
November 3 1945	2 125 000	6	4 hours
November 4 1945	2 125 000	6	4 hours
November 5 1945	2,000,000	6	4 hours
November 6 1945	2 000 000	6	4 hours
November 7 1945	2 000 000	6	4 hours
Total Dosage	20 000 000		

hours for three days and then every four hours for a total period of ten days and until a total of 20 000,000 units had been administered (Table 1) The blood serum (Table 2) and urine concentrations of streptomycin (Table 3) were determined at various intervals as well as urine cultures. Daily blood counts were also done (Table 4) After twenty-four hours of therapy a most dramatic change was noted in the appearance of the urine which changed rather suddenly from a very cloudy, stringy solution to a perfectly clear one. The progress of the case throughout the period of therapy can best be appreciated by reference to the tabulations recorded in the above-mentioned charts. The urine culture taken twenty four hours after the commencement of therapy was sterile and repeated cultures taken during the course of therapy were all sterile (Table 5) *

The patient experienced no toxic reactions from the drug and the only complaint was that associated with the discomfort to be expected from the repeated intramuscular injections.

Discussion

The patient, for a period of almost six years following a transurethral prostatectomy, showed persistent pyuria due to infection and repeatedly developed calculi, which required four major operations for their removal. The infective organism until shortly after the last operation was found to be B proteus, and then for some unexplained reason this organism was displaced by B pyocyaneus. Unfortunately, both these organisms could not be controlled by either sulfonamides or by penicillin Streptomycin therapy was then instituted after it was determined that the organism was definitely sensitive to streptomycin by laboratory tests. The results have been most dramatic and confirm the efficacy of this antibiotic against such infections. No toxic symptoms or untoward systemic reactions were experienced as the result of its use Neither was there any untoward reaction noted on the corpuscular elements of the blood, such as anemia or leukopenia.

The important problem which we faced was trying to figure out the exact dosage to be given to this patient and also the interval between injections, so as to produce the most effective therapeutic results. There was always the danger that if too small a dose were to be used initially a resistance to streptomycin might develop in the infecting organism. The experimental reports were, of course, only suggestive as a guide to dosage Thus, Helmholz's reports[12] were quite interesting in this respect. Our experience with penicillin dosage was not to be relied upon as being of any value because of the difference in the action of the two antibiotics as determined in laboratory animals. It was possible, however, to get some orientation as to dosage by the comparison of these two antibiotics by virtue of the fact that reports have shown that the potency of both these substances can be compared against such an organism as Staph aureus (strain SM), against which both these antibiotics are effective. In this connection it has been found that the growth of this organism is completely inhibited by a concentration of 0.08

* Repeated cultures of the urine up to 3/1/46 still showed sterile, clean urine.

TABLE 2 BLOOD SERUM LEVELS OF STREPTOMYCIN

Date	Time	Units of Streptomycin cc. of Serum
October 20 1945	1:15 P.M	12
	10:15 P.M	25
October 30 1945	5:00 A.M.	25
	5:00 P.M.	27
October 31 1945	5:00 A.M.	28
	6:00 P.M	27
November 1 1945	8:45 A.M	28
	5:14 P.M	30
November 2 1945	9:30 A.M.	28
November 3 1945	12:00 NOON	26
November 4 1945	No determination	
November 5 1945	5:15 A.M.	30
November 6 1945	No determination	
November 7 1945	8:15 A.M	23
November 8 1945	8:15 A.M	26

TABLE 3 URINE LEVELS OF STREPTOMYCIN

Date	Time	Units of Streptomycin per cc.	pH
October 29 1945	12:00 NOON	130	7 8
	1:15 P M	200	8 0
	5 30 P.M	800	8 0
	11:30 P.M	800	7 95
October 30 1945	5 30 A.M.	800	7 9
	11:30 A.M	800	7 8
	5:30 P.M.	800	7 6
	11 30 P.M	650	7 68
October 31 1945	5:30 A.M.	800	7 25
	9 00 A.M.	800	7 22
	12 30 P.M	1,000	7 32
	5 30 P.M.	1,000	7 01
	10:00 P.M.	800	6 9
November 1 1945	11 00 A.M.	800	6 4
	2:30 P.M.	800	6 5
	8:00 P.M.	500	6 3
November 2 1945	12:30 P.M	650	6 6
	4:45 P.M.	800	7 18
November 3, 1945	5:30 A.M.	800	6 7
	5:30 P.M.	800	7 02
November 4 1945	8:30 A.M.	800	6 85
	8:30 P.M	800	7 1
November 5 1945	8 30 A.M.	650	6 8
	5:30 P.M.	800	6 6
November 6 1945	8:30 A.M.	800	7 04
	5:30 P M.	650	6 8
November 7 1945	8:30 A.M.	650	6 9
	5:30 P.M.	650	7 45
November 8 1945	8 30 A.M	500	7 35

TABLE 4 Blood Counts

Date	Hemoglobin Percentage	Gm	R B C	W B C	Polymorphonuclears Segmented Percentage	Polymorphonuclears Nonsegmented Percentage	Lymphocytes Percentage
October 29, 1945				10,920	72	3	25
October 30, 1945	86	12 4	4,030,000	13,760	70	3	27
October 31, 1945				10,800	68	4	28
November 1, 1945				10,960	68	4	28
November 2, 1945	86	12 4	3,970,000	11,760	75	1	24
November 5, 1945	90	13 0	4,590,000	10,840	71	3	26
November 7, 1945				8,520	74	3	23
November 12, 1945	85	12 3	4,060,000	9,560	59	0	41

TABLE 5 Urine Cultures

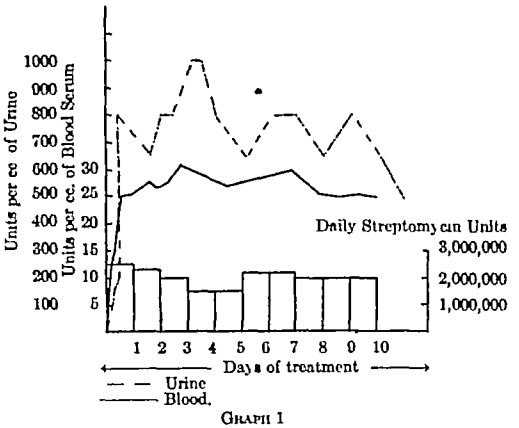
Date	Organisms
September 9, 1943	B proteus Staph albus
April 10, 1944	B proteus Streptococcus
April 19, 1944	B proteus Staph albus
November 16, 1944	B proteus Gram-positive diplococcus
June 12, 1945	B proteus
September 9 1945	B pyocyaneus
September 27, 1945	B pyocyaneus
October 5, 1945	B pyocyaneus
October 15, 1945	B pyocyaneus
October 22, 1945	B pyocyaneus
October 27, 1945	B pyocyaneus
October 30, 1945	No Growth
October 31, 1945	No Growth
November 1, 1945	No Growth
November 2, 1945	No Growth
November 5, 1945	No Growth
November 7, 1945	No Growth
November 12, 1945	No Growth

unit of penicillin, whereas the minimal amount of streptomycin that causes complete inhibition is 1 unit per ml of culture medium One can readily see that, based upon such antibacterial activity determinations, one unit of penicillin represents about ten to twelve times as much antibacterial activity as one unit of streptomycin Inasmuch as I had been accustomed to using penicillin with effectiveness in severe infections by giving 50,000 units as the first dose, to be followed by 50,000 units in three hours and then giving 25,000 units every three hours thereafter intramuscularly, I therefore decided to use the equivalent dosage in streptomycin units, i e, 500,000, the first two doses followed by 250,000 every three or four hours thereafter

There are several other points of importance that have to be more clearly understood and which undoubtedly play an important part in the therapeutic evaluation of this antibiotic The most important of these is whether, like penicillin, the dose of streptomycin can be decreased as the treatment progresses It has been found that streptomycin, because of its tendency to produce resistance to it in the infecting organism, must be maintained in fairly adequate dosage throughout the period of therapy and, therefore, the dosage may even have to be increased rather than decreased as the treatment progresses The second point is the relationship of the reaction of the urine to the effectiveness of the streptomycin concentration Foster first called attention to this fact with reference to the sensitivity of streptothricin [16] He found that the effectiveness of streptothricin became increased with an increase in pH This same effect also holds true with respect to streptomycin and it has been found that at least a twofold sensitivity increase occurs with every pH-unit increment, and there even appears to be some indication that this sensitivity may be increased to as high as threefold in the higher pH ranges

Also, it has been found that streptomycin seems to be excreted more slowly by the kidneys than is penicillin and therefore the blood levels are much more stable and can be maintained more readily at an effective level by four-hour intervals between injections or perhaps even at longer intervals The urinary levels, as the result of this, seem to serve as a more sensitive indicator, however, of the effectiveness of the dosage than the blood levels This can be seen by reference to Graph 1, for on November 1 and 2, 1945, when the dosage of the streptomycin was reduced from 2,000,000 to 1,500,000 for the twenty-four-hour period, the urine level dropped from a high of 1,000 units per cc on October 31, 1945 to a low of 500 units per cc on November 1 at 8 00 P M, while the blood level continued to remain at 28 and 30 units With a return to 2,125,000 units intake on November 3 the urine concentration immediately rose again to 800 units, while the blood-serum levels continued to remain the same

After the administration of the first two doses of 500,000 units each at three-hour intervals the blood concentration taken at the five-hour period showed only a concentration of 12 units per cc It reached the level of 25 units after 1,500,000 units had been given and only fourteen hours after the initial dose Unfortunately, no blood level was determined at the nine-hour period The urine reached a concentration of 130 units per cc after 1,000,000 units had been given and 200 units per cc at the five-hour period After the administration of 1,250,000 units and nine hours after the initial dose the urine reached a concentration of 800 units of streptomycin per cc. In other words, adequate therapeutic levels in the urine were reached in this case sometime after the administration of the third dose of streptomycin or between the sixth and ninth



GRAPH 1

hour after the initial dose and after 1,250,000 units had been administered

Blood specimens taken at fifteen minutes, one-half hour, one, two, three, and four hours after injections of the streptomycin dose did not show any significant variations in the concentration of this antibiotic in the circulating blood stream

In other words, the concentration of the streptomycin does not fluctuate during the period between injections, but is maintained more or less within certain limits even when the interval between injections is increased from three to four hours and the dose is decreased The urine levels show a greater degree of sensitivity depending upon such factors as volume of output, reduction in dosage, and time interval between injections

The maximum blood concentration noted in this case was 30 units per cc of blood serum and was obtained in the specimen taken at 5 14 P.M on November 1, 1945 in spite of the fact that beginning at 8.30 A.M on November 1 the interval between injections was increased to four hours, while the dose was kept the same at 250,000 units This effected a change in the total twenty-four-hour dosage from 2,000,000 to 1,500,000 units The reduction did not show its effect on the level of the blood concentration, which even on the next day, November 2, still showed a concentration of 28 units The urine seemed to be more sensitive to the changed dosage as reflected in the concentration at 8·00 P.M on November 1, 1945, which reached a concentration of 500 units During the next twenty-four hours, and while the daily dose was still maintained at 1,500,000 units, the urine concentration was 660 units at 12.30 P.M on November 2 This rose, however, to 800 units at 4·45 P.M on the same dosage Such findings would seem to indicate that a so-called "additive effect" takes place with the administration of this drug

Streptomycin is apparently a drug of low toxicity There is some pain experienced at the site of injection, but this is not any different than with the use of penicillin I encountered no histamine-like response in this case, as has been reported by some investigators and which might perhaps be explained as due to the use of inadequately purified materials Such impurities usually give rise to throbbing headaches and flushing of the skin There was also no sensitiveness to the preparation noted, although some observers have reported an acquired sensitization to the drug, so that if after an interval of a few weeks, streptomycin therapy was resumed, severe febrile reactions would be encountered

These patients responded, however, to desensitization routine Hinshaw also reports transient deafness in 1 patient and vestibular disturbances in 3 patients receiving prolonged therapy with streptomycin.[12] Some peripheral neuritis has also been reported

The importance of the possibility of using streptomycin as a prophylactic agent in most of the cases undergoing prostatectomy and other genitourinary surgery is worth considering Most of the cases of prolonged pyuria, due particularly to the very tenacious B proteus and B pyocyaneus, may thereby be greatly reduced if not completely eliminated

Summary and Conclusions

1 A case is reported of prolonged urinary infection extending over a period of almost six years, with calculus formation necessitating repeated surgical interference

2 The infecting organism was at first B proteus, which was subsequently displaced by B pyocyaneus

3 All therapeutic measures that had been tried were ineffective in clearing up this condition

4 A most dramatic response was obtained with the use of streptomycin with complete clearing of the urine, twenty-four hours after the commencement of the therapy, during which 2,500,000 units of streptomycin were administered This patient received altogether a total of 20,000,000 units over a period of ten days

5 No toxic manifestations were noticed as the result of using this antibiotic

The streptomycin determinations in our studies were carried out under the direction of Dr Gregory Shwartzman, bacteriologist to the Mt. Sinai Hospital, in New York City, to whom I am indebted for the making of these determinations I also wish to acknowledge my appreciation to Miss Beatrice Toharsky for her kind cooperation

111 East 80th Street

References

1 Schatz, Albert, Bugie, Elizabeth, and Waksman, S A. Proc Soc Exper Biol & Med 55 66 (Jan) 1944

2 Waksman, S A J Bact 46 299 (1943)

3 Robinson, H. J , Smith, D G , and Graessle, O E Proc Soc Exper Biol. & Med 57 226 (1944)

4 Jones, Doris, Metzger, H J , Schatz, Albert, and Waksman, S A Science 100 103 (Aug 4) 1944

5 Waksman, S A , Bugie, Elizabeth, and Schatz Albert Proc Staff Meet , Mayo Clin 19 23 (Nov 15) 1944

6 Waksman, S A Science 102 40 (July 13) 1945

7 Zintel, Harold A , Flippin, Harrison F , Nichols Anna C , Wiley, Marjorie M , and Rhodes, J E Am. J M Sc 210 883 (1945)

8 Anderson, Donald G , and Jewel, Marjorie New England J Med 233 17 (Oct 25) 1945

9 Heilman, F R Proc. Staff Meet., Mayo Clin 19 593 (1944)

10 Reiman, H A., Elias, W F , and Price, A H J A M A 128 175 (1945)

11 Feldman, W H , and Hinshaw, H C Proc Staff Meet., Mayo Clin 19 593 (1944)

12 Hinshaw, H C Proc Staff Meet., Mayo Clin 18 313 (Sept 5) 1945

13 Helmholz, H F Proc Staff Meet., Mayo Clin 20 357 (Oct. 3) 1945

14 Foster, J W , and Woodruff, H. B J Bact. 45 408 (1943)

15 Stebbins, Robert B , and Robinson, Harry J Proc Soc Exper Biol. & Med 59 255 (1945)

16 Foster, J W Arch Biochem 3 241 (Dec) 1943

PLAGUE AUTHORITY SAYS LEPROSY IS NO LONGER A "HORROR" DISEASE

Approximately four hundred persons in the United States are suffering from leprosy, one of the oldest of known diseases, and N E Wayson, M D , noted plague authority in the U S Public Health Service, says that in view of modern medical concepts it is folly to associate horror and superstition with the disease

Writing in the September issue of *Hygeia*, the health magazine of the American Medical Association, Dr Wayson says that "the condition of nearly all patients improves definitely within a short period after entering a well-conducted hospital An increasing percentage of patients in these hospitals are discharged as arrested and return to their home environments and useful occupations"

Dr Wayson, who once served as director of the Leprosy Investigation Station in Honolulu, says that leprosy is now considered an infectious disease, caused by a germ or micro-organism which enters the body through either the nose or throat or skin and may be distributed throughout all the tissues of the body

"This particular bacterium," the article said, "can be found in the tissues in various forms of the disease and has been accepted as its cause for that reason, although it is not discovered in every lesion or tissue change appearing during the course of the disease However, at present there is no accepted proof that this bacterium has ever been grown in test tubes in the laboratory, nor that the disease has been produced artificially in man or in lower animals by inoculation

"The onset of leprosy is insidious and without a characteristic evolution which permits determination of the time it invades the body, nor the length of time it has been incubating in the tissues before it becomes evident

"Bones of the fingers or toes may soften, shrink, or even break spontaneously When acute inflammation occurs in and around nerves, severe pain is produced, but leprosy is otherwise a relatively painless condition"

Dr Wayson points out that the course of the disease may be short or it may continue for as many as fifty years Arrest may come in the early stages, or later

"Only a relatively small percentage of leprous persons can be said to die of leprosy," he said "A large proportion die because of intercurrent afflictions Many die of tuberculosis and disease of the kidneys

"So far as is known, leprosy is communicated directly from those in whom the disease is active, and not from those who have had it and have recovered, even though they are crippled and scarred The conclusion is reached that leprosy is not easily communicated from the sick to the well Under conditions which are favorable to the communication of leprosy, as high a percentage of children of a household may contract the disease as would contract tuberculosis under conditions conducive to its spread

"Hygiene and treatment which contribute to the support and well being of the patient are beneficial in practically all cases Measures which restrict or eliminate association with well people, and particularly with children, reduce the likelihood of the occurrence of new cases"

THE CONSERVATIVE TREATMENT OF PILONIDAL CYST

B G P Shattuck, M.D., and H Doubilet, M D, Brooklyn, New York

NOTWITHSTANDING the special technics and modifications introduced in recent years, the treatment of pilonidal cyst by radical excision has not proved completely satisfactory from the standpoint of either civilian or military surgery Analysis of the published follow up reports revealed that in general the various surgical methods had caused an excessive loss of man-days, prolonged convalescence, and had led to a high incidence of recurrences Thus, critical reports have shown that in one year the Navy lost 36,150 man-days due to pilonidal cyst.[1] Hospitalization following surgery varied from thirteen to twenty-five days when primary suture and radical excision were done and averaged seventy-seven days when the wound was permitted to close by granulation Recurrences varying from 5 4 per cent to 23 2 per cent have been reported[2 3] and painful scars were found to occur in 36 per cent of the cases.[4] As a result there has been an increasing tendency in recent years to swing away from radical surgical extirpation as a means of solving this vexing problem, and an increasing search for a more conservative nonoperative treatment.

Sclerotherapy for pilonidal cyst was recommended in 1933,[5] in 1939,[6] and again in 1942[7] However, this procedure did not meet with general acceptance, since the factor of chronic tissue infection seemed to prevent total obliteration in a significant number of pilonidal cysts With the advances in chemotherapy a wide variety of topical antiseptics as well as sulfonamides[8–10] were tried in combination with the radical excision and primary suture of pilonidal sinus These various modes of treatment also resulted in many failures, due to the ineffectiveness of the antiseptic drugs, and further indicated that local tissue infection was a potent cause of recurrence.

The present clinical investigation was intended as a preliminary report on the effect of a penicillin-sodium morrhuate mixture in the treatment of pilonidal cyst. The local use of penicillin and its antibiotic properties have been well established More significantly, the bacterial flora of pilonidal cyst, as reported by both Shute[11] and Scott,[9] have included many organisms now known to be susceptible to penicillin inhibition As regards the sodium morrhuate solution, its value as a sclerosing agent because of its necrobiotic and fixative properties has been well established, particularly for the obliteration of varicose veins In vitro, penicillin dissolved in sodium morrhuate solution was found to maintain the same antibacterial activity as when dissolved in water or normal saline solution. This was demonstrated by a series of special laboratory tests employing the agar-cup technic in which penicillin-sodium morrhuate solution was used as the test medium

Three types of pilonidal cyst were treated (1) the noninfected pilonidal cyst, (2) the infected pilonidal cyst with one or more discharging orifices, and (3) the pilonidal abscess In every case, established surgical principles were observed when necessary, such as incising the roof of the cyst, simple incision and drainage of abscess pockets, removal of internal hairs, and curettement of necrotic lining membrane

The penicillin-sodium morrhuate solution was prepared by adding 5 cc of 5 per cent sodium morrhuate solution to 100,000 units of the dry penicillin in its rubber-stoppered vial Penicillin was readily soluble in sodium morrhuate solution Injections were made directly into the cyst or sinus tracts using a 2 cc syringe with a 20-gage or other suitable-sized cannula. The amount of solution injected varied with the size of the cavity or sinus Usually 1 cc of solution was sufficient for the first injection Later, as sclerosis progressed, smaller amounts were sufficient. In the acute case with abscess formation, the cavity was incised or unroofed and cleansed thoroughly of all necrotic tissue. It was then packed with a flat 2 by 2 gauze kept moist with the penicillin-sodium morrhuate mixture Early in this investigation the sinus tracts were injected twice daily in patients admitted to the hospital. Later it was found that an injection once daily or every other day was equally effective It was then evident that the entire treatment could be carried out on ambulatory patients seen in the clinic. The penicillin-sodium morrhuate solution was well tolerated and painless even when frequently repeated No anaphylactic or cutaneous reactions were observed in this series as a result of its use.

A total of 27 consecutive cases were treated by the previously described methods Ten of these were recurrences after radical surgery, including 3 cases with a history of three recurrences after three surgical operations. In 4 patients activity of the pilonidal cyst recurred after conservative surgical drainage for abscess formation. The other 13 cases were untreated

cases exhibiting either the characteristics of an active pilonidal cyst or were referred for surgery because of pilonidal abscess Cultures from the pilonidal area were taken in every case, both before and after treatment

The organisms usually recovered from the cultures of the pilonidal sinuses were Staphylococcus aureus, Staph albus, hemolytic micrococcus, anaerobic hemolytic streptococcus, Bacillus proteus, and B subtilis After the first or second injection the cultures failed to show any growth A minimum of four up to a maximum of forty-six injections were required for the complete obliteration of the pilonidal cysts in this series The maximum amount of penicillin used for any one case was 1,190,000 Oxford units The average amount of sodium morrhuate solution was 7 0 cc After two to three injections, drainage from the orifices subsided rapidly and decreasing amounts of the solution were required The sacrococcygeal area became firm, the external skin lost its tenderness and remained dry No patient was discharged until the "pilonidal area" was regarded as clinically healed, the manifestations of which were closure of the orifices so that a probe could not be inserted, the absence of sensitivity to palpation, and the failure on pressure to express any fluid Follow-up observations over a three-month period showed recurrences in only 4 cases These were characterized by a slight discharge, for which additional injections were given to obtain complete obliteration

Case Abstracts

Case 1—In hospital thirty days Injections, thirty Total solution, 15 cc Penicillin dosage, 1,190,000 units Three previous surgical excisions, wide irregular undermined scar, 7 5 × 2 6 cm , with multiple orifices

Case 2—In hospital fifty-four days Injections, forty-six. Total solution, 20 8 cc Penicillin dosage, 1,752,000 units Three previous surgical pilonidal operations, midline scar 10 cm. long, lower half of scar undermined, drainage from two sinus openings Unroofed and packed with penicillin-sodium morrhuate solution

Case 3—In hospital fourteen days Injections, fourteen. Total solution, 4.8 cc Penicillin dosage, 475,000 units Recurrent drainage for past ten years Three fine midline sinus openings, one sinus tract extended 1 5 cm into left buttock

Case 4—In hospital twenty-four days Injections, twenty-six Total solution, 10 5 cc Penicillin dosage, 795,000 units Incision and drainage of pilonidal abscess one year ago, two midline sinus openings, one sinus tract 2 5 cm to left of midline draining yellowish fluid.

Case 5—In hospital eleven days Injections, eleven Total solution, 5. cc Penicillin dosage, 500,000 units. Pilonidal abscess draining spontaneously Unroofed and packed with penicillin-sodium morrhuate solution.

Case 6—In hospital fifteen days Injections, twenty Total solution, 8 8 cc Penicillin dosage 947,000 units Persistently draining pilonidal abscess originally treated elsewhere by incision and drainage Unroofed and packed with penicillin-sodium morrhuate solution.

Case 7—In hospital seven days Injections, seven Total solution, 2 cc Penicillin dosage, 200,000 units Tenderness and drainage from sacrococcygeal area for past fourteen months, two midline sinus openings, one sinus tract extending 1 cm to left of midline

Case 8—In hospital thirty-six days. Injections, twenty-four Total solution, 5 cc Penicillin dosage, 487,000 units Chronic persistent drainage after two surgical excisions

Case 9—In hospital twenty-seven days Injections, twenty-seven Total solution, 5 2 cc Penicillin dosage, 583,000 units Untreated pilonidal cyst with history of drainage for three years One deep sinus tract 3 cm deep On pressure foul yellow pus was expelled

Case 10—Outpatient Injections, seven. Total solution, 1 2 cc Penicillin dosage, 112,500 units Original surgical excision of pilonidal cyst followed by incision and drainage of recurrent pilonidal abscess At examination a sinus tract 3 cm long was found near the end of the midline scar

Case 11.—Outpatient Injections, seven. Total solution, 1 2 cc Penicillin dosage, 112,500 units Small untreated pilonidal cyst with one fine orifice in midline sinus tract

Case 12—In hospital nineteen days Injections, three Total solution, 1 8 cc Penicillin dosage, 181,250 units Recurrence after one surgical excision of pilonidal sinus Operative scar partially opened

Case 13—In hospital eighteen days Injections, thirteen Total solution, 1 7 cc Penicillin dosage, 170,000 units Recurrence after one surgical excision with breakdown of scar and drainage

Case 14—In hospital ten days. Injections, ten. Total solution, 7 5 cc Penicillin dosage, 800,000 units Pilonidal cyst with abscess formation extending to left buttock for a distance of 3 5 cm in addition to three other sinus openings injected

Case 15—In hospital nine days Injections, nine. Total solution, 9 cc Penicillin dosage, 900,000 units Untreated pilonidal cyst with abscess Abscess 4 × 2 cm incised and treated with penicillin-sodium morrhuate solution

Case 16—In hospital fourteen days Injections, twelve Total solution, 6 cc Penicillin dosage, 600,000 units Recurrence after incision and drainage of pilonidal abscess twice repeated

Case 17—In hospital eight days Injections, eight. Total solution, 5 cc. Penicillin dosage, 500,000 units New untreated pilonidal cyst. Tract curetted

Case 18—In hospital twenty-one days Injections, sixteen. Total solution, 20 cc. Penicillin dosage, 2,000,000 units Recurrence after three radical surgical procedures Orifices injected and obliterated by injections

Case 19—In hospital eleven days. Injections, five. Total solution, 10 cc. Penicillin dosage, 1,000 000 units. Recurrence of two sinus tracts after radical operation.

Case 20—Outpatient. Injections, twelve. Total solution, 8 cc. Penicillin dosage, 800 000 units New untreated pilonidal cyst with four orifices.

Case 21—Outpatient. Injections, ten Total solution, 5 cc. Penicillin dosage, 500,000 units New untreated pilonidal cyst with central orifice and orifice leading to right buttock

Case 22—Outpatient. Injections, twelve. Total solution, 8 cc. Penicillin dosage, 800,000 units Recurrence after conservative incision and drainage for abscess six months ago

Case 23—Outpatient Injections, fourteen Total solution, 6 cc. Penicillin dosage, 600,000 units. Pilonidal abscess treated by incision and drainage and packing with penicillin-sodium mor rhuate solution.

Case 24—Outpatient. Injections, six. Total solution, 3 cc. Penicillin dosage, 300 000 units. Pilonidal abscess one year after radical excision. Treatment by incision and drainage and packing with penicillin-sodium morrhuate solution

Case 25—Outpatient. Injections, four Total solution, 3 cc. Penicillin dosage, 300 000 units. Untreated pilonidal sinus. Injections through central orifice

Case 26—Outpatient. Injections, fourteen. Total solution, 10 cc. Penicillin dosage, 1,000,000 units. Large untreated pilonidal sinus with five discharging orifices.

Case 27—Outpatient. Injections ten Total solution, 5 cc. Penicillin dosage, 500,000 units. Recurrence after surgical excision Orifices injected with penicillin-sodium morrhuate solution

Summary

Twenty-seven patients with pilonidal cyst, pilonidal sinus, or abscess were treated by conservative surgical methods and the local injection or application of a penicillin-sodium morrhuate solution Twenty-three of these patients showed no evidence of recurrence during a three-month period of observation The remaining 4 patients showed a slight recurrence which was treated successfully by further injections.

2202 Quentin Road

References

1 Lane, W. Z.: U. S. Nav. M. Bull. 41: 1284 (1943)
2 Carrington, C. L. Am J Surg. 65: 15 (1944)
3 Kleckner M. S. Tr Am Proct. Soc. (1930)
4 Koolstra, H. P Am J Surg 55: 3 (1942)
5. Cutler L. C. and Zollinger R.: Am. J Surg 19: 411 (1933)
6 Biegeleisen, H. I Am J Surg. 44 622 (1939)
7 Heyd C. G.: New York State J Med. 42: 2120 (1942)
8. Barnett L. A. Am. J Surg 64: 338 (1944)
9 Scott, J. V Ann. Surg. 117: 191 (1943)
10. Barker V. L. and Clark G. H. Mil. Surg. 95: 27 (1944)
11 Shute, F. C. Smith, T. E. Levine, M. and Burch, J. C.: Ann. Surg. 118. 706 (1943)

TWO-YEAR BLOOD PLASMA SUPPLY FREE

Enough blood plasma to meet civilian needs for perhaps two years will be distributed throughout the country for use without charge.

The distribution is being arranged by the American Red Cross. The Army and Navy have declared surplus 1 250 000 units. This amount represents some 2,000,000 blood donations made to the armed forces through the Red Cross.

Howard T McNamara, chairman of the Broome County Red Cross Chapter explained that the plasma used in this area will be distributed to the North Atlantic Area warehouse in New York City and then made available to veterans' hospitals, civilian hospitals, and doctors by the State Department of Health

No charge will be made by the Red Cross for the product or for shipment. Each package will bear a statement to the effect that the plasma has been declared surplus by the armed forces, Mr McNamara said

A plan for the distribution of the plasma will be made by the state medical societies, state hospital associations and the Red Cross. The initial shipment will be a three-month supply, with replacements made upon request of the State Health Department. Distribution will be made upon the basis of population and number of doctors and hospitals.

The Veterans A [illegible] furnished with a five-year supply of pl [illegible]

PROBLEMS OF PEPTIC ULCER IN THE ARMED FORCES AND IN THE RETURNED SOLDIERS*

ABRAHAM L GARBAT, M D , New York City
(Director in Medicine, Service 1, Lenox Hill Hospital)

WE USE the term "peptic ulcer" to include both gastric and duodenal ulcer We realize, however, that it is not an ideal term, because gastric and duodenal ulcers are not derivatives of the same cause and they have different effects upon the gastric physiologic mechanism [1]

What Is the Incidence of Ulcer in the Armed Forces?

Gastroduodenal ulceration has been a most important medical disorder in the armed forces of all the nations Complete statistics are naturally not yet available, but enough has already been published to bear out this statement In the British Army the incidence is high [2] Up to January, 1942 the number of patients discharged from the Army on account of peptic ulcer totaled 23,574 [3] Tidy[4] reports the occurrence of 55 per cent of peptic ulcer in patients hospitalized for dyspepsia Hurst,[5] quoting Payne and Newman,[6] records this figure as 79 per cent in the early days of the war The Germans reported an incidence of 33 per cent [7] Estimates from American Army hospitals are also high Berk and Frediani[8] noted gastroduodenal ulceration in 41 per cent of patients admitted to the gastrointestinal service of the Tilton General Hospital from September, 1941 to March, 1944 This approximates the reports from other general hospitals,[9] although some statistics are lower

There may be some disparity according to the locality and type of hospital from which the report comes, but in general it may be said that 10 per cent of all medical hospital admissions are gastrointestinal cases, and 1 per cent of all medical admissions are due to ulcer It is interesting to note that high incidences appear among troops that are stationed in zones protected from combat, as well as among troops that are placed in active combat and field positions In one report,[8] ulcer constituted 39 9 per cent of the admissions to the gastrointestinal service in enlisted personnel before the North African campaign began, and was 40 5 per cent during the following sixteen months of the active campaign Captain Berk[10] made an interesting observation that ulcer symptoms did not appear when the soldiers were in active combat for their lives, but did appear when they were removed to rest areas after hostilities ceased The same was also noted in a group of German soldiers whose recurrent ulcer symptoms appeared in higher percentage when they were merely on patrol duty than when they were on active combat It would be more enlightening if we could have comparative statistics regarding the incidence of ulcer in civilians of the same young age group under ordinary circumstances Possibly, these high Army figures may be a reflection of increased prominence of peptic ulcer also in civilian life, or, possibly, they may be due to improvements in our methods of diagnosis Be that as it may, the frequency of peptic-ulcer symptoms among the fighting men reflects the importance that this problem will present to the medical profession when the men come home Among veterans, peptic ulcer is the most common digestive disease In 1940 there were 4,356 service-connected cases with 454 additional nonservice-connected cases These drew total monthly awards for compensation of $176,371 [11]

What Are the Factors That May Account for the High Incidence of Ulcer in the Fighting Forces?

The factors that account for this high incidence of ulcer in the fighting forces are, first and most important, the changed emotional status that the ulcer-susceptible inductee becomes exposed to in his new surroundings Almost daily he may sustain mental trauma from states of anxiety, fear, hostility, disappointment, depression, revenge, hatred, etc In addition, natural features of Army life may help to bring about nervous imbalance e g , the state of physical and mental fatigue, the feeling of authority and subordination, the conflict between one's instinct of self-preservation and the desire to do one's duty, the problem of sexual frustration and maladjustment, etc [12] These various new emotional states bring about psychophysiologic alterations in the gastric mucosa and gastric nerve supply that are conducive to ulcer formation We older practitioners had always known the great role that the nervous factor played in the origin of ulcer, but it required the well-sounding term "psychosomatic disease" to have this relationship recognized by the younger physicians and the laity

Second, the factor of the Army diet has to be considered I personally ascribe a great deal of harm to an incorrect diet, especially if associated with nerve strain The different foodstuffs and their mode of preparation have various effects

* Read at the Hospital Clinic of the Eighteenth Graduate Fortnight of the Academy of Medicine, October 15, 1945

upon the gastric emptying time, upon gastric spasm, upon the quantity of stimulated gastric secretion, and its degree of acidity One may also consider a possible allergy as the cause for a gastric upset after the taking of a particular foodstuff Then, too, hurried and intemperate eating when one is worried or angry is very harmful, and the overuse of tobacco, coffee, or alcohol will add insult to injury Attention cannot be paid to these details even if soldiers are on limited duty

Did the Ulcer Patients in Service Develop Their First Symptoms During the War, or Did They Already Have Complaints Before They Were Inducted?

No individual was accepted into the Army when he presented to the induction board definite evidence of having or having had an ulcer The specialists reviewed the patient's history, letters from his physician, and x-ray plates, and attempted to distinguish between functional and organic complaints, but during the early days of the draft, the call for men was so acute that the importance of digestive discomforts did not receive equal and sufficient consideration by all examining boards

From the American Army reports, Berk and Frediani[9] collected a group of statistics which showed that 88 to 95 per cent of all military personnel with ulcer had digestive symptoms prior to their entry into military service In their own series it was 74 per cent Rush[13] reported only 50 per cent, Chamberlin,[8b] 69 per cent. In the British Army, Tidy[14] states that 81 per cent of the ulcer patients seen in the hospitals had the onset of the dyspepsia in civilian life. As for the duration of the symptoms prior to induction, it varied anywhere from eight days to twenty years. In Berk and Frediani's group of inductees, 59 per cent informed their induction board of their digestive difficulties Almost half of this group claimed to have had symptoms at the time of their appearance before the Board Morrison[15] similarly found that 50 per cent of the inductees informed their board of digestive symptoms or furnished evidence which would lead to the diagnosis of ulcer

What Was the Disposition of the Soldier When He Had Digestive Complaints, and Afterwards When a Diagnosis of Ulcer Was Made?

When the complaints were minor, the soldier was treated in the dispensary, but as soon as the soldier had persistent digestive discomforts, he was hospitalized The average length of service prior to the first hospitalization differed in the various series reported Thus, C
Kerr[16] reported that 70 per cent of symptoms two months after entering the Army, and the remaining 30 per cent within eight months, Morrison[15] found that one fourth complained within the first six months, and 65 per cent within the first twelve months In contrast to the rapid appearance of ulcer distress in new inductees, in the Regular Army personnel afflicted with ulcer, the average duration of service before the first hospitalization was about four years

Once peptic ulcer was definitely established, the disposition of the soldier differed somewhat in the different areas of warfare and at the different periods of the war Usually, as soon as the diagnosis of peptic ulcer was definitely established the soldiers were prepared for a medical discharge to take place on the completion of their course of hospital treatment. In some areas the policy was more liberal The soldiers with uncomplicated ulcer whose symptoms first appeared while in service or whose services were considered essential were returned to limited duty when their symptoms cleared up Many remained well, but very soon it was found that many would come back again and again, with the same symptoms, as long as they were on any duty, even though they continued to obtain feeding between meals and were able to continue to take their medication Presumably, they were exposed to the same causative factors, though to a lessened degree

One report[17] followed up 40 patients who had been treated in the hospital until the healing process was completed, only to find that 60 per cent had a recurrence of symptoms within two months after the return to duty in England In another report of 537 ulcer cases collected by Walters and Butt[18] from various Naval hospitals, 25 per cent had repeated hospitalizations for treatment. Of 16 patients who were operated upon for perforated peptic ulcer,[19] 4 were returned to noncombat duty after repair of the ulcer, and within twelve months all four had a recurrence of symptoms This would not be surprising if physicians would only realize that it takes anywhere between six and eighteen months for an ulcer to actually heal In the more recent stages of the war, enlisted personnel were not returned to limited duty, but were discharged from the service However, officers, particularly if their work was considered very essential, were often retained in service on limited duty, if their difficulties persisted, then they, too, received a medical discharge. Several such officers are now under my treatment. I am convinced that their complaints were kept up by mental stress, which did not begin to less-- [illegible] entirely out of the service.

In the light of such

PROBLEMS OF PEPTIC ULCER IN THE ARMED FORCES AND IN THE RETURNED SOLDIERS*

ABRAHAM L GARBAT, M D , New York City
(Director in Medicine, Service 1, Lenox Hill Hospital)

WE USE the term "peptic ulcer" to include both gastric and duodenal ulcer We realize, however, that it is not an ideal term, because gastric and duodenal ulcers are not derivatives of the same cause and they have different effects upon the gastric physiologic mechanism [1]

What Is the Incidence of Ulcer in the Armed Forces?

Gastroduodenal ulceration has been a most important medical disorder in the armed forces of all the nations Complete statistics are naturally not yet available, but enough has already been published to bear out this statement In the British Army the incidence is high [2] Up to January, 1942 the number of patients discharged from the Army on account of peptic ulcer totaled 23,574 [3] Tidy[4] reports the occurrence of 55 per cent of peptic ulcer in patients hospitalized for dyspepsia Hurst,[5] quoting Payne and Newman,[6] records this figure as 79 per cent in the early days of the war The Germans reported an incidence of 33 per cent [7] Estimates from American Army hospitals are also high Berk and Frediani[8] noted gastroduodenal ulceration in 41 per cent of patients admitted to the gastrointestinal service of the Tilton General Hospital from September, 1941 to March, 1944 This approximates the reports from other general hospitals,[9] although some statistics are lower

There may be some disparity according to the locality and type of hospital from which the report comes, but in general it may be said that 10 per cent of all medical hospital admissions are gastrointestinal cases, and 1 per cent of all medical admissions are due to ulcer It is interesting to note that high incidences appear among troops that are stationed in zones protected from combat, as well as among troops that are placed in active combat and field positions In one report,[3] ulcer constituted 39 9 per cent of the admissions to the gastrointestinal service in enlisted personnel before the North African campaign began, and was 40 5 per cent during the following sixteen months of the active campaign Captain Berk[10] made an interesting observation that ulcer symptoms did not appear when the soldiers were in active combat for their lives, but did appear when they were removed to rest areas after hostilities ceased The same was also noted in a group of German soldiers whose recurrent ulcer symptoms appeared in higher percentage when they were merely on patrol duty than when they were on active combat It would be more enlightening if we could have comparative statistics regarding the incidence of ulcer in civilians of the same young age group under ordinary circumstances Possibly, these high Army figures may be a reflection of increased prominence of peptic ulcer also in civilian life, or, possibly, they may be due to improvements in our methods of diagnosis Be that as it may, the frequency of peptic-ulcer symptoms among the fighting men reflects the importance that this problem will present to the medical profession when the men come home Among veterans, peptic ulcer is the most common digestive disease In 1940 there were 4,356 service-connected cases with 454 additional nonservice-connected cases These drew total monthly awards for compensation of $176,371 [11]

What Are the Factors That May Account for the High Incidence of Ulcer in the Fighting Forces?

The factors that account for this high incidence of ulcer in the fighting forces are, first and most important, the changed emotional status that the ulcer-susceptible inductee becomes exposed to in his new surroundings Almost daily he may sustain mental trauma from states of anxiety, fear, hostility, disappointment, depression, revenge, hatred, etc In addition, natural features of Army life may help to bring about nervous imbalance e g , the state of physical and mental fatigue, the feeling of authority and subordination, the conflict between one's instinct of self-preservation and the desire to do one's duty, the problem of sexual frustration and maladjustment, etc [12] These various new emotional states bring about psychophysiologic alterations in the gastric mucosa and gastric nerve supply that are conducive to ulcer formation We older practitioners had always known the great role that the nervous factor played in the origin of ulcer, but it required the well-sounding term "psychosomatic disease" to have this relationship recognized by the younger physicians and the laity

Second, the factor of the Army diet has to be considered I personally ascribe a great deal of harm to an incorrect diet, especially if associated with nerve strain The different foodstuffs and their mode of preparation have various effects

* Read at the Hospital Clinic of the Eighteenth Graduate Fortnight of the Academy of Medicine, October 15, 1945

must disappear entirely before a patient can be considered cured On the other hand, there will be cases in which roentgen plates will not show a definite crater, but only a markedly and persistently deformed duodenal cap This may be indicative of superficial ulceration, or only erosion, or even only duodenitis, but ulcer treatment should be instituted, because these conditions require just as careful management as if a crater were demonstrated I have often been asked, "Can one get along with fluoroscopic examination alone, and omit the taking of films?" My answer to that is, almost without reservation, 'No" After one has interpreted x-ray plates for many years, and one has noted how often one is in doubt whether a crater is present or not, one must come to the conclusion that as a general method for diagnosing gastroduodenal lesions, fluoroscopy alone is insufficient and inaccurate All roentgenologists naturally include careful fluoroscopy in their roentgen examination

(b) Is it worth while to perform a routine gastric analysis in patients complaining of gastric discomforts? The question has brought up a good deal of discussion. A number of authorities have expressed the opinion that this examination is not of sufficient deciding importance, and should be entirely discarded in military hospitals.[12] Others disagree with this viewpoint. I see no reason for having one standard for Army hospitals and a different one for civilian practice Personally, I would consider any gastrointestinal examination incomplete if I did not include a routine gastric analysis, if only for one of many reasons, namely, that the finding of an anacidity helps to eliminate the probable diagnosis of an ulcer, and such experiences are not too infrequent.

Then, too, the estimation of the quantity of gastric secretion and the degree of the gastric acidity at the time of the acute ulceration when compared with the findings later on when the symptoms are quiescent, are helpful facts in deciding when the duodenal ulceration is healed [1] It is not necessary to do a fractional gastric analysis, a one-time complete extraction after a Boas-Ewald test meal is sufficient. The fractional method should be resorted to only if the Ewald test shows an anacidity or a subacidity

In What Physical State Will We Find the Discharged Soldier with Ulcer When He Returns Home?

The returnees who had ulcer while in service will fall into different classes according to their physical state when coming home. At many of the Army general hospitals no attempt is made to prolong hospitalization of the uncomplicated ulcer patient Every patient on discharge is given to understand that, despite the fact that he is no longer being hospitalized, it is by no means considered that his ulcer is cured He is given a booklet containing an outline type of dietary and rules of living and he is strongly urged to place himself in the hands of a physician in civil life.[13]

(1) First, there will be a group coming home who will be feeling perfectly fine and without any complaints. They will have had a complete examination before their discharge, and their ulcerative process will have been found improved or cleared up If these men come to their family physician at all, they will simply need advice pertaining to the prevention of recurrence of the ulcer, they should be told to come back for a general check-up in three or four months From a morale standpoint, it is wise not to fuss with them unnecessarily The fact that they are no longer under military routine will be an additional aid for their well-being.

(2) Another group coming home will be feeling well, but their last check up in the Army still showed activity of the ulcer These individuals should be continued on the dietetic and medicinal ulcer regimen, and be followed up at regular intervals.

(3) Another group will come back with vague digestive complaints, but after being home for a little while, their difficulties will disappear, in these, the discomforts were being kept up by emotional factors of military life, and once these were entirely removed, the symptoms disappeared Unless their army medical check up had been done recently, these men should undergo careful study to determine whether any organic lesion coexists, and obtain appropriate management

Similarly in civilian life, I have had individuals with continuous suffering after every meal, even though on a very careful regimen, who would lose every bit of their discomfort as soon as they would board a train for a holiday, away from the source of their emotional irritation

(4) Finally, there will be a group who will persist with digestive discomforts even after they are comfortably settled at home Their continued illness may be due to either a continuation of their emotional imbalance, with or without an uncomplicated ulcer, or to the presence of a refractory ulcer It may be infrequent, but some returnees become emotionally ill only after returning home, they may develop new conflicts due to failure in adaptation to the home environment of family or love life, they may become apprehensive concerning new duties, or fear of their future, their personalities may even have been altered by overseas experiences.

How Are We to Determine Whether an Emotional Factor Still Exists or Is Playing a Role, and How and by Whom Is It to Be Treated?

One would expect that the problems which were considered to be major causative factors in military life, would disappear when the boys come home I refer to the previously mentioned emotional states of fear, anxiety, hostility, resentment, etc In the great majority of the returnees, these disturbing mental attitudes *will* disappear, but in many, the effects leave an emotionally unstable person who will need help

If the family physician or gastroenterologist is patient and understanding, he will have no difficulty in determining from simple conversations with the soldier whether or not there still exists a psychogenic factor If it does, and there is an active ulcer in addition, the physician will be confronted with several decisions should he alone continue to treat the patient, or should he only supervise the ulcer management and refer the patient to someone else for psychotherapy, or should he hand over the patient entirely to the psychotherapist? I definitely do *not* advise the last course, I consider the medicinal and dietetic management of the ulcer to be of paramount importance, and there are few if any psychotherapists who are sufficiently versed in the medical treatment of ulcer to be entrusted with the entire responsibility, the problems of the ulcerative process are too complex to be treated entirely from a psychogenic approach The conjoined treatment by the medical man and the psychiatrist, each supervising his own field, is not, as a rule, satisfactory One will often infringe on the territory of the other, an innocent expression by one or the other would only confound the patient all the more, many of the psychiatrists are not adjusted to be able to work in conjunction with the medical man

It is my opinion that in the great majority of the emotionally unstable ulcer patients the medical man alone is best fitted to take entire care of the patient Not all emotional disturbances are psychiatric problems, and not all of the psychogenic problems of the ulcer patients are deeply hidden, usually they are quite evident and do not require major psychotherapy Minor psychotherapy is usually sufficient, and can be carried out by the attending physician, provided, and this is most important, that the personality of the general practitioner or the gastric specialist is adapted for such work He must be able to devote sufficient time to the patient for him to tell his story in his own detailed way, and guide him here and there by careful conversation and casual questioning The physician cannot be in a hurry, he must take his time, he cannot be impersonal, he must demonstrate sincere interest in the soldier, he must create the impression that, at the moment, only the *patient's* problems are vital and nothing else, he must have good human understanding and human judgment, he must impress the patient with the significance that his symptoms may have arisen after some mental trauma If we do not succeed by this simple method of so-called mental catharsis, or if by an analysis through the question and answer technic we are still at a loss as to a logical interpretation of the patient's complaints, or if simple rationalization of the rudimentary difficulties were not sufficient for the patient to accept this better understanding of his illness, then we must recognize that more complicated influences may be involved, such as hereditary factors, or early life occurrences, or that a real mental disease may exist *Such* problems will require *major* psychotherapy in the form of deeper analysis and more powerful suggestion This belongs to the realm of a suitable psychiatrist and the patient should be referred to him for special treatment, but the medical man must continue to supervise the dietetic and medicinal therapy

Before leaving this particular subject, I must sound a word of warning not to permit the pendulum of the recent psychosomatic trend to swing too far this way As a result of such popularity I have already observed unfortunate happenings, where purely organic disease has been overlooked. The general public has generously adopted the well-sounding term "psychosomatic disease" We of the older school have always understood the close union between mind and body, and for many years have treated our patients from both angles There is nothing new or mysterious about this relationship A recently published, excellent book on psychosomatic medicine very lucidly expresses the situation [24] "The mere discovery of unpleasant circumstances in the life situation of an individual is no indication of emotional complications, and still less of the psychogenic origin of the difficulty"

What Are the General Rules an Ulcer Patient Should Follow in Order to Avoid a Recurrence?

I believe that a proper diet is an important mainstay not only in the treatment of ulcer, but in the prevention of recurrences I have outlined such a hyperacidity diet in a recent publication [25] It is based on the principles that the permitted foods do not stimulate an excessive amount of gastric secretion, but bind a good deal of the acidity, that they do not stay in the stomach too long, nor mechanically irritate the gastric mucosa At the same time, the diet is sufficient in calories and vitamins There may have to be

modifications to suit the individual case, but all in all, it can be a pretty well-fixed dietetic regimen Feedings of milk or other soft food such as custards should be taken as regularly as possible between meals, in the middle of the morning, the middle of the afternoon, and before retiring

In addition to the adherence to a proper diet the strict elimination of improper foods as well as the prohibition of strong alcoholic drinks, excessive coffee, or tobacco is important

Excessive physical fatigue or exposure to respiratory infections must be avoided

Use of an antacid should be routine Some gastroenterologists do not rely much on antacid medication as an adjunct in the treatment of gastroduodenal ulceration My experience has definitely taught me that symptomatic improvement, and probably pathologic improvement of the ulcer, is greatly enhanced by the routine use of antacids, nerve sedatives, and antispasmodics Neutralization of hyperacidity lasts only so long as the patient takes his antacids The high-acid figures will return again as soon as medication is stopped if the duodenal ulcer is not healed [1] When the ulcer is active and the patient is on an hourly or two-hourly feeding schedule, antacids should be given every two hours, nerve sedatives and antispasmodics every four hours, and also during the night if the patient is awake, but at all events a liberal dose of antacid should be administered just before retiring When the patient is on a more normal schedule of three meals a day, antacids should be taken three times a day, either one half hour before meals, or one hour after meals, and always just before retiring At this stage, sedatives and antispasmodics should be administered only if indicated, and not routinely as in the early stages of the ulcer treatment

The patient must keep away from emotional upsets, either of an acute nature or a chronic persistent annoyance All of us have noted the occurrence of sudden gastric hemorrhage in ulcer patients exposed to an unexpected and severe mental strain Alvarez has published several such striking examples [2] Just recently a patient of mine, who had been perfectly well and free of ulcer symptoms for over twenty years, suddenly suffered a severe gastric bleeding several hours after he heard over the radio of the death of President Roosevelt. In instances in which the patient knows that he has experienced an acute mental shock of a major magnitude, Alvarez advises that the individual take milk or other simple feedings and antacids hourly during that whole night. Similarly, if an ulcer patient knows that he has to go through a protracted period of mental anxiety, I have proposed that he adhere to an hourly or two-hourly schedule of feedings made up of bland foodstuffs, such as are included in the early stages of my fixed ulcer regimen milk, eggs, custard, junket, jellos, cereals, cream soups, baked potato, noodles, rice, spaghetti, cream cheese, melba toast. In addition to the diet, nerve sedatives, antispasmodics, and two-hourly antacid medication should be administered I am convinced that such precautions have avoided major catastrophes

Should the Returned Soldier Be Put to Bed for His Ulcer Treatment, or Allowed Ambulatory Treatment?

From a morale standpoint, it is unwise to hospitalize or put to bed the soldier who has come home and who is so eager to get away from confinement, restrictions, institutions, rules, and regulations that were so dominant in his military life If at all possible, take care of the patient by the ambulatory form of treatment Permit him to enjoy the new pleasures and surroundings, and his family and his friends that he had been looking forward to so much In by far the great majority of cases, the ambulatory form of treatment will suffice. The returnee can even undertake a light occupation if he so desires. Some neurotic patients are positively harmed by bed rest

However, there will be a very small group in which bed rest, at home or hospital, will be essential These are cases with

(*a*) Hemorrhage, either acute, massive, or persistent oozing, this does not refer to very minute bleeding as evidenced by a faint benzidine or guaiac test in the stool. These can still be treated as ambulatory

(*b*) Deeply penetrating ulcers with excruciating pain not relieved by the usual routine therapy This does not necessarily exclude cases in which the patients complain of a gnawing distress or discomfort at or near mealtime, or during the waking hours, and where x-ray even shows a definite crater These may nevertheless be treated promptly to ambulatory treatment, but in such cases a trial period should be undertaken

(*c*) A group of cases who, though recently, have been exposed to surgery in the Army, and who have renewed discomforts after their return home Ambulatory treatment should be tried first, and if unsuccessful, but not otherwise Walters and Butt [3] advocate a conservative medical surgical attitude toward a group of Army personnel with chronic or recurrent ulcer In their consideration of the [illegible] 25 per cent of patients with medically refractory ulcer had recurrent difficulties, therefore [illegible] could be cured by [illegible] service They [illegible] early gastric resection [illegible] be influenced [illegible]

order to return a higher percentage of military personnel to duty An ulcer-afflicted soldier should be discharged, and that was the principle last adopted by the Surgeon General's office

(*d*) Finally, there is a small group of ulcers, so-called recalcitrant, refractory, or intractable, where, do what you will, the patient will not be relieved by ambulatory medical therapy, be sure, however, that you try, first, various changes in medication, various modifications of diet, and the different approaches to a possible emotional imbalance, it may not be the ulcer that is refractory, but the patient who is intractable, so that it is not the ambulatory factor alone that makes the difference When soldiers return to home surroundings that are disturbing and distasteful, bed rest or hospitalization may become advisable in order to separate them from these harmful influences

When the patients are put to bed and the dietetic and medicinal therapies do not bring about symptomatic relief in about five or six days, I resort to the Einhorn method of duodenal intubation with duodenal feeding, which puts the stomach and duodenum to almost complete rest Other physicians employ the Winkelstein continuous intragastric drip therapy Either of these procedures should receive consideration before surgery is contemplated, but neither of these methods will often become necessary if my ulcer regimen[25] is carried out with careful detail, and if the physician is more medically inclined and less surgically minded

When Should Surgery Be Advised?

As yet, there is no entirely satisfactory surgical treatment for duodenal ulcer However, certain conditions will be met with which will make it advisable, or imperative, to resort to surgery In the returned soldier particularly, an ultraconservative attitude should be adopted, because the favorable healing effects of a changed environment from a life of rules and tension to surroundings of freedom and relaxation should be given a full chance to manifest themselves

We may have an outline of surgical indications, but we should have no hard and fixed rules that certain complications always require surgery

1 Acute perforation is the only process that permits of no surgical hesitation

2 Repeated gastric hemorrhage in the age group of our young soldiers does not become a surgical problem as urgently as in civilian groups of patients over 50, in the latter, fatal hemorrhage is more liable on account of the poorly contracting, possibly arteriosclerotic bleeding vessels In the young soldier, group transfusions will often suffice to tide them through the difficult bleeding period, and thus give the physician a chance for later medical treatment Blackford and Cole[27] pointed out that fatal hemorrhage in young patients is so rare that one probably is never justified in performing an emergency operation

If operative interference is to be undertaken for a massive hemorrhage, Lahey recommends that it be done within forty-eight hours [28] Several years ago I treated a patient 42 years old, who had had repeated duodenal hemorrhages which brought the hemoglobin down to 45, he came to me after he left one of our city medical centers because he refused operation• He responded perfectly well to ambulatory treatment and was free from difficulties for two years About six months ago, his soldier-son suddenly came home from abroad and the father had another gastric hemorrhage He again refused operation, again reacted quickly to treatment, and again is feeling well on a simple medical regimen

3 Pyloric obstruction is often mentioned as a surgical indication This general term needs modification, however In many instances the pyloric obstruction is inflammatory in nature and clears up by careful diet, medication, and repeated morning gastric lavage, on the other hand, the obstruction may be cicatricial in nature from a healed ulcer, in such cases the medical routine, which should always be tried first, will not give complete or sufficient relief, and surgery becomes indicated In some instances, the combination of cicatrix and inflammation exists, and removal of the inflammatory factor by medical treatment will suffice to relieve the patient of his obstructive difficulties even though a moderate cicatricial deformity will persist, but this will not be sufficient for surgical intervention

4 Real intractable peptic ulcer One cannot deny that in spite of every precaution that one follows, and every form of medical treatment that one tries, we will meet with nonreacting ulcer patients in whom we are forced to resort to surgery because of continued severe discomforts In this class belong also those who had already been operated upon, who are still sufferers, and in whom renewed surgery should be undertaken only as the very last resort

Mostly everything that has been said about the diagnosis and management of duodenal ulcer holds true also for gastric ulcer, but here, several additional factors come up for consideration As an aid in diagnosis, the gastroscope has become a very helpful instrument that should be resorted to without too much hesitation, but only by experienced hands I do not advise it as a routine procedure, but it should certainly be used in every case in which there is the least

doubt of malignancy Not all ulcers become malignant and require radical surgery, but we must be on guard constantly not to overlook an early malignant lesion That may be easily said, but not so easily accomplished In many instances, evidence of malignancy can only be proved from numerous microscopic slides As for the ratio of the occurrence of gastric ulcer to duodenal ulcer in the military forces, it has been variously reported as from 1 to 0 to 1 to 40, but about 1 to 25 is a good average.[8]

When Can We Consider an Ulcer Attack Arrested?

1 The individuals should be free of discomforts

2 All x ray evidence of persistent deformity, combined with irritability and spasm, should be materially gone

3 The occult blood test (guaiac) in the stool should be repeatedly negative

4 In duodenal ulceration, a previously found gastric hypersecretion and hyperacidity should be greatly reduced This principle is on the basis of Shay's work, which showed that an unhealed duodenal ulcer accounts for the marked gastric hyperacidity which disappears when the ulcer is healed [1]

5. In gastric ulcer, gastroscopic examination would corroborate a healed mucous membrane, a normal sedimentation rate would exclude the probability of a malignancy

You notice that I was very careful in framing my question, when is an ulcer attack arrested, rather than when is the ulcer cured

I have always been very cautious about claiming that an ulcer is "cured" I have looked upon gastroduodenal ulceration not as a local pathologic process, but as a constitutional disease like pulmonary tuberculosis, in which the activity may be gone, and the disease may be arrested, but the underlying tendency still remains, and the potentiality for a renewed flare-up ever present. One cannot help adopting such a policy after one has repeatedly observed instances of sudden hemorrhage or recurrent discomforts or even acute perforation in individuals free of symptoms for latent periods of many years I educate my patients to this conservative viewpoint as the safest precaution against regret and disappointment

Summary and Conclusions

Peptic ulcer has been an important medical problem among the military forces of all nations It will be just as important a civilian problem when these soldiers return home

The family physician will be the first one who will be called upon to meet this situation, and he should be acquainted with the factors which played a causative role and be prepared with the proper management of the various contingencies

There are reviewed the incidence, the causative factors, the methods of diagnosis, the routine of ambulatory treatment, the psychogenic factors, and the psychogenic approach in treatment

References

1 Shay H.: Bull. New York Acad Med 20: 26-(1944)
2. Dunn, W H.: Gastroduodenal Disorders—An Important Wartime Medical Problem New York, Josiah Macy Jr Foundation 1942 vol 2, page 967
3 Tidy H L.: Brit M J 2: 473 (1943)
4 Tidy H L.: J Roy Army M Corps 77: 11: (1941)
5 Hurst Sir Arthur Am. J Digest Dis. & Nutrition 8: 321 (1941)
6 Payne R. T and Newman C. Brit. M J 2: 81(1940)
7 Henkel K: München med. Wchnschr: 89 59(1944)
8. Berk, J Edward and Frediani Alexander W Gastro-Enterol. 3: 435 (1944)
(a) Chamberlin, D T Am J Digest Dis. & Nutrition 9: 245 (1942); (b) *Idem.*: South. M J 36: 523 (1943) (c) Kennedy R H and Carrvati C M Ann. Surg. 118 495 (1943)
10 Berk J E. Gastro-Enterol. 3: 468 (1944)
11 Rantor, John L.: J.A.M.A. 120: 250 (1942)
12 Rosenak B D and Foltz, L. M Gastro-Enterol. 4 219 (1945)
13. Rush, A J: J.A.M.A 123: 389 (1943)
14 Tidy H. L. Brit. M J 2: 473 (Oct. 16) 1943.
15 Morrison S.: Personal communication to Berk and Frediani 8
16 Graham J G and Kerr J D C Brit. M J 1: 473 (1941)
17 Urquhart, R. W I Singleton A. C., and Feasby W R. Canad M A J 45 391 (1941)
18 Walters, W and Butt H R.: Ann Surg. 118: 489 (1943)
19 Chamberlin D T and Wallace W C Mil. Surg. 92: 103 (1943),
20. Zetzel Louis Gastro-Enterol 3: 476 (1944)
21 Love, H R.: M J Australia 2 101 (1943) Bull. War Med 4: 409 (1944)
22 Rush Alexander J.A.M.A 123 389 (1943)
23 Berk, J L. J.A.M.A 120: 261 (1942)
24 Weiss, Edward and English O S. Psychosomatic Medicine Philadelphia, W B Saunders Co. 1943 page 652
25. Garbat, A. L.: New York State J. Med 44 2015 (Sept. 15) 1944
26. Alvarez, Walter C.: J.A.M.A. 125: 903 (July 29) 1944
27 Blackford, J M and Cole N S Cited by Morlock Carl G , Collected Papers of the Mayo Clinic, 36: 44 (1944)
28. Lahey Frank H: J.A.M.A. 127: 1030 (Apr 21) 1945.

Annual Meeting

Hotel Pennsylvania, April 29–May 3, 1946

THE attention of members attending the meeting is called to the fact that all scientific and commercial exhibitions will be available for inspection on Monday and Tuesday of that week, although the meetings of the sections do not begin until Wednesday The motion pictures will also be on these days

THE OBSTETRIC FORCEPS

Louis A Bunim, M D , Brooklyn, New York

THE obstetric forceps is aptly compared to a pair of artificial hands, the use of which is to grasp the fetal head and pull it through the pelvis when the natural forces acting from above are unable to expel it by themselves The average textbook treats this very important subject from the standpoint of the history of the forceps and then describes it as an instrument for the extraction of the head through the pelvis The different authors then give a generalized description of the various instruments available to the operator who is anxious to perform this common, yet most serious, operation

It occurs to the writer that a more comprehensive understanding can be obtained by the student of obstetrics if he studies this problem from the following points of view

(*a*) Abuse of forceps He must bear in mind that it is more important to know when to apply forceps than how to apply them

(*b*) The conditions All of these must be satisfied before application is attempted

(*c*) The indications Any one of these may necessitate the use of forceps

(*d*) The skull and intracranial septa He must understand the mechanics of the pathologic manifestations brought about as a result of the improper application of these forceps

(*e*) The pelvic architecture. He must visualize the pelvis, the available space, and understand why the mechanism of labor is failing to accomplish the delivery naturally

(*f*) The instrument itself Here the student must ask himself the question, "Which is the best available forceps for this operation?"

Abuse of Forceps

The literature is replete with many cogent, and often eloquent, pleas for a more conservative attitude toward the use of obstetric forceps The obstetricians point out that the forceps, as an aid in obstetrics, are said to be one of the most useful instruments ever devised Yet the havoc wrought by ignorance of the instrument and its application is enough to make one wonder whether women would not have been better off without forceps De Lee[1] emphasizes that the forceps is an instrument designed to extract the fetus by the head from the maternal passages without injury to it or the mother As soon as the safety of either is encroached upon, the instrument ceases to be the forceps of obstetrics and becomes simply an instrument of extraction similar to the craniotomy forceps To brace the feet against the table and pull with all the strength of the back and shoulder muscles is brutal and unsatisfactory Craniotomy is more humane The physician should always remember, when working with forceps, that he has a child's brain in the grasp of a powerful vise, and that only the greatest care and gentleness will save its wonderfully delicate structure from injury

To begin with, it should be stressed that it is not the intent of this paper to decry the use of the obstetric forceps, but rather to emphasize the need, on the part of the physicians, to understand when to use the instrument, as well as how to apply it Solomons[2] points out the difference between "failed forceps" and "tentative forceps " In the latter a skilled and competent obstetrician applies the instrument with full intention to deliver by some other method if it seems to him that a continuance of the delivery with forceps will be attended by marked trauma to mother or child By "failed forceps" is meant that a general practitioner applies the instrument without any knowledge of the conditions or indications which should be present for a successful application, where he persists in his effort, and in that effort mutilates the mother or child, or both The enormous number of "failed forceps" in some places is due to ignorance not on *how* to put on forceps but *when* to do so Solomons correctly adds that the entreaties of relatives and the patient, the stress of a busy practice, or domestic calls are no excuse for the too early application of an instrument which may ruin a woman's health, may kill or ruin a child, and may give an ill name to an instrument which, when used properly at the right time and right place, is a boon to the woman This does not mean that frequent application is advisable or advocated, nor does it mean that forceps delivery is considered preferable to natural spontaneous delivery But I do believe that low forceps, while somewhat more dangerous than natural delivery, need scarcely be so in skilled hands, and certainly has compensations in the peace of mind to the mother, especially in regard to absence of a dread of future labors

Conditions and Indications

The use of forceps may be a simple matter when done at the proper time But when forceps are applied at the incorrect time, it becomes a diffi-

cult operation and is frequently disastrous to the patient and the baby The physician who familiarizes himself with the conditions which must always be present before application will never have difficulty, provided he has had the necessary training to be able to make a correct diagnosis

The following conditions must be fulfilled before forceps can be applied with safety

1 The os must be fully dilated, so that its rim cannot be felt with a finger in the vagina Application of forceps before this invites such dangers as laceration of the cervix, which may result in hemorrhage and collapse and probably fetal trauma in the form of skull fracture or cerebral hemorrhage or both

2 The head should be engaged This means that there must be no marked disproportion between the head and pelvis If this rule is disregarded and the forceps applied, they will probably slip and much damage will accrue to mother and child

3 Bladder and rectum must be empty, otherwise they may not only be injured but also may act as direct impediments to delivery

4 The membranes should be ruptured If forceps are applied outside the membranes, the grip is not satisfactory and they may slip, or possibly the placenta may be separated

5 The head should be fixed in a proper position. Anterior parietal presentation, or face with chin posterior or brow presenting are unsuitable positions for forceps

While all the conditions must be fulfilled before forceps are applied, there may be only one indication. The indications may be divided as follows

1 Signs of Danger to the Child.—(*a*) Fetal heart. If the fetal heart rate is above 160 or below 120 danger is present. The fetal heart should be listened for during a pain as well as after it is over Often there is a temporary slowing or acceleration. One should, therefore, listen carefully to determine whether recovery will occur Where the change in the fetal heart rate is significant, it will often be accompanied by other signs of danger in the child or in the mother

(*b*) Meconium unmixed with liquor amnii is coming away and the head is presenting Usually solid meconium is a danger sign, but it is nearly always accompanied by other fetal or maternal danger signs

(*c*) Tumultuous movements may precede death of the fetus

(*d*) A large caput succedaneum shows that the fetal head has been subjected to prolonged pressure.

(*e*) Prolapse of the cord Forceps are indicated here even if the os is almost fully dilated provided the cord is presenting The os must be at least four fifths dilated, and even then the dangers already mentioned are present

2 Signs of Danger to the Mother—(*a*) Heart and lung diseases, acute and chronic, call for immediate delivery when it can be effected without stress, i.e., when the head is on the perineum

(*b*) Toxemias, including eclampsia and eclampsism

(*c*) Placenta praevia

(*d*) Prolonged labor with rising pulse and temperature, with or without signs of threatened rupture of the uterus.

Exhaustion due to want of sleep, or fatigue from inertia are not indications for forceps Nor is a slight degree of contracted pelvis

Caldwell[3] believes that even though the majority of cases of stillbirth are due to so-called fetal distress, it is nevertheless a very great mistake to apply forceps hastily when the child is showing distress and thus kill it by trauma. It is much better to push the presenting part up, relieve the uterine contractions if necessary, and then plan the operative delivery after the child has plenty of oxygen and the fetal heart is relieved The woman may then continue the delivery herself Bernstein attacks the same problem from another angle He points out that despite the fact that three out of four forceps deliveries are undertaken for so-called fetal distress, there is little acceptable evidence that instrumentation is advantageous to the child The advantages accruing from the use of forceps largely benefit the mother On the assumption that compression of the head and congestion of the cerebral vessels produce the fetal cardiac variations, the birth of a live child after further compression by forceps would seem to constitute prima facie evidence that a hurried delivery was not necessary

The Fetal Skull

In considering the anatomy of the fetal skull, one can divide the head into two portions a lower, fixed closely articulated area, i.e., that portion of the skull below the malar eminence, and a vault. The latter consists of thin elastic plates, loosely connected by membranes. During labor this yielding area must undergo considerable change in shape and size. When this change is carried too far or too abruptly by a force applied from without, serious damage will result. This accident is very often obviated by the dural septa, which support the cranium from within. These septa not only act as shock absorbers during labor but also carry the large venous sinuses with their rich blood supply

The dural septa are two in number, the falx and the tentorium The falx cerebri is a thin sickle-shaped septum, extending from the crista galli of the ethmoid bone in front to the internal occipital protuberance posteriorly Its upper border is attached to the cranial vault just beneath the sagittal suture Its lower border is free The tentorium cerebelli is the large tentlike septum that separates the cerebrum from the cerebellum The upper surface of the tentorium is held taut by its attachment to the falx along its entire median plane The free tentorial border forms the incisura tentorii, an arched opening The fibers of the tentorium and of the falx decussate and thus form two distinct layers The septum appears to be much stronger in the area of the occiput and thus offers greater resistance and protection to the advancing vertex when in flexion

Evaluation

The septum and its blood supply will offer a great deal of resistance and protection to the fetal brain as long as the forces of labor are not too strong or too sudden There must be a gradual process of molding in order to safeguard these structures from snapping

When the force from without is abrupt the fibers in the dura will yield and marked changes in the shape of the cranial cavity will then take place Anteroposterior compression results in raising of the vault of the cranium with consequent elevation of the junction of the falx and the tentorium, causing tension of the vein of Galen and its tributaries Excessive and sudden anteroposterior pressure results in a rupture of the tentorium at a rather uniform point

The subsequent increased tension of the vein of Galen results in a rupture of the vein itself Since the force producing these lesions never ceases after the accident, cerebral trauma will follow as a result of the excessive changes in the cranial cavity Excessive lateral compression results in large tears in the substance of the falx

The Pelvis

The importance of a knowledge of the anatomy of the female pelvis has been ably demonstrated by Caldwell and Moloy [3] Their studies, with the aid of stereoroentgenograms, have shown that female pelves vary considerably in size, shape, and contour Under the new classification all pelves that are free from disease are divided into four parent types on the basis of morphology gynecoid, android, anthropoid, and platypelloid Each pelvis, besides having a parent type from which it gets its family name, is said to have a tendency and an outlet, which elements usually correspond to the parent type but may differ from that expected with a parent type When the former conditions are obtained, the pelvis is classed as a pure form, when the latter condition exists, it is classed as a mixed form

The parent type is determined by the characteristics of the posterior segment of the pelvic inlet, which is the portion of the inlet behind the greatest transverse diameter of the superior strait The contour of a pelvis depends on its anterior segment or that portion of the inlet anterior to the greatest transverse diameter The anterior segment is often called forepelvis

The Forceps

A delivery may be accomplished with only one, or at most two varieties of forceps Great advantage can be obtained when the operator possesses a thorough knowledge of the instrument and is able to discriminate in the use of the various kinds of forceps for any given situation in which the head is arrested in its progress in a particular pelvis The usual question asked by the nurse in charge is "What forceps do you wish, Doctor?"

It is incorrect to call for any definite type of forceps until the obstetrician has made a complete study of the position of the head, its station in the pelvis, the type of pelvis, and the available space, in addition to all other ordinary prerequisites that are necessary before the forceps can be safely applied

Taking into consideration that all proper conditions exist, the operator must consider three features of prime importance

1 The application of the forceps to the child's head,

2 The traction used in accomplishing delivery,

3 The direction in which the force applied can be carried out

The application of forceps must be cephalic and accurate The blades should lie evenly against the side of the head, reaching from the parietal bosses to, and beyond, the malar eminences It is at this area that the fetal skull is fixed, as described above, and therefore it is the safest and most secure location The best application of forceps on a molded head is obtained by using a forceps that has a long tapering cephalic curve Those with a short full curve do not fit evenly, cause pressure points, and often do not reach malar eminences, thus resulting in slipping

When the forceps are to be applied with the occiput anterior and head well below the spine any blade which will fulfill the requirements of the molding may be used with the least effort For other positions and presentations there are

several new types which will be considered with the various forceps operations A high head in a platypelloid pelvis may be asymmetric in such a position that a straight cephalic application cannot be obtained unless the forceps have a sliding-lock principle to accomplish lateral flexion before one can rotate the head anteriorly

The direction of force is a very essential feature in the use of the forceps The guide to it is very well furnished by a traction handle The axis-traction principle automatically directs the force away from the symphysis, keeps it in the plane of least resistance, and thus simulates the physiologic mechanism of labor This will maintain the head well flexed and minimize the trauma to the fetal skull and maternal soft parts at the same time.

Choice of Instruments

In the selection of an instrument which would fulfill the requirements of application and traction in a given pelvis, there are a number of very excellent forceps from which to choose Many of them differ from one another only in minor details

1 The Simpson Forceps—This is one of the best types and is the most widely used Its cephalic curve is the best to be found in any obstetric forceps, it has an English lock, and a lateral projection on each handle near the lock to enable the operator to obtain a firmer grasp The shanks of the Simpson instrument are separated from the blade to the lock by 7 cm When the fingers of both hands are applied here as a fulcrum the necessity of axis traction may be eliminated. The Dewees forceps is a slight modification of the Simpson forceps.

2 The Axis-Traction Forceps—When this instrument is applied to a head that is high in a normal pelvis, the great advantage of traction is that the force may be exercised during the entire process, so that the head is made to move in proper axis along the entire length of the canal The blades are practically one with the head of the child, and the application handles indicate the direction in which the head is moving As long as the operator keeps the traction rod parallel with the shank while exerting traction, he may feel assured that he is using his power to the best advantage

Years ago A. R. Simpson said, "If a practitioner, accustomed only to the use of the old forceps, will use the axis-traction forceps in one or two difficult cases he will find that it works with so much safety to the mother and child, and with so much ease to himself, that he will ever after use it in every case Since it came into use the range of forceps application has been greatly widened and the sphere of the competing operation of premature labor has been correspondingly narrowed "

The most popular axis-traction forceps is Dewees', with the traction rod attached to the end of the handle. The Luikart axis-traction forceps with a closed fenestra and sliding lock, Hague-Ferguson's, and the uncomplicated, light, fixed traction forceps of Hawks and Dennen have all been recommended by leading obstetricians The latter blades are a modification of the Simpson type The inner surfaces are beveled, simulating the cushioning of the Kielland The special curve in the shank plays the role of the axis-traction rod

3 The Kielland Forceps—These are essentially a straight forceps presenting a shallow pelvic curve or "S" shape which brings the forceps tip nearly in a line with the long line of shank and handle It has a sliding lock which makes it possible to apply one blade further along the head than the other The cephalic curve is excellent and ideal for rotation

4 The Barton Forceps—These differ from the classic type in that the blades join the shank at an angle corresponding with that between the axis of the superior strait of the pelvis and that of the pelvic outlet. For purposes of application a joint is incorporated at the junction of the anterior blade with its shank, permitting the blade to be swung through an arc of a circle until it is nearly parallel with the shank. Like the Kielland forceps, the instrument is provided with a sliding lock There is no pelvic curve in the Barton forceps

5 The Piper Forceps.—These are designed for the extraction of the aftercoming head in the pelvis in breech presentation. The special S-shaped shank causes the head to flex while traction is exerted in the handles in the direction in which they point One must remember that the tips of the blades are applied over the yielding portion of the fetal head and not on the malar eminences Therefore, they should be used only for flexion and very little traction but never for rotation

Operative Procedures

Having satisfied all the essential prerequisites of forceps application, the operator must decide the type of pelvis, and the position and station of the fetal head in question. In the gynecoid-type pelvis forceps operations are usually not necessary, but when indicated the forceps are relatively simple to apply The Simpson type or Hague-Ferguson axis-traction forceps will be the instrument of choice. One must always bear in mind that the lower the head, the more it is flexed, the smaller the diameter of the advancing

vertex and, therefore, the easier the pull and the less the damage to mother and child If no immediate indications for termination of labor exist, one should wait until the head is well down on the pelvic floor before resorting to forceps Pressure from above, while exerting traction from below, results in improvement of the mechanism of labor and makes the operative procedure much simpler

In the android pelvis, the forceps are frequently indicated and are usually difficult to apply When the head is in midpelvis and in an anterior position or laterally flexed, the axis-traction or the Kielland forceps will be the instrument of choice Traction should be the first maneuver following the application, and rotation should be attempted only when the presenting part has reached a low level Attempts to rotate at a high level will injure the soft tissue and compress the fetal skull The transverse arrest is the most common variety This head may be rotated manually However, with this type of pelvis, where the side walls are straight, the transverse arrest in the midpelvis is best treated by a cephalic application of the Barton forceps When correctly applied, the maneuver should consist of anterolateral flexion traction with descent to the pelvic floor in the same position and low anterior rotation on the inner aspects of the pubic rami Here, on account of the narrow pubic arch, one may remove the Barton forceps and complete the delivery with small Simpson forceps In cases of bad android pelves with converging side walls and prominent spines, a cephalic application of the Kielland forceps is ideal Anterolateral flexion of the vertex is followed by spiral anterior rotation with simultaneous descent in order to avoid the spine and utilize the larger intertuberous diameter.

In instances of midpelvic arrests in occipitoposterior position in an android pelvis one may try manual rotation to transverse first When manual rotation fails, the anterior blade of the Barton forceps, when sliding over the occiput, will bring the fetal head in the transverse diameter and not infrequently even in the anterior position

In the anthropoid pelvis, engagement occurs in the occipitotransverse position in approximately 40 per cent, in the occipitoposterior in 30 per cent, and in the occipitoanterior in 30 per cent of the cases Here the occipitoposterior should be considered as an even more favorable variety of engagement than the more frequent occipitotransverse position High arrests occur until the presenting part spontaneously rotates or is artificially rotated manually or with a high midforceps operation Once again the operator is forced, on account of the small transverse diameter, to elevate the vertex with the Kielland forceps, rotate the head in an anteroposterior diameter and complete the delivery by pulling straight down in the direction of the handles When occipitoposterior remains as posterior and descends in this position to the pelvic floor and is associated with considerable molding, it seems plausible to deliver the head with Kielland forceps in the posterior position rather than to attempt to rotate artificially to an anterior position One should consider that in posterior position 3 to 4 per cent are delivered spontaneously by this mechanism

In the platypelloid pelvis the abnormality lies in the inlet If the conjugata vera is less than 9 cm , the vertex usually engages in transverse position in 80 per cent Here the difficulty commonly experienced is that the vertex remains in a deep transverse arrest Manual and even instrumental methods of rotations fail in the pelvis that conforms to the flat type Barton forceps have been found very useful in these cases because they maintain the original position of arrest This forceps can direct the head backward away from the symphysis or forward with lateral flexion, so that anterior rotation may be accomplished on the inner aspect of the pubic rami, or under the subpubic arch

For face presentation, when the chin is anterior and an indication should require prompt delivery, one can introduce a Simpson forceps By raising the handles, the blades will sink in the direction of the sacral hollow The operator can then pull first downward until the chin appears under the pubis and then upward to deliver the rest of the head in flexion When the chin is in posterior position in midpelvis, one can rotate the head to mentotransverse either manually or with the Kielland forceps, then by the reapplication of the Barton forceps continue to rotate the chin anteriorly and deliver the head in flexion after the chin appears under the pubis

In all difficult forceps deliveries where moderate trauma to the soft parts is anticipated the following suggestions are offered

(*a*) Give the patient an intravenous infusion of 5 per cent glucose in distilled water alternating with saline solution This is allowed to run slowly until the conclusion of the operation

(*b*) Do a pudendal nerve block to permit maximum relaxation of the pelvic floor Gas-oxygen anesthesia is supplemented to control apprehensive individuals

(*c*) Morphine sulfate, 1/4 grain injected hypodermically, will offer additional relaxation of the patient and will not affect the fetus if the delivery is terminated within one half hour

(*d*) Do not introduce the instruments in the vagina during a uterine contraction. At this time the head fits the vagina rather snugly and too much resistance is encountered from the soft parts and fetal skull

(*e*) Have an assistant exert pressure on the fundus with each traction on the forceps This aids mechanisms of labor and less force is required on the instrument

(*f*) Pull rather slowly and in the direction of the pelvic axis to prevent extention of your episiotomy or additional laceration to the vagina.

(*g*) Do the lateral episiotomy prior to the introduction of the instruments if the forceps will be low In cases of midforceps or where rotation will be required it is advisable to do the episiotomy when the head descends to the pelvic floor

(*h*) Catheterize after forceps delivery In case of bloody urine irrigate the bladder with normal saline and leave a retention catheter for forty-eight hours Careful attention should be paid to this drainage of the catheter The bladder should be irrigated every twelve hours with acriflavine 1 1,000

Conclusion

1 A knowledge of the anatomy of the fetal skull, the pelvic architecture, and the mechanical function of the different forces will aid in selecting and properly executing any required obstetric maneuver

2. A knowledge of the mechanism of labor in a normal or abnormal pelvis will aid in early recognition of arrested progress

3 A careful diagnosis of the arrested progress and a skillfully planned procedure executed by one or two properly chosen forceps will result in a satisfactory delivery

4 Pelvic architecture can only be accurately determined by roentgen examination This should be done at term in those patients in whom dystocia is anticipated on routine pelvic examination Emergency x-ray studies can be made on cases where dystocia is manifested during labor

In presenting this paper, the author does not claim anything original, but wishes to stress the relation between the head, pelvis, and the forceps The pelvis rather than the forceps is the essential factor involved in an operative procedure

References

1 De Lee, J B., and Greenhill, J P: Principles and Practice of Obstetrics, Philadelphia, W B Saunders Co.
2. Solomons, B Cyclopedia of Medicine Philadelphia F A. Davis Co
3. Caldwell, W E., Moloy, H. C., and D Esopo, D A.: Am. J Obst. & Gynec. 36: 928 (1938)

THE PSYCHOANALYTIC INSIGHT OF NATHANIEL HAWTHORNE

In a paper by Dr C P Oberndorf, of New York, with the above title (*The Psychoanalytic Review*, October, 1942) attention is drawn to the intuitive acquaintance of Hawthorne with psychoanalytic concepts. There are but few of these in American literature. Thus in *The Scarlet Letter*, the case of the young minister, the father of the illegitimate child of the heroine of the story has been placed under the care of a Dr Chillingworth. His handling of the case is entertainingly described by Dr Oberndorf as follows

Physician Chillingworth at once suspected the mental origin of his patient's illness and decided that only with relief from the mental burden could the pastor's bodily health be restored. The technic of his approach, as described by Hawthorne, is that of the ideal psychoanalyst and the philosophy of his treatment wholly psychoanalytic.

Let us see how the sensitive artist writing in 1848 has recorded the method of treatment and the clinical course it took in the case of a patient who supposedly lived about three hundred years ago

"Chillingworth scrutinized his patient carefully, both as he saw him in his ordinary life keeping an accustomed pathway in the range of thoughts familiar to him, and as he appeared when thrown amidst other moral scenery, the novelty of which might call out something new to the surface of his character He deemed it essential, it would seem, to know the man, before attempting to do him good Wherever there is a heart and an intellect, the diseases of the physical frame are tinged with the peculiarities of these In Arthur Dimmesdale, thought and imagination were so active, and sensibility so intense, that the bodily infirmity would be likely to have its groundwork there."

In this philosophy may have originated Hawthorne's aversion to medicine as he saw it practiced in his days— a factual medicine with a therapy relying largely on the pill box and the scalpel. Here, himself turned physician Hawthorne brings out with force and clearness that the course of disease is influenced by the mind of the sufferer—and further, that feelings of guilt and conflict may in themselves produce the picture of physical illness. We may pause a moment to muse over the novelty of such a newly coined term as psychosomatic medicine.

With this idea in mind let us follow Hawthorne's conception of a method for alleviation of psychogenic symptoms.

"So Roger Chillingworth—the man of skill, the kind and friendly physician—strove to go deep into his patient's bosom, delving among his principles, prying into his recollections, and probing everything with a cautious touch, like a treasure-seeker in a dark cavern.

Few secrets escape an investigator who has opportunity and license to undertake such a quest, and the skill to follow it up."

PROBLEMS IN PREVENTING INFECTIONS IN NEWBORN NURSERIES

SAMUEL FRANT, M D , HAROLD ABRAMSON, M D , and MARGARET LOSTY, R N , New York City

(From the Bureau of Preventable Diseases, New York City Department of Health)

FOR some time now, the attention of obstetricians and pediatricians has been directed toward the prevention of respiratory, gastrointestinal, and skin infections in nurseries for the newborn Technics have been evolved which, in the hands of well-trained nurses, have proved exceedingly successful For example, as long ago as 1928, Dr Gladys H Dick and her coworkers at The Cradle were able to eliminate infections of intestinal origin by sterilization of everything entering an infant's mouth or nose [1] Skin infections such as impetigo have been reduced in number and extent by meticulous attention to skin hygiene, and prevention of respiratory infections is now being approached from the standpoint of reduction of organisms in the surrounding air Many newborn nurseries now have ultraviolet-light installations, and under serious consideration at the present time is the use of aerosols Oiling of the nursery floor and impregnation of bed linens with oils will, no doubt, also be further investigated

However efficacious the new physical methods which are being emphasized so strongly, such as ultraviolet irradiation, aerosols, and oiling, may prove to be, there is no question that in general the proper care of the newborn infant in a lying-in hospital still demands that scrupulous attention must be given to well-defined details of nursery technic

A marked impetus was given to campaigns for measures of prevention, particularly of enteric diseases, when attention was called to the prevalence of a previously unrecognized specific and highly communicable diarrheal disorder This disease, which we have called epidemic diarrhea of the newborn, has been recognized throughout the world as a definite clinical entity [2] The cause is still unknown, but there is increasing evidence that no matter what it is, the mode of transmission is amenable to methods by which other diarrheal disorders are prevented, namely, the elimination or blocking of all the pathways by which pathogenic material may reach the nose or mouth of the baby

How important is the problem of epidemic diarrhea in New York City? To date, since 1934, we have had reported to this Department one hundred and fifty-one outbreaks in sixty-five hospitals giving maternity care Of almost 16,000 infants at risk, 2,439 have been attacked, and 844 have died The case fatality, namely, 35 per cent, emphasizes the serious nature of the disease And the experience in New York City is by no means unique Both the American and foreign literature report an increasing number of outbreaks of this disease, hardly any part of the North Temperate Zone appears to be free How can a disease with such important public-health aspects be properly prevented?

In this city all cases of "diarrhea in the newborn up to three weeks in age occurring in a newborn nursery"* are immediately reportable by telephone There is no reference in the Sanitary Code to any specific diarrheal disorder, reporting is required in all instances of diarrhea, regardless of cause When any case of diarrhea is reported, immediate investigation is made to determine the presence of epidemic form of the disease Isolation measures are immediately instituted to prevent spread Prevention of spread is, however, not the ultimate goal of an alert department of health Prevention of occurrence in the primary objective to be achieved

Very early in the study of the condition we realized, as many others also have, that the mass care of newborn infants in hospital nurseries creates conditions making for their continual exposure to the danger of cross infection The marked rise in recent years in the frequency of hospital deliveries, due to the greater demand for expert maternity care and to the increase in membership in hospital insurance plans, has added to the problems of newborn-baby services In almost the same physical setup in existence fifteen years ago, institutional deliveries have increased from 66 to well over 95 per 100 births

How, then, can a newborn-baby service be conducted so that complete safety may be obtained? You perhaps are aware that the Sanitary Code of the City of New York was the first to contain provisions for the conduct and maintenance of newborn and maternity services [3] After extensive experience with these regulations, we are now even more convinced that greater attention must be paid by public-health authorities to the minutiae of the various technics used on these services In accepting this responsibility, the Department of Health has during the past year drawn up supplementary Standards and Recommendations for Maternity Hospitals,

Read before the Joint Meeting of the Sections of Obstetrics and Gynecology and of Pediatrics at the New York Academy of Medicine, December 13, 1945

*Sanitary Code, Section 86, Department of Health, New York City, December 8, 1936

which have been approved both by a group of obstetricians, pediatricians, nursing educators, and hospital administrators, and by the Advisory Obstetric Council of the Department of Health.

These standards and recommendations carry forward the ideas advanced at the very beginning of our study of the problem, and should assure the safest possible care of newborn babies in lying-in hospitals. They are based on certain fundamental principles which are recognized by all epidemiologists as necessary for the prevention of communicable conditions, and may briefly be summarized as follows:

1. A Physical Plant Properly Designed and Maintained.—This means a complete separation from all other parts of a hospital of the maternity and newborn-infant service. A basically "clean" service has problems of medical and nursing care which differ radically from those of other services of a hospital. There are even very good arguments that a well-organized maternity service should be in a completely separate building, solely devoted to this, where sufficient space to carry out all the necessary activities and nursing techniques can be provided. In many instances one of the most important factors contributing toward unsatisfactory conditions today is lack of space and the makeshift attempt to crowd into this inadequate space the entire complex and necessary physical plant and nursing activities of an obstetric unit. As a corollary, the medical and nursing personnel staffing a maternity service should be restricted to duty there. The gynecologic and pediatric services should be completely divorced from maternity services.

The completely separate maternity unit should be provided with all modern safeguards against the spread of infection through the plumbing system. In recent years sanitary engineers have shown us that plumbing hazards exist in most of our older buildings, such as cross-connections between waste lines and the potable-water system. In addition, submerged inlets are by no means rare, and whenever reduction in water pressure occurs, either through corrosion of pipes or through unexpected demands, back siphonage of sewage and waste into the drinking water becomes a possibility. In fact, visible proof of just such back siphonage was found not long ago in one of our New York City hospitals. At an inspection, flushing of a hopper caused a flow of old blood and water at the rim flush, obviously produced by previous back siphonage of the stopped-up drain. The hopper had just received material from a mortuary table and negative pressure had siphoned some of the infected material into the clean water supply. Fortunately in this instance, no illnesses resulted, but how many times daily this may occur, even in the best-run hospital, is unknown. Installation of vacuum breakers and check valves and of approved over-the-rim inlets will readily safeguard the potable-water system. It certainly is much better insurance to take care of these easily corrected plumbing defects than to carry the responsibility for possible spread of disease throughout the entire hospital.

2. Adequate and Adequately Trained Personnel.—One of the great advances in medicine has been the realization that a general practitioner is not sufficiently qualified to render the best treatment in highly specialized conditions. Further postgraduate work is insisted upon, and specialization in medicine has been accepted as a necessity for proper medical care. The same should hold true for nursing care. No longer should it be considered satisfactory for a nurse with only generalized training to be responsible for directing the activities of a maternity service, a newborn service, or a premature service. Nursing educators, public-health authorities, and hospital administrators should be keenly aware of the increased responsibilities of these positions and be prepared to further the education of maternity and nursery personnel with formal, recognized, postgraduate courses in these specialties.

The Department has arranged for hospital staff nurses to attend refresher observation periods of at least one month each in a teaching institution. Hospitals have welcomed the help thus extended by the Health Department in meeting their problems.

In addition to a competent and adequate staff on duty at all times, assurance must be given that everyone assigned to the maternity and newborn service is free from communicable disease. Before beginning this duty, all personnel should be examined and certified as being free from communicable disease in any form and free from any communicable carrier state. Anyone absent should be re-examined before returning to duty. All examinations should include, when indicated, bacteriologic investigations and, of course, it is essential that all persons have chest x-rays to rule out tuberculosis. However, laboratory results should not be considered the most important criterion, no individual with any obvious clinical infection should be permitted to remain on duty.

3. Isolation Units.—A sharp distinction between the care of "clean" or uninfected maternity patients and their babies and those ill and infected must be made, and two distinct units should be created within the maternity services, each being cared for by separate obstetric personnel. This means that in the case of the mother, there should be a larger "clean" pavilion and a smaller isolation pavilion, each with separate labor and delivery rooms, and postpartum rooms with sepa-

rate nursing staffs Similarly, in the case of newborn infants clean nurseries should be established with a formula room to serve them, and in addition an isolation nursery with separate equipment and personnel In view of the necessity for immediate removal of an infant with any suspicious symptoms, we have advocated an additional so-called "suspect nursery" to which infants may be removed temporarily until the question of infection is definitely decided Also, in hospitals where ritual circumcision is performed, babies should be returned to a special postcircumcision nursery and kept there until discharge from the hospital

4 Proper Nursing Technics—For control of infection, too great emphasis cannot be placed upon the necessity for complete aseptic technic in the nursing care of infants This technic should be as closely as possible comparable to that carried out in an operating room, with proper capping, masking, and gowning, and scrupulous care with respect to handwashing in between the handling and feeding of each infant This aseptic technic should also include the sterilization of infants' wearing apparel and diapers, and of all equipment which comes in contact with the baby's nose and mouth Barriers and other physical methods to prevent and control infection are not sufficient in themselves The aseptic nursery technic, in our opinion, constitutes a highly important phase of care of the infants, and should apply with equal force not only to the nursing personnel but to the medical staff as well

Both the mother and particularly her baby deserve to be considered as individuals, and should receive individualized care as far as possible There is no doubt that the realization now exists that we can no longer give mass care to mothers and babies The trend of care must be in the direction of breaking down the large maternity wards and dormitory-type nurseries into smaller and smaller units and toward the individual type of care which is given to the mother and the baby in the private home There should be nursery units of such a size that each contains no more babies than can be safely and adequately taken care of by one nurse Bassinets should be so spaced that infection from one to the next cannot occur In addition, provision should be made at each bassinet for complete individual care The common dressing table and the sink slabs for bathing should be eliminated Every nursery should have conveniently located hot and cold running water facilities with foot-, knee-, or arm-control levers to facilitate use and an adequate supply of soap and towels Proper receptacles for soiled articles should also be placed in the nurseries, with well-fitting covers controlled by foot levers

In order that more nursing time be available for the essential nursing needs of the infant, it is now realized that certain routine procedures in the nursery can well be dispensed with[6] As examples the following may be cited the daily weighing of perfectly normal newborn infants, their daily bathing or oiling and eye care, the four-hour temperature taking Practice has shown that these procedures can be safely omitted and that temperature-taking only once a day suffices Elimination of these routines allows more time for the care of the infant, and the details of aseptic nursing care can be more easily carried out In addition, certain nursing procedures in the care of the mother, such as perineal and breast care, can well be reduced to once a day, thereby further shortening the routine procedures of the nurse Another practice which deserves consideration is that of propping of bottles in the nursery It is perhaps much better that the baby be brought to the mother for each feeding in order to acquaint her as soon as possible with the needs of the baby The elimination of propping will also lessen the hazard of suffocation

There should be frequent review of the nursing policies and the procedures should be written and posted in the maternity division Conferences between the medical and nursing staffs should be held regularly to discuss problems which continually arise

5 Formula Room and Formula Preparation—In keeping with the philosophy that the maternity service should be a separate unit of the hospital, adequate provision must be made for the preparation of formulas used in feeding newborn babies The formula room should, under no circumstances, prepare formulas for infants on pediatric services, but should be reserved solely for use by the newborn service, which is basically a "clean" service and should have no connection with the care of sick infants Of course, all formula preparations must be made under strict aseptic precautions Bottles, nipples, and nipple caps should be sterilized just prior to use

The formulas should then be poured, the bottles nippled and nipple-capped, and the entire product either autoclaved for ten minutes at 110 to 115 C or sterilized by some other approved method Each baby should have his own set of bottles, complete for twenty-four hours feeding, and properly refrigerated at all times In order to provide for extra feeding nipples in a nursery, should it be necessary to remove the nipple on the bottle, packages containing individually wrapped and sterilized nipples should be available Some objection may be raised that the autoclaving of the finished formula will induce

caramelization of the milk, but in experiments conducted by competent investigators this is minimal, and in no way detracts from the nutritional value of the formula

6 *The Problem of the Premature Infant*—Since premature babies are so susceptible to infection, special attention must be paid to their care. Few hospitals in the city are so equipped as to provide adequate care Surveys have shown that although many hospitals may have modern incubators, only very few have a sufficient number of nurses specially trained for this function When one realizes that the death rate in premature infants constitutes at least one half of the neonatal mortality rate, the importance of the problem is brought home. Hospitals should either provide complete service or transfer premature babies to institutions where adequate equipment exists and where experienced personnel is available.

These are the basic principles upon which prevention of the spread of infection from baby to baby must be built. Strict adherence to these principles will go far toward eliminating this great dread which is ever present on a maternity and newborn service. Hospital deliveries have become a part of modern living and the medical and nursing professions must furnish the best possible care Certainly no obstetrician or pediatrician can quarrel with the desire to do what the old adage "*primum non nocere*" insists upon, namely, at least to do no harm

References

1 Sauer L. W Nursery Technic 50: 1159 (Nov) 1935
2 Frant S. and Abramson H. Epidemic Diarrhea of the Newborn, in Brennemann J: Practice of Pediatrics Hagerstown Md., W F Prior Co., vol 1 pp 19–33 1941
3 Sanitary Code Section 110 Department of Health New York City Regulations Governing Lying-in Institutions and Newborn Nurseries Dec. 14 1937
4 Standards and Recommendations for Maternity Hospitals Department of Health, New York City approved by Advisory Obstetric Council, April 19 1945
5 Olson, R. M and Clifford M. L.: Am. J Pub Health 35: 1199 (Nov) 1945.

FACTS ON USE OF DDT

Since the proper use of DDT requires special knowledge and training a bulletin has been published as a technical guide for the Army to its safe and efficient use, Maj Gen Norman T Kirk, Surgeon General of the Army, announced recently The publication contains information on the precautions to be taken in handling DDT its mode of action in insect control and the proper methods of application of the DDT insecticide items issued by the Army

It is emphasized that, although DDT may be safely handled as an insecticide, it is, nevertheless, a toxic material. Poisoning may occur from ingestion of DDT or by absorption of DDT solutions through the skin DDT powder and aerosols are not absorbed through the skin, and have been found to produce no ill effects when inhaled in small amounts. However in conditions where air currents do not carry away the dust from the user, it is wise to wear suitable respirators as protection against excessive inhalation.

DDT acts on insects both as a contact poison and as a stomach poison Studies have shown that the poisonous effect of DDT on mosquito larvae is fully as powerful as that on the adult insect, although on some other insects, such as flies, the larvae are not equally affected by the insecticide. In applying DDT as a mosquito larvicide to open water receptacles, a prolonged effect may be obtained because of the residual action of the chemical. However, in applying it to natural water bodies the effect is much shorter, due to the binding action of mud in the water, which apparently checks the effectiveness of DDT It should also be considered that amounts of DDT greater than 0 2 pound per acre may prove fatal to fish and wild life For extermination of insects such as ants roaches fleas, bedbugs, and flies, DDT oil solution or powder should be used, with particular attention to cracks, holes, and seams in walls, floors, and bedding, as indicated One of the most valuable characteristics of DDT lies in its tendency to remain deadly to insects over a prolonged period of time In applying DDT solutions to walls and other large suface areas, a coarse spray is usually employed, but in applying it to screens or mesh surfaces, ordinary paint brushes may be used Although the effectiveness of the treated areas against insects persists for some time, the insects which come in contact with the chemical may not die until an hour or more has elapsed and immediate death should not be expected.

When applying solutions of DDT in kerosene, precautions concerning the inflammability of the kerosene should be observed Care should be taken to keep electric motors and other sparking or heating apparatus from the zone of spray No open fires or smoking should be permitted until the spray has dried and ventilation is complete. The kerosene in the solution is harmful to rubber equipment and may cause a mild skin irritation when in contact with the skin

Thanks to the properties of DDT, many lives have been saved in this war and much disease prevented Extermination of disease-carrying insects has reduced the incidence of typhus, malaria, and other ravaging diseases of the war areas.

Although rapid progress has been made in the development of DDT since it first made its appearance in the field of science, much remains to be learned before its full potentialities in insect control can be realized Signs of progress are evident in the spraying of large areas by aircraft, the mass delousing of communities in Europe and the better methods of manufacture Investigation is continuing on every aspect of DDT, however, in search of new and extensive improvements in everything from its chemical beginning to its final application in the field.—*Release from the Office of the Surgeon General*

CONGENTIAL HEMOLYTIC DISEASE AND ERYTHROBLASTOSIS FETALIS: TWO DISEASE SYNDROMES

A Preliminary Report

ALEXANDER S WIENER, M D , Brooklyn, New York

(From the serologic laboratory of the Office of the Chief Medical Examiner of New York City, and the Transfusion Division, Jewish Hospital of Brooklyn)

THE generally accepted concept that the manifold clinical manifestations of erythroblastosis fetalis are all part of a single disease syndrome seemed to be supported by Levine's demonstration that the Rh factor of Landsteiner and Wiener is involved in about 90 per cent of the cases Levine's theory does not explain the manifold clinical manifestations, however, nor why, in the majority of cases, no abnormal isoagglutinins can be detected in the maternal serum as required by his hypothesis, nor why, in some cases with potent agglutinins, the infant is perfectly normal though Rh positive These puzzles have been solved by the discovery[1,2] that individuals sensitized to agglutinogens, such as Rh, A, B, Hr, etc , may form two sorts of antibodies, namely, agglutinins (bivalent antibodies) and blocking antibodies or glutinins (univalent antibodies) The clinical manifestations depend on which variety of antibody is present in the maternal serum, so according to the present writer's concept erythroblastosis fetalis actually comprises two clinical syndromes instead of only one Before presenting the clinical, serologic, and pathologic features of the two syndromes a few remarks concerning the differences in the actions of two sorts of antibodies are necessary

Agglutinins are assumed by the author to be bivalent (having two combining groups) so they act by combining with the antigens on the surface of the red cells to produce agglutination by the formation of a lattice-work, each agglutinin linking two red cells together Thus, abnormal agglutinins in a patient's serum can readily be detected by the use of the usual agglutination tests in saline media Univalent antibodies, on the other hand, can be detected only by the use of special technics, namely, the blocking test or the conglutination test Univalent antibodies are presumably composed of smaller molecules and therefore should be capable of traversing the placental barrier more readily than agglutinins When only the agglutination test was known, it was not unusual to encounter patients strongly sensitized to the Rh factor, as evidenced by a stillbirth or a severe intragroup hemolytic transfusion reaction, but without demonstrable antibodies (with the methods available) These puzzling cases are now explained by the demonstration of blocking antibodies in the serums of such patients

The difference between agglutination and conglutination can be summarized as is shown in the outline on the following page [3]

Thus, for conglutination to occur, a third component is necessary—conglutinin or X protein Conglutinin appears to be a loose complex of albumin, globulin, and phospholipid, together with fibrinogen, which is adsorbed by antigens but only after they have been sensitized by their specific univalent antibodies Because of its colloidal properties, X protein causes red cells to stick together and this is the basis of the conglutination test, which must be performed in serum or plasma media instead of saline media like the agglutination test In vivo, X protein, probably in conjunction with complement, appears to bring about a gradual hemolysis of the sensitized red cells, the amount of X protein required being inversely proportional to the degree of sensitization of the red cells In the fetus only the simple precursors of X protein are present, but after birth, the profound physiologic changes resulting (cooling of the skin, dehydration) cause these to aggregate into larger molecules of conglutinin, thus accounting for the frequently delayed onset of hemolysis until after birth

With this background, the two clinical syndromes produced by isoimmunization in pregnancy may now be summarized as follows [4]

Congenital Hemolytic Disease (with Anemia and/or Hydrops)

In this syndrome the maternal serum contains univalent isoantibodies (blockers or glutinins) If only very small amounts are present in the maternal serum, the infant will usually be born alive, with anemia, or will develop anemia shortly after birth Such patients usually recover completely after proper blood transfusion therapy without sequelae of any sort When larger quantities of univalent antibody are present in the maternal serum, the process progresses further *in utero* until the degree of anemia is such that anoxemia of the capillary walls permits exudation of serum proteins into the tissue spaces (hydrops) A stillbirth results, or a living infant with hydrops, an almost invariably fatal condition In these

Summary of the Difference Between Agglutination and Conglutination

$$\left.\begin{matrix}\text{Rh-positive}\\ \text{red cells}\end{matrix}\right\} + \left\{\begin{matrix}\text{Bivalent Rh antibodies}\\ \text{(agglutinins)}\end{matrix}\right\} \rightarrow \text{Agglutination}$$

$$\left.\begin{matrix}\text{Rh-positive}\\ \text{red cells}\end{matrix}\right\} + \left\{\begin{matrix}\text{Univalent Rh antibodies}\\ \text{(glutinins or blockers)}\end{matrix}\right\} + \left\{\begin{matrix}\text{Conglutinins}\\ \text{(A Protein)}\end{matrix}\right\} \rightarrow \text{Conglutination}$$

"pale" cases, the characteristic pathologic findings are marked pallor, hydrothorax, ascites, anasarca, hepatomegaly, splenomegaly, hemorrhages into lungs, subarachnoid spaces, etc., and microscopically, extramedullary islands of hemopoiesis in the liver and spleen, and hemosiderosis of the liver and kidney

Erythroblastosis (with Icterus Gravis and Kernicterus)

Since the agglutinins are presumably larger molecules than the blocking antibodies, these only rarely traverse the placenta during pregnancy, when they do, stillbirths are apt to result During labor and delivery, due to the increased intrauterine pressure, agglutinins may be milked into the fetal circulation, thus accounting for the onset of the disease after birth. At birth the infant may appear perfectly normal, but the agglutination of red cells in the smaller vessels causes the formation of agglutination thrombi with resulting damage to the liver, brain, etc The infant develops deep jaundice with little or no anemia, becomes stuporous, takes its feedings poorly, may have convulsions, then coma and death usually supervene In the fortunately only rare cases that survive, the infant may develop signs and symptoms of a severe neurologic disorder characterized by choreoathetosis, frequently together with mental deficiency Postmortem examination in these "toxic" infants, who die shortly after birth, reveals the presence of generalized icterus, splenomegaly, hepatomegaly, and kernicterus The kernicterus is not caused by jaundice per se, but represents an in vivo staining reaction of ganglion cells damaged by interference with the circulation In support of this idea may be cited the demonstration in the small vessel in the brain of agglutination thrombi distending the lumens of the vessels.

The new concept of two distinct clinical entities with different pathogenesis helps solve contradictory reports concerning this problem. Naturally, the prognosis treatment, and prophylaxis will depend upon the pathogenesis The statement that modern transfusion therapy may only serve to save infants for the worse fate of mental deficiency is misleading because in the author's experience all infants (approximately 20 to date) saved by such treatment are developing into perfectly normal children The reason for this is that the infants that recover are those with congenital hemolytic disease (due to univalent antibodies), those with erythroblastosis (due to bivalent antibodies), who are apt to develop sequelae of mental deficiency or cirrhosis of the liver, fortunately only rarely survive

References

1. Wiener A. S.: Proc Soc. Exper Biol. & Med 56: 173 (1944)
2. Wiener A. S. J Lab & Clin. Med 30: 662 (1945).
3. Wiener A S. J. Lab & Clin Med 30: 937 (1945)
4. Wiener A. S.: Am J Dis. Child., in press

MISS DIX TELLS ALL
Dorothy Dix says 'Successful marriage isn't luck, it's the result of congenial tastes.'—*Pittsburgh Post-Gazette*

VENTRICULAR FIBRILLATION PERSISTING THIRTY MINUTES AFTER CLINICAL DEATH

WILLIAM HOROWITZ, Capt ,(MC),AUS,* and JULIUS BURSTEIN, M D , New York City

(From the First Medical Division and the Department of Electrocardiography, Morrisania City Hospital)

WHEN the myocardium primarily is involved in deaths due to infectious or degenerative diseases, total cessation of all cardiac activity is a much more frequent finding than ventricular fibrillation However, ventricular fibrillation is probably an important cause of sudden death in disease of the coronary arteries and electrocution [1] Obviously, ventricular fibrillation, producing no effective systole, must cause death in short order Transient ventricular fibrillation, an extremely rare condition, is compatible with life [2]

Wiggers[3] has described an initial premature ventricular contraction as setting off ventricular fibrillation In the present case report it will be noted that the electrocardiogram (Fig 1E), taken eleven days before death, revealed marked myocardial irritability manifested by numerous ventricular premature contractions from atypical foci

This report will trace the progress of a patient with hypertensive and arteriosclerotic heart disease over a period of nine years Exitus was due to ventricular fibrillation which continued, according to our records, for thirty minutes after clinical death. Although ventricular fibrillation has been known to continue for as long as one hour after death, the extreme rarity of recorded evidence of such a phenomenon[1] warrants this presentation.

Case Report

W E , a negro janitor, was well until 1928, when at the age of 45, he suffered a severe pneumonia attack. Following recovery he noted slight dyspnea on exertion, moderate ankle edema, and occasional nocturia His first admission to Morrisania City Hospital was in February, 1932, at which time enlarged breasts, infantile external genitalia, an apron of abdominal fat, and hypertension were described His blood pressure ranged from 160 mm of mercury to 200 mm systolic and from 100 mm to 130 mm diastolic The fasting blood sugar was 85 mg per cent, urea nitrogen, 18 mg per cent, and creatinine, 1 0 mg per cent Blood serology was negative Radiographic examination of the skull revealed no abnormality No electrocardiogram was taken at this time Since there were no findings of cardiac decompensation, he was discharged with a diagnosis of hypopituitarism and essential hypertension

On June 24, 1935, age 52, he re-entered the hospital with symptoms of shortness of breath and palpitation on mild exertion On examination rales were found at both lung bases The heart was slightly enlarged to the left with sounds of good muscular quality, regular sinus rhythm, and occasional extrasystoles The rate was 85 per minute The liver edge was two fingerbreadths below the right costal margin The electrocardiogram (Fig 1A) showed regular sinus rhythm, slightly inverted and coved T_1, multiple ventricular premature contractions from atypical foci in all leads, depressed T_3, and left axis deviation He improved on bed rest and was discharged to the Cardiac Clinic

The electrocardiogram (Fig 1B) taken on his third admission, on September 7, 1935, showed a change from sinus rhythm to auricular fibrillation, inversion of T_1, a large Q_3 with raised ST_3 The signs of cardiac decompensation had now increased so that he was orthopneic The blood pressure was 190 mm of mercury systolic and 110 mm diastolic The patient was digitalized and given mercurial diuretics intravenously On this regimen improvement was rapid He was referred to the Cardiac Clinic on a maintenance dose of digitalis

From this time auricular fibrillation persisted and digitalis was continued without interruption. He had several more admissions to the hospital for bouts of cardiac decompensation which were treated by bed rest and mercurial diuretics in addition to the digitalis In the electrocardiogram (Fig 1C), taken March 23, 1937 on a visit to the Clinic, no marked changes were noted except that the Q_3 and elevated ST_3, seen previously, had disappeared On July 12, 1939 the electrocardiogram (Fig 1D) showed an increase in the voltage of the QRS complexes in the first three leads The fourth lead, taken for the first time, showed no further evidence of pathologic changes

During the few years preceding his eleventh and final admission on October 25, 1941, he had lost approximately 100 pounds in weight In contrast to the tall, robust, 250-pound negro of the first admission, he was now 58 years of age, moderately emaciated, very weak, and markedly orthopneic On examination moist rales were heard at both lung bases The heart showed generalized enlargement, the sounds were entirely irregular, rate 88, of poor muscular quality, and without murmurs There was no pulse deficit The liver edge was palpable three fingerbreadths below the right costal margin There was 1 plus edema of the legs Blood pressure was 200/120. Urinalysis revealed specific gravity, 1 018, albumin, 2 plus, 6 to 8 granular casts per high power field Fasting blood sugar was 102 mg per cent, urea nitrogen, 34 1 mg per cent, creatinine, 2 6 mg per cent This mild renal insufficiency was probably due to congestive failure The electrocardiogram taken on October 30, 1941 (Fig 1E), eleven days before death, showed ventricular premature contractions from atypical foci in all leads In lead four, two beats from varying foci occur consecutively This excessive cardiac irritability may have been a premonitory sign of the ventricular fibrillation which followed The patient seemed to improve and was fairly comfortable on a regimen of bed rest, intravenous mercurial diuretics, and continuation of the digitalis However, on November 11, 1941, at noon, he suddenly uttered a loud scream, complained of pain over the heart, and ceased breathing One of us (W H) was on the ward at the time and immediately examined the patient, no pulse, respiration, heart tones, or blood pressure were obtainable It was decided to run an electrocardiographic tracing in the expectation that this might prove to be ventricular fibrillation.

The recording was begun approximately 10 minutes after clinical death. Fig 2A demonstrates the

* Contribution to this communication preceded entry into the Army of the United States.

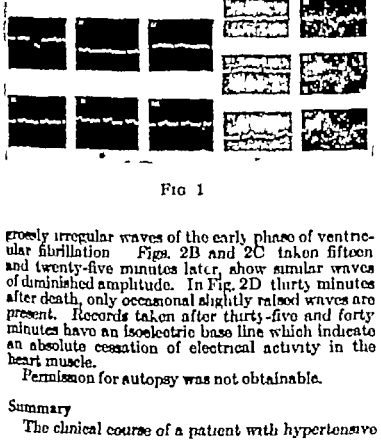


FIG 1

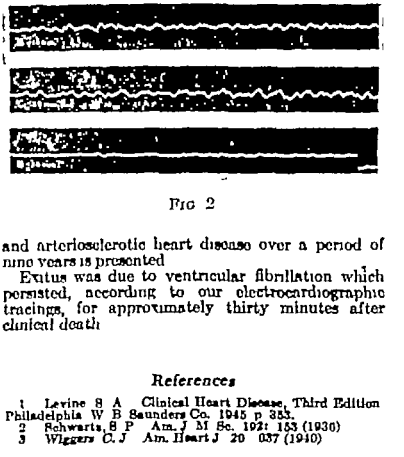


FIG 2

grossly irregular waves of the early phase of ventricular fibrillation Figs. 2B and 2C taken fifteen and twenty-five minutes later, show similar waves of diminished amplitude. In Fig. 2D thirty minutes after death, only occasional slightly raised waves are present. Records taken after thirty-five and forty minutes have an isoelectric base line which indicate an absolute cessation of electrical activity in the heart muscle.

Permission for autopsy was not obtainable.

Summary

The clinical course of a patient with hypertensive and arteriosclerotic heart disease over a period of nine years is presented

Exitus was due to ventricular fibrillation which persisted, according to our electrocardiographic tracings, for approximately thirty minutes after clinical death

References

1 Levine S A Clinical Heart Disease, Third Edition Philadelphia W B Saunders Co. 1945 p 353.
2 Schwartz, S P Am. J M Sc. 192: 153 (1936)
3 Wiggers C. J Am. Heart J 20 637 (1940)

SEQUELAE FOLLOWING ORAL AND TOPICAL USE OF PENICILLIN

LOUIS KLEINFELD, M D , New York City

PENICILLIN is one of the few powerful therapeutic agents which seldom has any toxic effects although cases of urticaria have been reported as well as possible changes in clotting time. However, I have observed two additional disagreeable sequelae to the use of penicillin by the oral and topical routes.

The first of the sequelae is the onset of abdominal cramps and distention following the ingestion of penicillin. The second is the occurrence of ulcerative lesions as a result of penicillin given orally or applied locally

Case Reports

Case 1 —R. F reported symptoms of cramps and distention after having swallowed three enteric-coated tablets, each containing 25 000 units of penicillin, making a total of 75,000 units. He took three more tablets an hour later The symptoms soon stopped, but recurred following one 25,000-unit dose of penicillin the next day

Case 2 —L. K had similar symptoms following a similar dosage with penicillin tablets (buffered with sodium citrate)

Case 3 —Mrs. L. M., who is subject to frequent severe sore throats, had acute pharyngitis in August, 1945. In spite of huge doses of penicillin being administered by injection and perorally, bizarre-looking membranous patches occurred on the pharyngeal mucous membrane. The condition took weeks to wear off Two months later the patient developed symptoms suggesting the onset of one of her recurrent severe sore throats. In an attempt to prevent the progress of the condition, penicillin drops were instilled through the nose into the nasopharynx at three-hour intervals and penicillin pastilles were given every three hours. The next day the patient developed what seemed to be acute rhinitis. The pharyngitis improved but the following day stomatitis occurred consisting of a crop of red discrete lesions on the hard palate, at about the place where the pastille would usually lie. All medication was stopped, but the next day a moderate glossitis was noticed. This began to improve the following afternoon, but became worse as soon as penicillin aerosol was nebulized into the pharynx. Again all medication was stopped and the nasal and oral lesions both cleared up promptly

Case 4 —(Verbal report by Dr M C Myerson) A patient was seen who developed ulcerative lesions on the pharynx tongue, and lips following the administration of oral penicillin for about four days. Rapid improvement took place within twenty-four hours after the penicillin was stopped.

Case 5.—(Reported by Dr J Watnick) He also saw a case of stomatitis and gingivitis following the

administration of oral penicillin for three days The condition cleared up spontaneously in about a week after the cessation of penicillin

Case 6—(Reported by Dr W Steinhardt) A pustular dermatitis of the nares, seen following the application of penicillin ointment, cleared up as soon as the use of the ointment was discontinued

Although it is quite possible that some of the symptoms could be ascribed to the substances with which the penicillin was mixed (for example, the formalin which coated the capsule in Case 1), it is probable that the penicillin itself was the common factor

It is conceivable that the occurrence of ulcerative mouth lesions during penicillin administration might lead the attending physician to increase the dose in the belief that more adequate dosage was indicated, and it is possible that such a procedure could result in serious consequences

The foregoing case reports show that penicillin given orally or applied locally may cause disagreeable symptoms, such as ulcerative lesions of the mucous membranes and abdominal symptoms

100 East 74th Street

PROFESSIONAL TRAINING PLANNED FOR ARMY DOCTORS

In order to provide qualified doctors for peacetime, Army plans have been formulated to interest Medical Corps officers who are serving for the duration of the war to apply for commission in the Regular Army, Maj Gen Norman T Kirk, Surgeon General of the Army, announced recently

Among the more important attractions which will be offered Medical Corps officers who remain in the Army are the following

1 The Regular Army Medical Corps officers will be assured a professional career offering broader possibilities in a larger field than the practice of the average civilian doctor affords

2 The training and the assignments of Army doctors will be arranged to aid the Army doctors in obtaining board certification for specialties from the recognized civilian specialty boards

3 Graduate training will be continued with the establishment of Army fellowships, residencies, and special courses

In addition to the above attractions, which carry decided weight with any professional men, the Army affords security in its pension system, hospitalization care, and other considerations not usually available in civilian practice, General Kirk said

Civilian practice on the whole involves considerable uncertainty, and the locality in which a man has established himself and other factors seriously limit the scope of the practice a doctor can engage in, General Kirk said

This program which is being inaugurated is designed to obtain and utilize to the best advantages the professional skill now available in the Army, according to Col Floyd L Wergeland, Director of the Training Division of the Surgeon General's Office, and Chairman of the committee handling the professional training of Army doctors

The plans under this policy call for the establishment of graduate training programs at Army Installations where the residencies will meet the requirements of specialty boards, and arrangements will be made for accrediting by the appropriate specialty boards, Colonel Wergeland said Another phase of the program includes the establishment of Army internships at selected Army general hospitals

Plans outline a procedure for giving professional rehabilitation and specialized training to Regular Army Medical Corps officers who have been in administrative work during the war These doctors who have not been able to engage in practice because of administrative responsibilities will serve as understudies with doctors who have been active in professional practice This assignment will lead to continued professional service and eventually specialty-board certification

Medical Corps officers in the Regular Army will be kept in professional capacities without material interruption under this plan

The advantages of a professional career in the Army will also be brought to the attention of medical students to interest them in an Army commission Only those who stand scholastically in the upper third of their classes will be prevailed upon to consider the Army for a career

Reserve or AUS officers now on active duty who desire consideration for commission in the Regular Army may forward through channels a Statement of Interest to War Department, Adjutant General's Office, in accordance with the provisions of War Department Circular 243

Civilian physicians and former Organized Reserve Corps and AUS officers now on inactive duty status may submit Statement of Interest direct to the Adjutant General's Office

Future announcements as to securing commission in Regular Army Medical Department will be publicized in current professional and military publications —*Release from the Office of the Surgeon General*

ACUTE LUPUS ERYTHEMATOSUS DISSEMINATA TREATED WITH PENICILLIN

MILTON H MORRIS, M D , Far Rockaway, New York

(*From the St. Joseph's Hospital*)

R. K., a woman aged 20 years, a bookkeeper by occupation, was admitted to the St. Joseph's Hospital, with fever of one week's duration. During this week at home she was treated with the usual antipyretics, sulfadiazine, and penicillin.

Present Illness.—For the past eight months the patient had complained of weakness fatigue and loss of appetite She had irregular and occasional pains in the ankles and knees. Two weeks previously the fatigue and pain in the knees became more severe and the patient consulted a physician who prescribed vitamins and suggested that since she was at the seashore she should spend more time in the sunshine.

She then spent an entire morning in the sunshine. Two days later the patient was seized with chills high temperature, and from this time the acute episode of the illness dates.

Past History.—The patient had been well all her life, except for an appendectomy at the age of 9 She had no menstrual disorders.

Family History.—Her mother was 55 years old and in good health, her father died at the age of 47 from a ruptured gastric ulcer There was no history of tuberculosis



Physical Examination.—The patient was acutely ill, drowsy, and confused Her pulse was 130, respirations 38, temperature 105 2 F Her blood pressure was 110 mm. hemoglobin systolic, and 70 mm. diastolic. There was loss and thinning of the hair of the head. Over the bridge of the nose and extending symmetrically over both cheeks was a red, slightly mottled rash, well demarcated from the surrounding skin It was not elevated and assumed a butterfly appearance. Over the upper lip were some herpes and bullae which were hemorrhagic in appearance. The pharynx was congested and on either side of the soft palate were two large ulcerations The heart showed a tachycardia with a systolic murmur at the apex. The respiratory rate was increased, at the right base the breath sounds were decreased and impaired resonance on percussion was present. There was slight cervical adenopathy On the tips of the fingers a small circumscribed red rash was present.

Clinical Course.—During the first week the temperature remained high, fluctuating between 103 and 106 F The pulse varied between 140 and 160 per minute. The respirations remained high between 40 and 50 per minute The patient was drowsy and incoherent. Swallowing was painful and difficult because of the bilateral pharyngeal ulcerations. At the apex a systolic murmur was heard and a gallop rhythm was present. The patient was in extremis and it was the consensus that death was not far off

On the eighth day a remarkable change occurred. The patient seemed brighter and more interested in her surroundings and expressed a desire for food. The temperature dropped to 101 F , the respirations fell to 30 per minute but the pulse remained at 120 per minute. The general condition improved the ulcerations of the pharynx looked cleaner, the signs in the chest were less pronounced. The only residual symptom was the rapid pulse and the tendency of the patient to act morose and depressed and inquire continuously as to whether she was getting better She improved rapidly, her temperature becoming normal on the tenth day and remaining so Because of the depressed state it was thought advisable to send the patient home which was done twelve days after her admission to the hospital and nineteen days after the acute onset of her illness. She now presented a complete clinical remission. One month later she had resumed her work as a bookkeeper Her depressed state had left her and she had gained 15 pounds in weight. Her only complaint was a sensation of itching over the area of the erythema.

Treatment.—At home the patient received 400,000 units of penicillin and 10 Gm of sulfadiazine At the hospital the patient received 30 000 units of penicillin every four hours continuously for ten days making a total of 1,800 000 units of penicillin, given at home and hospital, which the patient received The patient also received 1 cc. of liver extract daily, 25 mg of pyridoxine 400 mg of vitamin C, and 1 cc. of the B complex.

Laboratory.—X-ray examination of the chest on August 14, 1945 showed an area of thin mottled, confluent density involving the mesial half of the right base, which had the appearance of an atypical pneumonia.

Agglutinations August 14, 1945 Negative for typhoid (O-H), paratyphoid, Brucella abortus, Proteus X-19 Blood culture August 14, 1945 No growth in seven days Stool culture August 14 1945 Negative for enteric organisms. Heterophile reaction Negative Serology Negative Kline test. Nonprotein nitrogen 30 Sedimentation rate (one hour) 44. Electrocardiogram Low voltage and sinus tachycardia.

Guinea pig inoculation intraperitoneally with patient's serum, followed by repeated exposure to sunlight and ultraviolet light, produced no harmful effects to the animal.

Blood	Red Blood Count	Hemoglobin, Per Cent	White Blood Count	Polymorphonuclears	Lymphocytes	Monocytes	Platelets
August 13, 1945	3 350 000	66 1	2,850	47	48	5	150 000
August 16, 1945	3,310 000	66 5	2,300	51	39	9	155,000
August 20, 1945	3,820,000	63 4	3,900	66	27	5	170,000

Urine	Color	Specific Gravity	Albumin	Sugar	Reaction	Microscopic studies
August 13, 1945	amber	1020	trace	negative	acid	red blood count, white blood count
August 16 1945	amber	1020	1 plus	negative	acid	6/8 red blood count, high power
August 20 1945	amber	1018	trace	negative	acid	few red blood count, high power
August 30, 1945	amber	1018	1 plus	negative	acid	8 red blood count, high power

Discussion

Although the cause of acute lupus erythema disseminata is obscure, the pathology has been well described and the gross clinical picture well coordinated, so that a syndrome has evolved which permits of diagnosis The pathologic picture is that of diffuse involvement of all tissues of the body *with special predilection for skin, bone marrow,* heart, kidneys, and serous membranes in which there is a fibrinoid degeneration of the basic or supporting structures The subjective and objective clinical findings may be divided into two phases, one the result of a severe intoxication, and the other phase reflected by signs and symptoms incriminating such various organs and systems as are in that particular case involved by the pathologic process It is worthy of repetition that the English consider the disease a septicemia and in some way related to the streptococcus hemolyticus Certainly many of the features of the disease would favor this viewpoint, *viz*, the toxicity and prostration, the temperature, the depression of bone marrow, and the widespread nature of the disease

Treatment has included many and different drugs unrelated to the cause and pathology of the disease The treatment in the above case consisted of the usual drugs with the addition of large doses of penicillin The rapid recovery of a patient in extremis and the healing of large ulcerations of the pharnyx, the resolution of a large area of pneumonitis which is usually terminal in the disease, suggest the beneficial effects of penicillin in the treatment of acute *lupus erythematosus disseminata, not as altering* the basic pathologic anatomy but by overcoming the toxemia and infection, the immediate cause of death in the acute phase

Summary

A case of acute lupus erythematosus is presented, in which a remission occurred quickly with a rapid subsidence of the toxemia

The relationship between the toxemia and the cause of death during the acute phase is emphasized

The value of large doses of penicillin overcoming the toxemia and thus inducing an early remission is suggested

Although penicillin in large doses is not known to alter the basic pathologic process, its further use in this disease with continued observation may enlighten us further in this respect

---

LESS ORGAN MUSIC

When Music, heavenly maid, was young
And Earth was adolescent
She sang of love, of flowers, of spring
And Luna's silver crescent

The poets, too, loved noble themes
Of fame, romance, and glory,
Of lovely, lily ladies
And barons bold and gory

But now, the muse, gone modern,
Sings odes to liver pills,
She chants of vitamins and dope
That's good for gastric ills

She makes me sick with rhapsodies
To noxious drugstore mixtures
It's for my doctor to repair
My inner tubes and fixtures

My mamma told me, long ago,
Such things should ever be
A secret kept in reticence
Between the Doc and me

Organs that modest Nature hid,
As knowing them unsightly,
Why drag them out to rhyme about
And croon their functions nightly?

Oh, lyric Muse, return again
To lilt of love's young dreams
My colon and my ductless glands
Are not poetic themes

Trill triolets to violets
Or lambs upon the lea
But leave, I beg, for Art's own sake,
My viscera to me —*D W La F, in Tonics and Sedatives, J A M A, Jan 12, 1946*

Additional Annual Reports

To the 1945 House of Delegates

Medical Society of the State of New York

Report of the Treasurer

To the House of Delegates, Gentlemen.

The financial status of the Society is shown on the following pages by excerpts from the annual report of our Auditors, Messrs. J K. Lasser & Company, for the year 1945

It should be noted that in this report a change from previous years has been made in the method of noting our securities in the balance sheet of December 31, 1945 They are here valued at their cost to us instead of at their market value as of that date. This change of method makes a great difference in the amount of total assets. And also in the analysis of financial income, expense and surplus, and the surplus balance which it gives. On this latter sheet it will be seen that there is no item called "Appreciation in Market Value of Securities Owned," although there was an increase of about $33 000 in their market value during the year. Also, there is an item among the deductions of $10 512.18 called "Reduction to Cost of Securities Previously Carried at Market Value." This sum was the excess of the market value over the cost value at the time of the last annual report, that is, on December 31 1944.

Even with this change in bookkeeping there is shown an increase of $17 762 in our surplus balance. There has been an income from our securities and bank balances of about $14 000 and there has been an excess of operating income over operating expenses of about $17,000 This excess of income over expenses is due to the splendid showing of our JOURNAL which itself had a net favorable balance of $37 000, and which was thus able to turn a $20,000 deficit into a $17 000 credit.

As was done the year before, the Board of Trustees voted to place this net surplus of the JOURNAL in the reserve fund for future possible needs of this publication. This is as was explained in my report a year ago a safety procedure to prevent the cost of the JOURNAL at any future time from being a drain on the Society's funds to the detriment of the other activities of the Society

Remissions of dues to our members in, or just released from the uniformed forces of the United States amounted to $44,340. It will not be until 1947 or 1948 that most of these will be paying dues again. Meanwhile our expenses will be mounting. We are at work now on the *Directory*, which will cost at least $24,000 before we have finished, and we hope soon to be able to move into the larger quarters on the seventh floor of the building in which we are now located, with a corresponding increase in rental costs.

In closing, I wish to thank those of the office staff who have charge of the books and the other financial details of the Society for the fine spirit they have shown in their work and for the great care and accuracy with which the records have been kept. It has been a pleasure to work with them.

Respectfully submitted,

KIRBY DWIGHT, M D , *Treasurer*

March 22, 1946

Auditors' Statement

We have completed an examination of the balance sheet of the Medical Society of the State of New York as of December 31, 1945, and the statements of income and surplus for the year ended with that date, and have reviewed the system of internal control and the accounting procedures of the Society and, without making a detailed audit of transactions, have examined or tested accounting records of the Society and other supporting evidence by methods and to the extent we deemed appropriate.

In our opinion, the accompanying balance sheet and related statements of income and surplus present fairly the position of the Medical Society of the State of New York at December 31, 1945 and the results of its operations for the year ended that date.

Respectfully submitted,

J K. LASSER & Co

Accountants and Auditors

March 15 1946

Balance Sheet—December 31, 1945

ASSETS

GENERAL FUND		
CURRENT ASSETS		
Cash in banks and on hand		$ 87,387 87
Accounts Receivable	$ 5,027 78	
Less Reserve for Doubtful Accounts	152 40	4,875 38
Dues Receivable—Net, estimated		16,600 00
Securities—		
At cost (Market Value $483,925 00)	$436,464 41	
Accrued Interest Receivable	11,120 32	447,584 73
Inventory of Paper Stock—at cost		1,921 43
		$558,369 41
OTHER ASSETS		
1941–1942 *Medical Directories* on Hand	$ 259 44	
Prepaid Expenses	5,601 98	
Deposits	1,303 14	7,164 56
FURNITURE AND FIXTURES—at Nominal Value		2 00
		$565,535 97
ENDOWMENT FUNDS		
CASH IN BANK		$ 8,344 06
SECURITIES		
At cost (Market Value $2,931 25)	$ 2,688 75	
Accrued Interest Receivable	14 59	2,703 34
		$ 11,047 40
TOTAL ASSETS		$576,583 37

LIABILITIES AND CAPITAL

GENERAL FUND		
CURRENT LIABILITIES		
Accounts Payable	$ 5,427 57	
Commission Payable on Advertising Sales	2,871 12	
Taxes Payable	903 87	$ 9,202 56
DEFERRED INCOME		
Prepaid subscriptions to JOURNAL	$ 585 76	
Prepaid Advertising	1,035 20	
Prepaid 1946 Membership Dues	2,010 00	3,630 96
RESERVES		
For future Annual Meetings	$ 8,903 55	
For refunds to Members in Armed Forces, etc	5,400 00	14,303 55
CAPITAL—General Fund Surplus (page 922)		538,398 90
		$565,535 97
ENDOWMENT FUNDS		
ACCOUNTS PAYABLE		$ 75 00
CAPITAL		
Lucien Howe Prize Fund		4,637 20
Merritt H. Cash Prize Fund		1,932 17
A. Walter Suter Lectureship Fund		4,403 03
		$ 11,047 40
TOTAL LIABILITIES AND CAPITAL		$576,583 37

CASH IN BANKS AND ON HAND
December 31, 1945

	Regular Funds	Investment Funds	Total
CHECKING ACCOUNTS			
Guaranty Trust Company	$36,202 96		$36,202 96
National City Bank of New York	4,971 84		4,971 84
The Chase National Bank	4,710 92	$ 9,993 20	14,704 12
	$45 885 72	$ 9,993 20	$55,878 92
SAVINGS ACCOUNTS			
Various Savings Banks	$30 516 45	$ 238 19	$30,754 64
PETTY CASH FUNDS—OFFICE	$ 754 31		$ 754 31
TOTAL	$77,156 48	$10,231 39	$87,387 87

ENDOWMENT FUNDS

	On Deposit Union Dime Savings Bank
Lucien Howe Prize Fund	$3,037 20
Merritt H. Cash Prize Fund	853 83
A. Walter Suiter Lectureship Fund	4,453 03
	$8,344 06

SECURITIES

The investments of the Society (General Fund) may be summarized as follows

	At Cost
Bonds and Mortgages	$297,135 23
Stocks	139 329 18
TOTAL	$436,464 41

All of these securities are in the possession of the Chase National Bank as Custodian for the Trustees of the Medical Society of the State of New York.

CONDENSED STATEMENT OF OPERATING INCOME AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 1945

OPERATING INCOME			
Members' Dues—Year 1945	$148,410 00		
Less Reserve	5,650 00		
	$142,760 00		
Less allocation to JOURNAL Circulation Income, as authorized by the Board of Trustees	17,260 00		
	$125,500 00		
Arrears	840 00		
	$126,340 00	$126,340 00	
Net Operating Income from JOURNAL	$ 37 020 41		
Plus allocation of dues	17,260 00	54 280 41	
Sales of 1941–1942 *Directories*		215 00	$180 835 41
OPERATING EXPENSES			
Administrative New York Office		$ 51,727 77	
Public Relations Bureau		18,673 91	
Animal Experimentation—Special Appropriation		2,000 00	
Council Committee on Legislation—Chiropractic		5 417 31	
Legislative Bureau, Albany Office		17,135 19	
Counsel Retainer and Expenses		13 068 11	
Traveling Expenses		8,244 63	
Planning Committee for Medical Policies		764 34	
Workmen's Compensation Bureau		16 627 93	
Bureau of Medical Care Insurance		11,461 75	
Scientific Activities		15 515 19	
District Branches		2 279 30	163,815 52
EXCESS OF OPERATING INCOME OVER EXPENSES			$ 17,019 89

ANALYSIS OF FINANCIAL INCOME, EXPENSE, AND CAPITAL FOR THE YEAR ENDED DECEMBER 31, 1945

	General Fund	Lucien Howe Prize Fund	Merritt H Cash Prize Fund	A. W Suiter Lectureship Fund
JANUARY 1, 1945, BALANCE	$520,636 84	$4,579 40	$1,934 89	$4,212 77
Additions—				
Excess of Operating Income over Operating Expenses	17,019 89			
Interest on Bank Balances	454 92	31 92	12 28	40 99
Income from Securities	13,613 72	98 33	35 00	91 67
Profit from Sale of Securities		10 00		57 60
	$551,725 37	$4,719 65	$1,982 17	$4,403 03
Deductions—				
Custodian and Investment Service Fees	$ 598 90			
Loss on Sales of Securities	2,075 39			
Reduction to Cost of Securities Previously Carried at Market Value	10,512 18	$ 82 45	$ 50 00	
Additional Reserve for Prior Years' Dues	140 00			
	$ 13,326 47	$ 82 45	$ 50 00	
DECEMBER 31, 1945, BALANCE	$538,398 90	$4,637 20	$1,932 17	$4,403 03

Report of the Council

PART XII

Malpractice Defense and Insurance

The Council Committee on Malpractice Defense and Insurance, consisting of

J Stanley Kenney, M D , *Chairman* New York
Thomas M D'Angelo, M D . Jackson Heights
James M Flynn, M D : Rochester
W P Anderton, M.D , ex officio New York
Kirby Dwight, M D , ex officio New York

submitted the following report

Each year it is the duty and privilege of the Committee on Malpractice Defense and Insurance to submit, through the Council, a report of its activities and recommendations to the members and the House of Delegates of the Medical Society of the State of New York

The past year has been an active and generally satisfactory one for the Committee, but further study has served to emphasize the fact that the complexity and importance of our malpractice insurance and defense affairs require far more intimate understanding and continuity of supervision than can be provided, as at present, by a committee of the Council, all of whose members are liable to frequent change Last year the Committee recommended that its duties be delegated to a special committee of the House of Delegates, to be organized so as to provide the needed continuity of supervision, and submitted a proposed amendment to the Bylaws which, if adopted, would authorize the appointment of such a committee

The proposed amendment which will come before the House of Delegates for consideration this year is as follows

"A Special Committee to be known as the Malpractice Insurance and Defense Board, consisting of five members including a chairman, shall be appointed by the President with the approval of the Council. Five members of the committee shall be appointed in 1946 for one, two, three, four, and five years, respectively, and, thereafter, one new member shall be appointed each year Vacancies for any cause shall be filled for the unexpired term by appointment by the President with the approval of the Council. The Secretary, Treasurer, Legal Council, and Indemnity Representative shall be ex officio members of the Committee with voice but without vote It shall be the duty of the Committee to study and supervise on behalf of the Society all matters having to do with malpractice insurance and defense"

In its resolution proposing the foregoing amendment, the Committee pointed out that the Group Plan has grown to the size of a corporate enterprise, large enough to require the supervision of a board of directors whose members remain in office long enough to acquire an intimate understanding of the many business and professional problems involved It should be added that the insurance laws of the State of New York, which govern all insurance operations in this state, must also be studied and thoroughly understood

To further emphasize the Committee's desire to see the proposed amendment adopted, we would quote the following clause from the Committee's report submitted to the House of Delegates at its 1945 annual meeting

"This enterprise (the Group Plan) has now been in existence twenty-four years, and so long as it



BETTER BABY FEEDING

with

Campbell's STRAINED BABY SOUPS

***Q** Will Baby like these soups?*

A If he is like most babies, he will! Mothers who have tried Campbell's Strained Baby Soups say that they are better tasting—that Baby takes them readily and appears to enjoy their tempting, normal flavors. Each soup retains to the utmost the natural flavors of the meats and vegetables employed. The texture is smooth and the consistency uniform and pleasing to the infant.

***Q** Why five kinds?*

A. Doctors agree that it's important to get Baby accustomed to a variety of flavors early in life, so that he will accept all foods readily and will not develop "fussy" eating habits. Also, it takes many different foods to supply the more than 50 nutrients needed for infant development and energy—hence we use vegetables and a cereal in the preparation of each one of our four meat soups.

***Q** What about vitamin and mineral retention?*

A The latest scientific information has been drawn upon in developing a cooking method which insures the efficient conservation of vitamins and the retention of minerals. A comprehensive analysis of each soup may be had upon application to Campbell Soup Company, Camden, N. J.

5 KINDS:

LIVER
CHICKEN
LAMB
BEEF
VEGETABLE

All in Glass Jars



Campbell's Strained Baby Soups represent fine quality in ingredients, in care and method of cooking, in retention of minerals and conservation of vitamins—*and in good flavor*. Every resource of Campbell's Kitchens is devoted to that aim.



LOOK FOR THE RED-AND-WHITE LABEL

continues to accomplish the purposes for which it was organized there is every reason that it should be continued indefinitely and, certainly, past the years of active participation in Society affairs of those whose foresight sponsored it and whose support has brought it thus far along the road of service to the Society The long view of the matter requires this continuity of contact with our insurance affairs, which is not possible in our present setup"

For these reasons, the Committee urges as its most important recommendation to the House of Delegates that the proposed amendment to the Bylaws be approved.

Following the presentation of its report last year, the Committee continued its correspondence with the American Policyholders' Insurance Company of Boston. To date, it has been unable to secure from that Company in writing a serious proposal for our malpractice insurance business under the terms and conditions of the basic requirements for the Group Plan as adopted by the House of Delegates The Committee, therefore, reaffirms the recommendation in the 1945 report to the House of Delegates that the American Policyholders' Insurance Company cannot be considered as the carrier of the Group Plan. As a matter of policy, the Committee still holds the view that no temporary saving in rates would justify any member of the Society going outside the Group Plan to buy his malpractice insurance as an individual.

At the request of the Committee, the Council has published and mailed to each member a booklet entitled *Group Plan of Malpractice Defense and Insurance*, containing a condensed history of the Group Plan and what it stands for, it also includes the amended rules and regulations of the Society governing malpractice insurance and legal defense This material was also published in full in the March 1, 1946 issue of the NEW YORK STATE JOURNAL OF MEDICINE, Vol. 46, No 5, page 535, under the title "Special Article—The Group Plan of Malpractice Insurance and Defense, A Message from the Committee." Other matter, in addition, at one time or another has been published in the JOURNAL, but members who missed the particular issues involved, or who have come into the Society since then, have complained that the details of the Group Plan and the Society's legal defense have never been explained to them. These details have now been set forth fully in the new booklet which has been printed and bound in an attractive form and size so that it can be kept in a member's desk for ready reference when required. In addition, an appropriate supply has been mailed to the secretary of each county society The Committee recommends that the House of Delegates, by a special communication to each county society, request them to bring to the attention of their members the importance of reading this booklet carefully, and direct that a copy of it be placed in the hands of each new applicant for membership

Each year the Group Plan loses a certain number of members through ordinary attrition, such as, death, retirement, moving out of the state, entering employment in which malpractice protection is not needed, etc During the year, 355 members discontinued their insurance for these and similar reasons This is slightly above the average and is due to the fact that 45 members entered the armed forces during the year and discontinued their insurance During the same period, however, 1,365 new applications were received, so that the net gain for the year was 1,010, bringing the total number of insured to 8,923, or 45 8 per cent of the entire membership as of the first of the year

Over half of the net increase occurred during the last four months of the year, and this same rate of increase has continued during the first two months of this year If this rate of increase continues, it is likely that the net gain for the current year will raise the percentage of members insured to over 50 per cent

Comparing the number of members insured to the total membership, is, however, somewhat misleading because of the large number of members who are engaged in activities which entail no malpractice liability It is estimated that of the total members practicing medicine in this state under circumstances which expose them to malpractice suits, about 75 per cent are now insured in the Group Plan.

After long observation it had appeared that the number and cost of malpractice actions in this state vary in inverse ratio to the general prosperity The past year, however, during which all communities of the state enjoyed a high degree of prosperity, proved to be an exception to that rule. During the year, the average cost of operating the Group Plan over the last ten years increased $1 46 per insured member Only eleven cents of this increase can be attributed to the inclusion of x-ray therapy in the basic coverage, and none of it to the fact that the policy contract was extended last year to include liability on account of the acts of nonaffiliated and noninsured doctors while acting as emergency substitutes for insured members The remaining $1 35, therefore, is chargeable entirely to ordinary normal losses caused, apparently, by the pressure of work carried by members who remained in civilian practice and by an increase in the average cost of disposing of suits and claims. As to the latter, the tendency of courts and juries to award greater damages for personal injuries of all kinds is due, in part, to the increased earning capacity of patients but it is also due, to a considerable extent, to the depreciated value of the dollar A thousand dollars will not buy as much as it did before the war and this fact is well understood by all juries In the future it may be expected that the cost of judgments will keep pace, if not run ahead, of any further inflation in our national economy

If the cost of losses under the Group Plan continues to rise during the current year, the Society may be compelled to approve a return to the base rate of $30 in 1947 We hope that by cooperative and concerted action by each component county society the incidence of malpractice suits can be reduced, making such a change in rates unnecessary

It has frequently been said that our malpractice rates are too high. If by that it is meant that we pay too much for the protection furnished by the Group Plan, nothing could be further from the fact One item alone will serve to prove this point. On the first of this year, there were in the office of the Legal Counsel, 323 unsettled and outstanding suits and claims for which, upon his recommendation, reserves of $491,352 were established, which amounts to an average of about $25 for each member of the entire Society These reserves are not carelessly made or overestimated, but are carefully examined and re-estimated four times a year by the Legal Counsel and reduced to the lowest value he considers safe to place upon them

If, on the other hand, these oft repeated complaints refer to the high cost of furnishing malprac-

for more effective

Oral **VITAMIN B COMPLEX THERAPY**

LIPO-HEPLEX

(U. S. VITAMIN)

3 significant Fractions of Liver

- **AQUEOUS**
- **LIPOID**
- **80% ALCOHOL-INSOLUBLE**

. combined with

IMPORTANT CRYSTALLINE B VITAMINS

Current laboratory and clinical investigations show that a combination of the aqueous *and* lipoid fractions of liver, providing more complete nutritional therapy, is clinically superior to aqueous extracts alone since certain essential nutritional factors are removed in the preparation of the usual aqueous liver extracts.



Provides in each capsule the vitamin extracts and concentrate (water-soluble, 80% alcohol insoluble and lipoid fractions) derived from a total of 11.5 grams of liver including folic-acid fractions (L. casei factor [Bc] etc.), biotin, inositol, and other nutritional factors present in the liver fractions. Each capsule contains

Thiamine HCl (B_1)	2.0 mg
Riboflavin (B_2)	2.0 mg
Niacinamide	10.0 mg
Pyridoxine HCl (B_6)	0.1 mg
Calcium Pantothenate	3.0 mg
Choline	10.0 mg
Inositol	5.0 mg
Folic-acid fractions	10.0 mcg

Professional Samples and Literature

U. S. VITAMIN CORPORATION • NEW YORK 17,

tice insurance protection, they are entirely correct The cure for this, however, does not lie in trying to find some venturesome but uninformed insurance company willing to insure us at lower rates regardless of our costs The only sure and economic sound way to reduce our insurance rates is to reduce the number and cost of our losses That this can be done has been amply demonstrated by the x-ray therapists of this state who, during the twenty-one years between 1924 and 1945, reduced the cost of their insurance protection from $99 to $28

It is assumed, of course, that no doctor wants to be sued for malpractice, but it would appear that there are too many members of the Society who are completely indifferent to the numbers of suits filed against their fellow members, unaware, perhaps, that the cost of these suits does not come out of the treasury of an insurance company, but directly out of their own pockets and those of the other insured members of the Society

The number of malpractice suits can be materially reduced by a wholehearted acceptance by the membership of two basic principles The first, and primary, objective should be to reduce the causes of malpractice suits against ourselves This can be obtained by an unflagging effort to bring to our patients the best and most conscientious care which modern medical science makes possible

The second objective should be to make every legitimate effort to prevent unjustified suits against fellow practitioners

Patients are entitled to our counsel and advice, but, in giving it, three rules should be observed

1 Be sure to know all the facts and factors involved.

2 Abstain from needless and ill-advised criticisms of fellow practitioners

3 Practice the golden rule

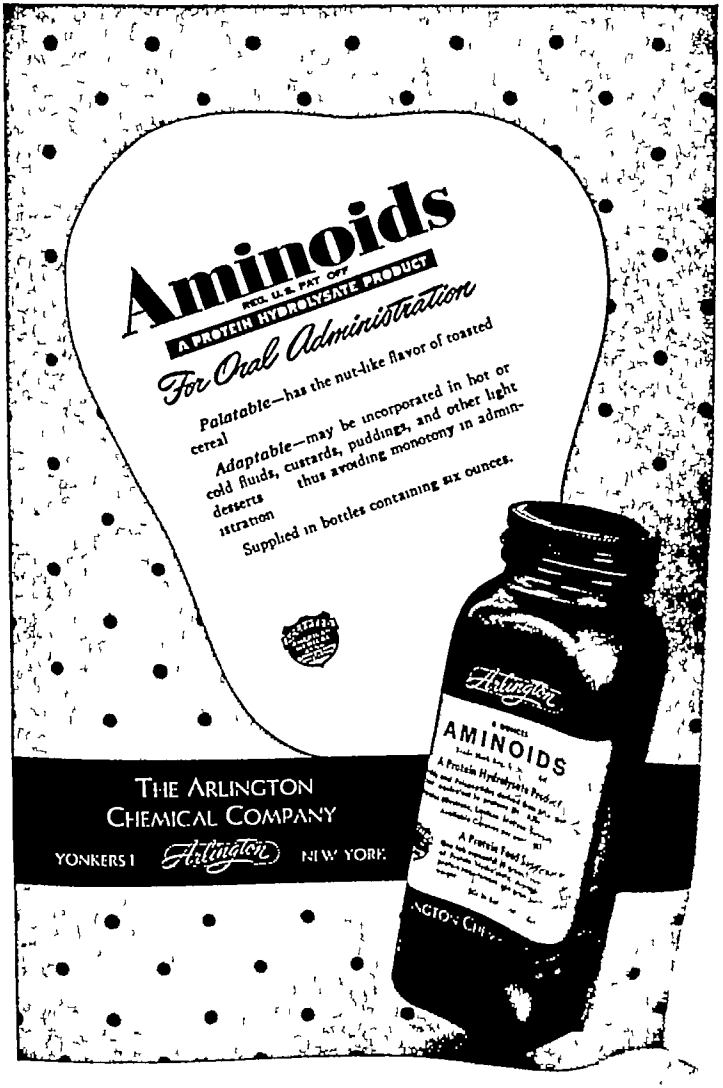
A successful malpractice action is not only a blot upon the professional reputation of the doctor involved, but upon his profession as well This fact should make the acceptance of the foregoing principles unanimous but, if a further incentive is necessary, it can be stated that, if these principles were accepted and practiced by all the members of the Society, our malpractice insurance rates would be reduced 50 per cent

The Committee would again call to the attention of all the members of the State Society Part III of the 1945 Annual Report to the House of Delegates, particularly Section 1, which concisely states the purposes for which the Group Plan was organized

While much that this portion of the report contains has been incorporated in the booklet above referred to, a careful rereading of this succinct summary should clarify much of the misunderstanding that may exist regarding the Group Plan.

The Committee cannot close this report without paying their respects and gratitude to the Yorkshire Indemnity Company, the carrier of the Group Plan, and its officers for their keen interest and unfailing cooperation in all problems related to the malpractice insurance business of this Society, also for the patient, faithful, and conscientious service at all times to the Committee and, in the larger sense, to all the members of the State Society, of the Indemnity Representative, Col Harry F Wanvig, under whose competent direction the Group Plan has accomplished every purpose for which it was organized We are deeply indebted, also, to Mr William Martin, the Legal Counsel of the Society, for his diligent and skilled services and ready assistance

We again bespeak the adherence of the members to the Group Plan. In these disturbing times the need for solidarity and a united front in medicine is more imperative than ever Full cooperation and participation in the efforts of your Society to furnish the best malpractice insurance protection and defense available anywhere in the United States, which we believe the Group Plan affords, is the surest way to stabilize this business and bring about lower rates


Aminoids
REG. U.S. PAT. OFF.
A PROTEIN HYDROLYSATE PRODUCT
For Oral Administration
Palatable—has the nut-like flavor of roasted cereal
Adaptable—may be incorporated in hot or cold fluids, custards, puddings, and other light desserts thus avoiding monotony in administration
Supplied in bottles containing six ounces.
THE ARLINGTON CHEMICAL COMPANY
YONKERS 1 Arlington NEW YORK
Arlington
AMINOIDS

Department of Workmen's Compensation

CONDUCTED BY DAVID J KALISKI, DIRECTOR

Payment of Medical Fees to Authorized Physicians and Licensed X-Ray and Pathologic Laboratories

RECENTLY our attention was called to the fact that a certain voluntary hospital in New York City rendered a bill to an insurance carrier for physical therapy treatments in an ambulatory compensation case The employer had signed an authorization for such treatment. The insurance carrier, in accordance with the provisions of Section 13-f(1) of the Workmen's Compensation Law, which states that fees for medical services shall be payable only to a physician or other lawfully qualified person permitted to render medical care, refused to pay the bill to the hospital, whereupon the hospital entered suit against the carrier Before trial, the suit was withdrawn by the hospital when the provisions of the law were brought to its attention by this Bureau, and the physician who rendered the services in the hospital was paid by the carrier

Under the date of February 14, 1946 the Superintendent of Insurance, the Honorable Robert E Dineen, wrote the following letter to all insurance carriers licensed to sell compensation insurance in this State

"I am writing this letter to the chief executives of every company licensed to write workmen's compensation insurance in this State, to ask for their cooperation in investigating alleged violations of certain sections of the Workmen's Compensation Law Complaints have been made to this department that some carriers are paying bills for medical services of physicians or other persons who have not qualified under the Workmen's Compensation Law to render medical care. If true, this violates the law, as explained below, and will require correction

"Sections 13-b and 13-c of the Workmen's Compensation Law provide for the licensing of persons trained in laboratory or diagnostic technics

"Section 13-f(1) of the New York Workmen's Compensation Law provides in part as follows

"'Fees for medical services shall be payable only to a physician, or other lawfully qualified persons permitted by Section 13-b of this chapter, to render medical care under this chapter, or the agent, or to the executor or administrator of the estate of such physician'

"As we construe these provisions of the statute, they provide, in effect, that only physicians, x-ray and other laboratories licensed by the chairman of the Workmen's Compensation Board may be paid by the carriers under the Workmen's Compensation Law

"As you know, the Insurance Law contains provisions imposing an obligation on the part of the superintendent to see to it that companies under the jurisdiction of the department obey not only the insurance law, but all other laws of the State (Sections 511-f, 513, 515 Insurance Law)

"In the light of the foregoing, I wonder if you would be good enough to ascertain and report to me at the earliest opportunity the procedures employed by your claim department to prevent any violation of the cited provisions of the Workmen's Compensation Law"

ROBERT E DINEEN, *Superintendent of Insurance*

The above letter was published in the *Journal of Commerce and Commercial*, New York, on Monday, February 18, 1946 It would indicate that greater vigilance will be maintained by insurance carriers in the future, in the consideration of bills received by them for medical care In this connection it is pertinent to note that only recently the Chairman of the Workmen's Compensation Board, Miss Mary Donlon, advised physicians that they should be more vigilant in obeying the law in the referral of x-ray and laboratory work and such examinations should be referred only to physicians or laboratories authorized under the Workmen's Compensation Law

The Bureau of Workmen's Compensation of the Medical Society of the State of New York invites all physicians to inform the Director of any instance where either a hospital, physician, or carrier has not practiced or proceeded in accordance with the provisions of the Workmen's Compensation Law as outlined above.

U N R.R.A BUILDS EMERGENCY MEDICAL STOCKPILES

A stockpile of vaccines and biologicals, as well as water-purifying equipment, is being built up in London by the United Nations Relief and Rehabilitation Administration to be ready to combat possible outbreaks of epidemics, it has been announced at the agency's Washington headquarters

The reserve stock of supplies is being acquired from sources both in the United States and the United Kingdom.

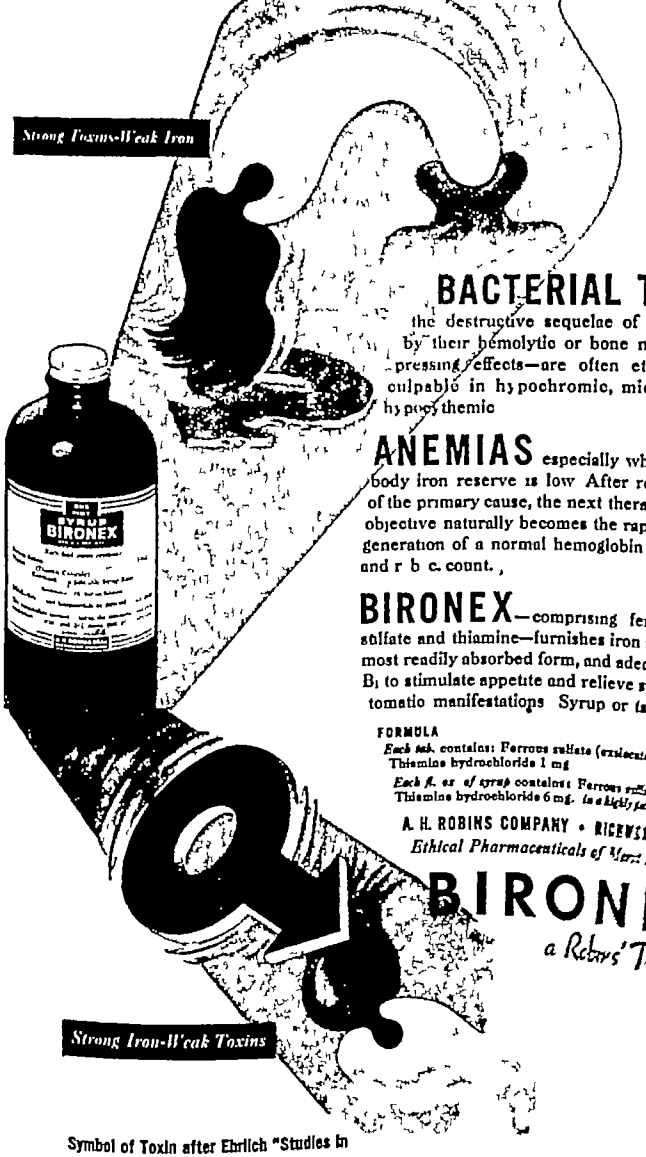
Arrangements have been made for packaging the supplies so that they can be shipped by air and thus can be flown immediately to the scene of any outbreak of disease in countries where the agency operates Because London is close to most of these countries, the stockpile is stored there

Included among the supplies are diphtheria antitoxin, toxoid and Shick-test toxin, smallpox vaccine, tetanus antitoxin, and vaccines for use against plague, typhus, and gas gangrene

The purifying equipment includes twenty-four portable gasoline engines with hypochlorinating units capable of processing fifty gallons of water per minute for drinking and hospital purposes as well as a dozen other purifying outfits

All these units also are capable of air

Strong Toxins-Weak Iron



BACTERIAL TOXINS

the destructive sequelae of infections—by their hemolytic or bone marrow depressing effects—are often etiologically culpable in hypochromic, microcytic, hypocythemic

ANEMIAS especially when the

body iron reserve is low After removal of the primary cause, the next therapeutic objective naturally becomes the rapid regeneration of a normal hemoglobin level and r b c. count.,

BIRONEX—comprising ferrous

sulfate and thiamine—furnishes iron in its most readily absorbed form, and adequate B_1 to stimulate appetite and relieve symptomatic manifestations Syrup or tablets.

FORMULA

Each tab. contains: Ferrous sulfate (exsiccated) 3 gr.
Thiamine hydrochloride 1 mg

Each fl. oz. of syrup contains: Ferrous sulfate 15 gr.
Thiamine hydrochloride 6 mg. *in a highly palatable base*

A. H. ROBINS COMPANY • RICHMOND 13, VA.
Ethical Pharmaceuticals of Merit since 1878

BIRONEX

a Robins' Triumph

Strong Iron-Weak Toxins

Symbol of Toxin after Ehrlich "Studies in

Postgraduate Medical Education

Progams arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL *The members of the committee are Oliver W H Mitchell, M D , Chairman (428 Greenwood Place, Syracuse), George Baehr, M D , and Charles D Post, M.D*

Postgraduate Refresher Courses

REFRESHER courses have been arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York, on Tuesday afternoons, in the auditorium of the Nassau Hospital, Mineola, for the Nassau County Medical Society

A lecture on "The Relationship Between Pneumonia and Lung Abscess," by Dr Richard H. Bennett, clinical professor of medicine, Long Island College of Medicine, will be held on April 16 at 4 30 P M

On April 23, there will be a joint meeting of the Veterans Committee and the Nassau County Medical Society in the auditorium at 9·00 P M "The Management of Arthritis, Acute and Chronic" will be discussed by Dr L Maxwell Lockie, professor and head of the department of therapeutics, University of Buffalo School of Medicine

This series of lectures was begun on Tuesday, March 5, and has been held each Tuesday thereafter

The following lectures and lecturers have already been given "The Clinical Application of Sulfonamides and Penicillin," Joseph H Bunim, M D, assistant professor of clinical medicine, New York University College of Medicine, "Toxemias of Pregnancy," Frank P Light, M D, instructor of obstetrics and gynecology, Long Island College of Medicine, "Gynecology in General Practice," P Gordon Douglas, M D, associate professor of obstetrics and gynecology, Cornell University Medical College, "The Treatment of Burns and Hand Infections," David Goldblatt, M D, assistant clinical professor of Surgery, College of Physicians and Surgeons, Columbia University, "Management of Acute Cardiovascular Emergencies," Clarence E. de la Chapelle, M D, professor of clinical medicine, New York University College of Medicine, "Gastrointestinal Ulcerations," Albert F R. Andresen, M D, professor of clinical medicine, Long Island College of Medicine

These lectures were provided by the Medical Society of the State of New York, with the exception of those by Drs Bunim, Light, Douglas, Goldblatt, and Bennett, which were provided jointly by the New York State Department of Health and the Medical Society of the State of New York.

Series of Lectures Given for Sullivan County

"CHEMOTHERAPY in Obstetrics (Postabortal and Postpartum Infections)" will be the subject of a lecture to be given on April 17 by Edward C Hughes, professor of obstetrics, Syracuse University College of Medicine

On April 10, Dr Horace E Ayers, professor of obstetrics and gynecology, New York Medical College, discussed obstetric maneuvers on the Ayer's manikin, illustrating the discussion with a sound film in color

The series was started by Dr Edward P Maynard, Jr, professor of clinical medicine, Long Island College of Medicine, who spoke on heart disease and pregnancy at the meeting on April 3 *

Lectures for Monroe County Medical Society

AT THE Rochester Academy of Medicine on April 3, Dr William Dock, professor of medicine, Long Island College of Medicine, gave a lecture on "Peptic Ulcer and Gastric Cancer" On April 18, "Office Management of Female Pelvic Disorders," will be presented by Dr Clyde L Randall, professor of gynecology, University of Buffalo School of Medicine These lectures were given for the members of the Medical Society of Monroe County

Syphilis

THE Cortland County Medical Society attended a lecture given by Dr James Lowry Miller, assistant clinical professor of dermatology, College of Physicians and Surgeons, Columbia University, on "Syphilis" on Friday, April 19, in the staff room of the Cortland County Hospital *

Three Monthly Meetings for Tioga County

THE Tioga County Medical Society attended three lectures on March 12, April 9, and May 7 "Hypertension and Hypertensive Heart Disease," was discussed by Jules Redish, M D, assistant professor of medicine, New York University College of Medicine, and "The Treatment of Burns and Lacerations," by Emmett A. Dooley, M D, assistant clinical professor of surgery, New York Post-Graduate Medical School, Columbia University

On May 7 a lecture entitled "Growing Feet of Children," by R. Plato Schwartz, M D, associate professor of orthopedic surgery, University of Rochester School of Medicine and Dentistry, was given in the Green Lantern Inn, Owego

* This instruction has been arranged by the Medical Society of the State of New York in cooperation with the New York State Department of Health.

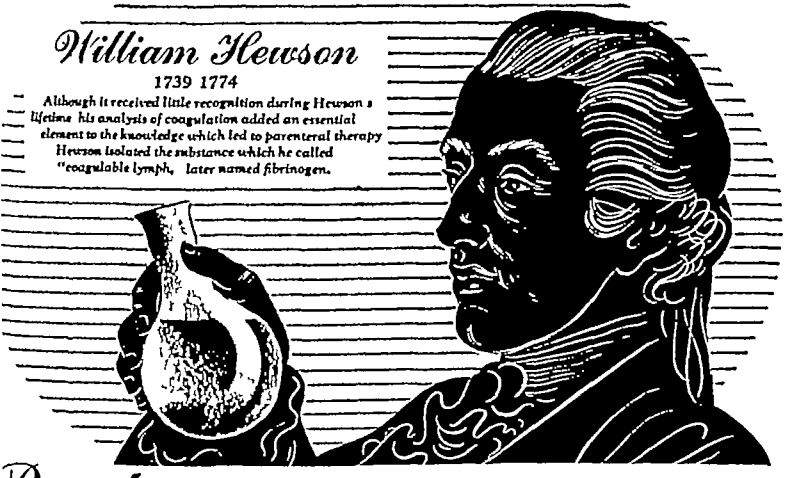
[Continued on page 932]

ONEERING THAT POINTS TO DISCOVERY DISCOVERY THAT DEMANDS LEADERSHIP

William Hewson

1739 1774

Although it received little recognition during Hewson's lifetime his analysis of coagulation added an essential element to the knowledge which led to parenteral therapy Hewson isolated the substance which he called "coagulable lymph," later named fibrinogen.



Baxter · PIONEERS IN PARENTERAL THERAPY



Another *Baxter* FIRST ... the Vacodrip

In 1935 the Vacodrip was made available for better use of parenteral solutions. It provided the means to control accurately and safely the rate of solution administration from the Baxter Vacoliter The one piece all glass, easily cleaned Vacodrip which could be simply plugged into the Vacoliter became an integral part of the Baxter Technique for Parenteral Therapy Baxter s many years of pioneering and leadership in the field of parenteral therapy are your protection. Here is a parenteral program complete trouble free and confidence inspiring No other method is used in so many hospitals.

Manufactured by
BAXTER LABORATORIES, INC.
Glenview Illinois; Acton Ontario; London England

tributed east of the Rockies by
MERICAN HOSPITAL SUPPLY CORPORATION CHICAGO • NEW YORK

Produced and distributed in the Eleven Western States by DON BAXTER INC., Glendale Calif

[Continued from page 930]

Symposium for Montgomery County

ON APRIL 25, 1946, at the Elk's Club, Amsterdam, a symposium on "Hypertension" will be given for the Montgomery County Medical Society The medical treatment of "Hypertension" will be discussed by Dr Charles E Poindexter, associate clinical professor of medicine, College of Physicians and Surgeons, Columbia University, and the surgical treatment by Dr J William Hinton, associate clinical professor of surgery, College of Physicians and Surgeons, Columbia University

Warren County Hears Lecture

WARREN County Medical Society heard a lecture on April 11, given by Dr Henry H Ritter, professor of clinical surgery, New York Post-Graduate Medical School, Columbia University, on "Traumatic Surgery with Emphasis on the Treatment of Wounds and Shock"*

Joint Meeting of Broome and Tioga Counties

THE Broome and Tioga County medical societies heard a lecture on "Management of Phlebitis" on April 9 Dr A. Wilbur Duryee, associate clinical professor of medicine, College of Physicians and Surgeons, Columbia University, was the lecturer

Schenectady County Instruction

DR CLAYTON W GREENE, professor of medicine, University of Buffalo, School of Medicine, discussed chemotherapy and the antibiotics at a postgraduate instruction given for the Schenectady County Medical Society Tuesday evening, April 2, at 8 30 P M in the Medical Library, Ellis Hospital, Schenectady

The March lecture was given by Dr Fred J G Hiss, professor of clinical medicine, Syracuse University College of Medicine His subject was "Rheumatic Fever—Rheumatic Heart Disease."*

Coronary Heart Disease

"THE Differential Diagnosis and Treatment of Coronary Heart Disease" was the subject of the lecture on April 11, given by Dr Henry Field, Jr, associate professor of medicine, University of Buffalo School of Medicine, to the Steuben County Medical Society

Medical Treatment of Toxic Thyroid

DR. GEORGE H. KOEPF lectured to the St. Lawrence County Medical Society on April 11, on "Medical Treatment of Toxic Thyroid." He is associate in physiology and instructor in medicine at the University of Buffalo School of Medicine

Management of Acute Cardiovascular Emergencies

MANAGEMENT of acute cardiovascular emergencies was the subject of Dr Charles E Kossmann, associate professor of medicine, New York University College of Medicine, at a meeting of the Tompkins County Medical Society

The talk was given on March 19 in Ithaca

Lecture Given by Dr Clyde Randall

ON WEDNESDAY, April 10, the members of the Wyoming Medical Society attended a lecture on "The Significance and Management of Abnormal Vaginal Bleeding" given by Dr Clyde L Randall, professor of gynecology, University of Buffalo School of Medicine *

Thursday Evening Lectures at Jefferson County

CLINICAL Diagnosis and Treatment of Cardiac Arrhythmias," by Dr Walter W Street, professor of clinical medicine, Syracuse University College of Medicine, given on March 14, was the first of a series of lectures given to the Jefferson County Medical Society

On April 11, "The Treatment of Thyrotoxicosis with Thiouracil and Other Agents," was presented by Dr George H. Koepf, associate in physiology and instructor in medicine, University of Buffalo

On May 9, "Peptic Ulcer and Gastric Cancer," was discussed by Dr William Dock.

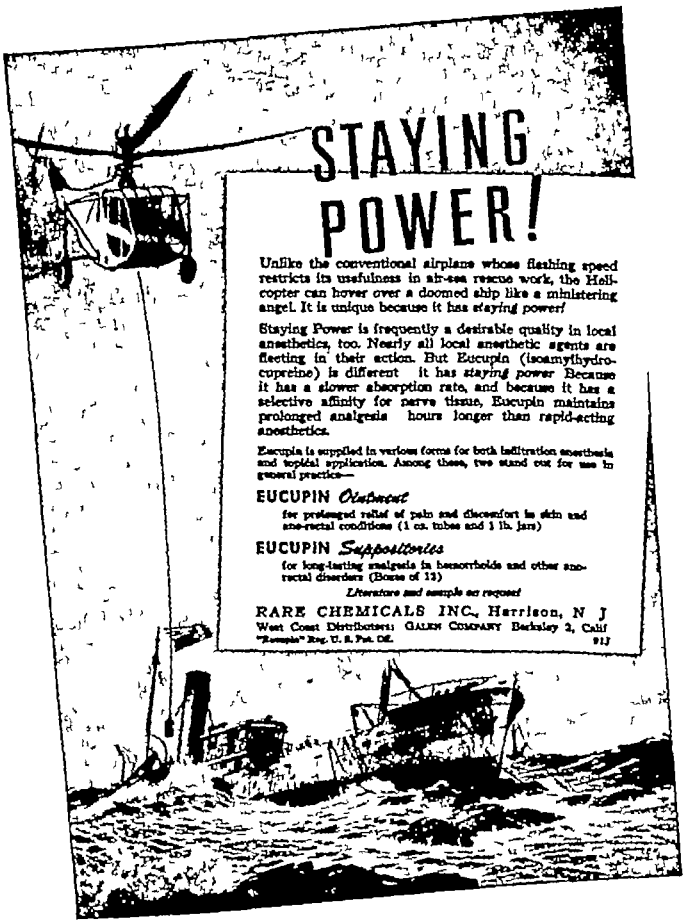
He is professor of medicine at Long Island College of Medicine.

Illustrated Lecture on Skin Diseases

"COMMON Diseases of the Skin—Illustrated with Color Photography," by Leon H Griggs, M D, associate professor of clinical medicine (dermatology and syphilology), Syracuse University College of Medicine, was the title of the lecture given on April 9, for the Wayne County Medical Society at Lyons.

Tropical Diseases

MEMBERS of the Ulster County Medical Society, met on April 4, at the Governor Clinton Hotel, Kingston, to hear Dr Harold W Brown, professor of parasitology, De Lamar Institute of Public Health, College of Physicians and Surgeons, lecture on "Tropical Diseases in the Returning Veteran."



STAYING POWER!

Unlike the conventional airplane whose flashing speed restricts its usefulness in air-sea rescue work, the Helicopter can hover over a doomed ship like a ministering angel. It is unique because it has *staying power!*

Staying Power is frequently a desirable quality in local anesthetics, too. Nearly all local anesthetic agents are fleeting in their action. But Eucupin (isoamylhydrocupreine) is different — it has *staying power*. Because it has a slower absorption rate, and because it has a selective affinity for nerve tissue, Eucupin maintains prolonged analgesia — hours longer than rapid-acting anesthetics.

Eucupin is supplied in various forms for both infiltration anesthesia and topical application. Among these, two stand out for use in general practice—

EUCUPIN *Ointment*

for prolonged relief of pain and discomfort in skin and ano-rectal conditions (1 oz. tubes and 1 lb. jars)

EUCUPIN *Suppositories*

for long-lasting analgesia in hemorrhoids and other ano-rectal disorders (Boxes of 12)

Literature and sample on request

RARE CHEMICALS INC., Harrison, N. J.

West Coast Distributors: GALEN COMPANY Berkeley 2, Calif.

"Eucupin" Reg. U. S. Pat. Off. 917

Medical News

Dr. Perkins Named Deputy State Commissioner of Health

DR. JAMES E PERKINS, former director of the Division of Communicable Diseases, has been appointed Deputy State Commissioner of Health to succeed Dr Paul B Brooks whose retirement became effective January 1

Dr Perkins was graduated in medicine from the University of Minnesota and holds the degree of Doctor of Public Health from Johns Hopkins University His association with the New York State Department of Health began in 1934 when he was appointed epidemiologist in the Division of Communicable Diseases Later he served as district state health officer in charge of Fulton and Montgomery Counties

Since 1938 Dr Perkins has been director of the Division of Communicable Diseases During his administration a number of major research projects were conducted including investigations on the prophylactic value of Phase I pertussis vaccine, the manner of spread of pneumococcal infection through communities, the manner of spread and control of epidemic keratoconjunctivitis in war industries, the therapy of poliomyelitis with gamma globulin, and the initiation of a study of the control of airborne infection through ultraviolet light irradiation.

In 1945, Doctor Perkins spent four months in Italy as a member of the Italian Medical Nutrition Mission studying the effect of the war on the Italian civilian population with respect to communicable disease and malnutrition. He served in this connection as a reserve officer in the United States Public Health Service, assigned to the United Nations Relief and Rehabilitation Administration under which the Mission was operating

Doctor Perkins has been Associate Professor of Public Health and Preventive Medicine at Albany Medical College since 1937 and has directed the Extension Course in Public Health He is associate editor of the *American Journal of Public Health* and holds the office of secretary of the Epidemiology Section of the American Public Health Association.

Dr Hollis S Ingraham has been appointed provisionally to the position of Director of the Division of Communicable Diseases to succeed Dr James E Perkins

Dr Ingraham received the degree of Doctor of Medicine from Harvard University Medical College in 1933 and was awarded the degree of Master of Public Health by the Harvard School of Public Health in 1935 He joined the staff of the State Department of Health in July, 1934, as epidemiologist-in-training In 1935 he became assistant epidemiologist and a year later was appointed epidemiologist In the fall of 1938 he was named District Health Officer in charge of the Kingston District

In June, 1942, Dr Ingraham was commissioned Lieutenant in the Naval Reserve and was later promoted to the rank of Lieutenant Commander He was attached to the Naval Medical School at Bethesda, Maryland, where he taught preventive medicine and did research on the prevention of respiratory infections in submarines and at naval training stations In 1944 he was assigned to overseas duty with the United States of America Typhus Commission at Cairo which was engaged in the control of typhus epidemics in Egypt, French Morocco, and Saudi Arabia He was later assigned to research on relapsing fever at Cairo. He returned to the United States on January 1 and entered on terminal leave January 4.

Dr Ingraham is a Fellow of the American Public Health Association He has contributed a number of articles to medical and public health journals

Drop in Standards in Medicine Threatens

UNLESS prompt steps are taken to restore medical education to the high level of the Nineteen Twenties, the United States will face a serious threat to its standards of medical care a decade hence, Dr Alan Gregg, director for the medical sciences of the Rockefeller Foundation, declared on April 2 at the Columbia University Club

"Even such scientific contributions as penicillin or the blood substitutes would be useless without trained physicians at hand to prescribe and administer them," Dr Gregg said "Indeed, an ill-trained or ignorant doctor can (and does) make mistakes as disastrous to the patient as if they were deliberate injuries"

Medical schools must increase their annual budget at least 50 to 75 per cent to discharge their responsibilities and to approach meeting their opportunities, the speaker contended

"Though our battle casualties were 30 to 40 per cent neuropsychiatric," he continued, "there are not three medical schools in the United States with departments of psychiatry adequately supported from endowment Industrial and preventive medicine and medical sociology remain undeveloped There is not one exemplary department of dermatology in the country

"There is not a single medical school with an ideal organization of pharmacologic teaching and research In neglect of our interests and responsibilities in the tropics, the United States contains no school of tropical medicine that covers the subject adequately"

Pathology Society Welcomes Veterans

THE NEW York State Society of Pathologists cordially invites returning servicemen who are residents of the State and who have been trained or are now receiving training in pathology, to become members of the Society Applications can be forwarded to

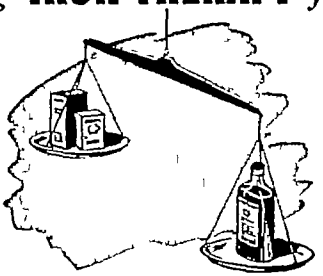
Dr M J Fein, Secretary-Treasurer, 30 East 40 Street, New York 16, New York.

[Continued on page 936]

In prescribing **IRON THERAPY** *you can choose*

IONIZED IRON

C frequent
Constipation
Anorexia
Dehydration



or OVOFERRIN

C frequent
Constipation
Anorexia
Dehydration

The frequent association of gastro intestinal disorders and hypochromic anemia requiring iron therapy creates a thera peutic problem. OVOFERRIN offers a definite solution readily appreciated by the practitioner because

OVOFERRIN DOES NOT IONIZE

In colloidal form easily assimilated, it is practically unaffected by the gastric juices, is readily absorbed in the intestinal tract without the distressing side effects so common with usual ionized IRON preparations

NO STAINING OF TEETH • NON-ASTRINGENT

Such a combination of advantages in a palatable IRON preparation permits continuous, prolonged therapy so often necessary in hypochromic anemia

That's why you can bridge the gap between iron deficiency and *effective* iron therapy with

OVOFERRIN

without distressing side effects

℞ MAINTENANCE DOSAGE

One teaspoonful 2 or 3 times a day in water or milk.

℞ THERAPEUTIC DOSAGE

ADULTS One tablespoonful 3 or 4 times daily in water or milk.
CHILDREN One to 2 teaspoonfuls 4 times daily in water or milk.



Made only by the

A C Barnes Company • NEW BRUNSWICK, N J

OVOFERRIN is the registered trade mark of A. C. Barnes Company

[Continued from page 934]

County News

Albany County

The Albany County Medical Society was presented a U S Army certificate of commendation for its contribution to the war effort at a dinner recently

• • •

Dr William Feltman, released from the Navy Medical Corps, with which he served as a lieutenant commander, has resumed his practice in Albany In the Navy for forty-one months, he was stationed successively at Quonset Naval Air Station, Johns Hopkins Hospital, Hueneme, California, and Corvalis, Oregon, Naval Hospital *

• • •

Dr Benjamin Hoffman, released recently from the Army as a captain in the medical corps, has resumed his medical practice in Albany He was in service three and a half years and was in the European Theater of Operations with the 154th General Hospital *

• • •

"Virus Diseases" was discussed by Dr Gilbert Dalldorf, director, division of laboratories and research, New York State Department of Health, and one time pathologist to New York Hospital and Grasslands Hospital, at the scientific session of the Society's meeting on March 27

• • •

Capt Rudolph F Amyot, Medical Corps, of Cohoes was recently discharged from service

Captain Amyot was the first Cohoes physician to serve in World War II He participated as a surgeon in the initial invasion of North Africa in November, 1942, landing at Casablanca Later he was transport surgeon while attached to the New York Port of Embarkation.

On his return from overseas, Captain Amyot was assigned as medical liaison officer to the Fighting French Forces during the period of training of that unit in this country and received commendation from the French military officials

He was also assistant to the chief of surgical services at various station hospitals in the Second Service Command during the war He was awarded the following medals American Defense, American Theater of Operations, African Campaign, and Victory *

• • •

Dr W Brandon Macomber, of Albany, has been promoted to lieutenant colonel in the Army Medical Corps and placed in charge of the plastic surgery center at Dibble General Hospital, Mento Park, California.*

• • •

Dr Matie Green, physician at State College for the past fifteen years, will take a brief sabbatical leave for postgraduate work in medicine and surgery at the Women's Hospital in Philadelphia She also plans to study at the University of Pennsylvania A graduate of the University of Indiana and Syracuse University, she completed her internship at the Women's Hospital, where she remained to work with anesthesia and x-ray for five years Following this period, in 1931, Dr Green assumed her post at State College Dr Sophy Hess, who was graduated from the Women's Hospital in 1945, will fill the vacant post until Fall when Dr Green will return

• • •

Dr Mary DeWitt Pettit, of Albany, has received a commendation from the Secretary of the Navy for "outstanding performance" of duty while engaged as a special assistant to the Surgeon General of the Navy

Dr Pettit, who hold the rank of lieutenant commander, received her discharge from the service recently and has resumed her practice *

• • •

Dr George Wellington Putnam, of Albany, assigned to the Brown General Hospital, Dayton, Ohio, has been promoted from first lieutenant to captain in the Army Medical Corps

Allegany County

Having been released from active duty with the United States Navy, E F Comstock, M D , has resumed his surgical and medical practice Irwin Felson, M D , of Wellsville, will continue his practice of medicine and surgery in association with Dr Comstock

Bronx County

Many Bronx physicians and surgeons have been active in the campaign of the New York University College of Medicine alumni to raise funds for construction of Alumni Hall, the auditorium of the university's $1,000,000 section of the New York University-Bellevue Medical Center The new center will be erected in the Bellevue Hospital area

Dr Martin J Loeb was chairman of the Bronx Major Gifts Committee Serving with him were Drs Irving Blumenfeld, Charles L Engelsher, Morris Gleich, M L Hammerschlag, Ben-Henry Rose, Benjamin Sherwin, Joseph Taferner, Abraham B Tamis, and Jacob Taub

Dr William A Roberts, was chairman, and Dr Louis Perrotta, was cochairman of the Bronx Metropolitan Committee Assisting were Drs George M Bennett, Philip Eichler, Jacob Juskowitz, Henry W Heinky, James Wallace, Joseph Deutsch, Bernard Milch, Ernest Stich, and Edson L Stannard.*

• • •

The regular meeting of the Society was held on March 20 The executive session was followed by the scientific session during which Dr Herbert C Edwards, lectured on "Preventive and Public Health Aspects of Pulmonary Tuberculosis," and recent advances in "The Treatment of Pulmonary Tuberculosis" was discussed by Dr George G Ornstein. The meeting was held in the Concourse Plaza Hotel

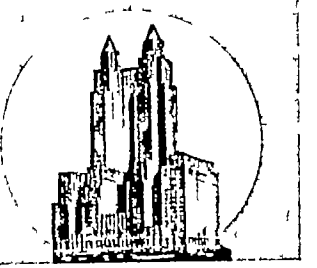
Broome County

The Broome County Medical Society heard Drs John J O'Brien, Leon G Payes, and Harold C Shulman detail some of their more interesting personal experiences in the combat zone, on February 12

*Asterisk indicates that item is from a local newspaper

[Continued on page 938]

There are many alternatives
but only one Waldorf

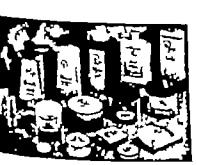


The **WALDORF-ASTORIA**
Park Avenue 49th to 50th New York

COOPER CREME
No Finer Name in
Contraceptives
Active Ingredients: Sodium Oleate 0.67%
Trienzmethylene 0.04%
WHITTAKER LABORATORIES, INC
PEEKSKILL, N Y

The simplest and most convincing proof of the efficacy of ALKALOL is a personal trial in your own eyes, nose or throat. Why not ask us for a sample?

THE ALKALOL CO, TAUNTON, MASS



UNSCENTED COSMETICS
FOR THE ALLERGIC PATIENT
AR-EX Cosmetics are the only complete line of unscented cosmetics regularly stocked by pharmacies. To be certain that your perfume sensitive patients do not get scented cosmetics, prescribe AR EX Unscented Cosmetics. SEND FOR FREE FORMULARY

AR-EX

FREE FORMULARY
DR._____
ADDRESS_____
CITY_____
STATE_____

AR-EX COSMETICS, INC., 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

[Continued from page 936]

Applications for membership from Drs Harry L Fulton and William J Murray were approved by the Board of Censors

A scientific session with Dr Lester S Knapp, attending proctologist, Buffalo General and Millard Fillmore Hospitals, as speaker was held on March 12 He discussed "Carcinoma of the Lower Bowel" The applications of Drs David H Chapman, Louis J Damish, Manuel de Diego, and Rosine M Silberer for membership were approved. The Blood Bank Committee made a report on the need and advisability of establishing a Central County Blood Bank. Present plans called for a showing of a colored movie on the subject.

The members of the Society were guests of the Endicott Johnson Medical Department for dinner on April 9 "The Management of Phlebitis" was discussed by Dr A Wilbur Duryee, associate professor of medicine, Columbia University College of Physicians and Surgeons The membership applications of Drs A H Fotouhi, Benjamin Lewis, Anthony Meloro, and J E Ryan were accepted

• • •

Dr Carl C Janowsky has replaced Dr John Robertson, who recently entered private practice, as ear, nose, and throat specialist with the Endicott Johnson Medical Department in the Washington Avenue, Endicott, offices, it was announced in February

Before entering military service, he was in private practice in New York City for nine years During that time he was surgeon in the ear, nose, and throat department of the New York Hospital and Cornell Medical Center, New York City, and instructor in clinical otolaryngology at Cornell University Medical College

In October, 1942, Dr Janowsky entered the Army with a captain's commission and served with the Mayo Clinic Unit until June, 1943

Following transfer to the 99th General Hospital as chief of the ear, nose, and throat service, he completed 18 months in the European Theater

While there he also acted as consultant to the 819th Hospital Center, consisting of eight General Hospitals with a minimum bed capacity of 8,000 patients

Cattaraugus County

Several Cattaraugus County physicians have recently been discharged from service Dr J Stuart Fleming, who was a flight surgeon with the Eighth Air Force, has resumed his practice in Salmanaca, others are Dr Marion Donato formerly regimental surgeon and commanding officer of the 290th Infantry Regiment's medical detachment, Dr S Castilone, of Olean, a captain in the Medical Corps, and Dr Francis P Keefe, a flight surgeon with the fourteenth Air Force who leaves the service with the rank of major

Cayuga County

Dr Darrell D Althouse, of Auburn, who was recently discharged from military service, was the guest speaker at the February meeting of the Auburn Unit of the National Council of Catholic Nurses, held at the Catholic Daughters Home, South Street

Dr Althouse who served 26 months overseas and participated in the invasion of Bougainville, the British North Solomon Islands, and Luzon described the organization of the medical units in which he served overseas He highly praised the work of the medical corps men who served with him stating that "a high percentage of the men received well deserved decorations and honors" He spoke of the important role that blood plasma played in helping to save the lives of men wounded in battle stating that "almost every wounded man in his area received one unit of plasma and many of the more seriously wounded men received four or five units of this miracle producing substance"

Dr Althouse mentioned the excellent record of the Army Medical Corps and said that "1,700 men in his company were wounded in one Pacific battle, all but three lived" *

• • •

Lieut Comdr Donald Stuard has returned to his home in Genoa, where he will resume his practice as physician.

Dr Stuard entered the service as a lieutenant in the Navy in October 1942 He spent a year in the Samoan area with the Marines He was attached to a malaria control hospital which specialized in treating the relapsing type of malaria *

• • •

Dr Harold G Muller recently received his discharge at the separation center at Fort Logan, Colorado and has resumed his practice in Cato

Dr Muller served as captain in the 10th Mt Medical Battalion in Italy *

Chautauqua County

The Chautauqua County Medical Society and the Jamestown Medical Society and the Jamestown Medical Society jointly sponsored a Cancer Teaching Day on February 28

There was a public meeting held at the Hotel Jamestown at 2 30 P M which was addressed by Dr Louis C Kress, Director of the State Institute for the Study of Malignant Diseases, Buffalo *

• • •

Dr Harold A. Blaisdell, of Jamestown, who was placed on inactive duty last September after serving as commander in the Navy, has been promoted to the grade of captain in the Navy

Dr Blaisdell, veteran of both World Wars, resumed his local medical practice last fall He entered service in November, 1941, as lieutenant commander, serving at the Naval Air Station in Norfolk before being assigned to sea duty in the Pacific His last station was at Norfolk where he served as chief of surgery *

• • •

Dr C. C Torrance, of Jamestown, former Navy commander, discharged from the service recently, has resumed his duties as bio-chemist at the Municipal Laboratory *

• • •

Dr Samuel Hurwitz, commander in the United States Navy, resumed his local practice in February

Dr Hurwitz entered the Navy in November, 1942 and was first stationed in the heart ward at Brooklyn Naval Hospital From there he was transferred to the medical ward of the receiving station at Norfolk, Virginia He went overseas in November, 1944 to act as senior medical officer of a Seabees Battalion on Guadalcanal, returning to the States last March.

Dr Hurwitz came to Jamestown in the latter part of 1935 and specialized in internal medicine *

BRUNSWICK HOME

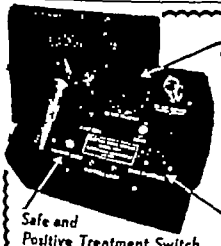
A PRIVATE SANITARIUM. Convalescents, postoperative, aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M. D., Supt.
Bway & Louden Ave., Amityville, N Y., Tel: 1700 1 2.

HALCYON REST

754 BOSTON POST ROAD RYE, NEW YORK
Henry W Lloyd, M.D., Physician-in-Charge
Licensed and fully equipped for the treatment of nervous, mental, drug and alcohol patients, including Occupational therapy. Beautifully located a short distance from Rye Beach. TELEPHONE: Rye 550 *Write for illustrated booklet*

WEST HILL

West 252nd St. and Fieldston Road
Riverdale-on the-Hudson New York City
For nervous, mental drug and alcoholic patients. The sanitarium is beautifully located in a private park of ten acres. Attractive cottages scientifically air-conditioned. Modern facilities for shock treatment. Occupational therapy and recreational activities. Doctors may direct the treatment. Rates and illustrated booklet gladly sent on request.
HENRY W. LLOYD, M.D. *Physician in Charge*
Telephone Kingsbridge 9-8440



A SHOCK MACHINE that is *Easy* to operate!

The EPL Electric Shock Machine is devoid of all unnecessary control knobs or meters Simple to operate and absolutely safe. A newly developed timing circuit provides shock current durations over an unusually wide range 1 to 6 seconds in standard models and up to 4 seconds on special order This circuit holds its adjustment regardless of the voltage of the power supply line

Light in weight 10 pounds
Small in size 12½" wide x 9½ high x 7 deep

Come in for a demonstration or write for detailed information

L & B. REINER
139 East 23rd Street, New York 10, N Y

POST WAR COLLECTIONS

Our Post War Plan is a friendly aid to patients in paying past due medical bills as they change from war pay to peace pay Protect your fees by acting now Write Our local auditor will call and tell you all about it.

CRANE DISCOUNT CORPORATION
230 W 41 St. New York 18, N Y

BUY SAVINGS BONDS



DUODENAL and GASTRIC Ulcer Patients

quickly relieved! rapidly healed!

Send for Sample



Approved by many physicians for treatment of ulcers. Capable of maintaining neutralization over a period of three hours or longer Contains Magnesium Silicate (not trisilicate) Diammonium Hydrogen Phosphate Calcium Carbonate Peppermint Oil Aromatics and Saccharin

PRESCRIBE it for your PEPTIC ULCER PATIENTS

* Avoids Between Meal Feedings
* Avoids Excessive Use of Milk
* Contains No SODA or Aluminum Hydroxide
* No Phosphate or Iron Deficiency is Induced.

CA-MA-SIL CO
700 Cathedral St Baltimore 1, Md

in whooping cough

Elixir Bromaurate

GIVES EXCELLENT RESULTS
Cuts short the period of the illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma. In four-ounce original bottles. A teaspoonful every 3 to 4 hrs.
(Contains one-half grain Gold Tribromid)
GOLD

Necrology

Edwin A Bowerman, M D , of Buffalo, died on October 22, 1945, at the age of 74 Dr Bowerman was a graduate of the College of Physicians and Surgeons, Baltimore, class of 1895 He was a member of the American Medical Association, the Medical Society of the State of New York, and the Monroe County Medical Society

Harry Dermon, M D , of New York, was killed in an airplane crash near Rome on February 2, 1945 He had served as a captain in the Infantry and was 36 years old at the time of his death. He was graduated from George Washington University in the class of 1937

Maurice Exiner, M D , of New York, died on November 23, 1945 Dr Exiner was an alumnus of Bellevue Medical College, class of 1911 He was a member of the American Medical Association and the Medical Society of the State of New York. Dr Exiner was 57 years old

John E Kumpf, M D , of New York, a graduate of the Baltimore Medical College in 1900, died on October 9, 1945 He was a member of the American Medical Association and the Medical Society of the State of New York. He was 72 years old.

John F Lambert, M D , of Syracuse, died on September 12, 1945 He was graduated from the University of Maryland Medical School in 1903

Albert Lenz, M D , of Schenectady, died on February 20 at the age of 58 Dr Lenz was graduated from Albany Medical College in 1912 He was a member of the State and Schenectady County medical societies of New York and the American Medical Association. Dr Lenz was associated with Dr Charles G McMullen in the first of radium treatment in the area. He aided in the development and applications of the Coolidge x-ray tube, widely used in medical x-ray and radiation devices

Emily Lewi, M D , of New York, died on February 28, 1946 She was a graduate of the medical school of the New York Infirmary for Women and Children in 1891 Dr Lewi was 79 and a member of the American Medical Association and the New York Academy of Medicine.

Francis X. Pidgeon, M D , of New York, died on October 31, 1945 He was graduated from Albany Medical College in 1896 and was 72 years old He belonged to the state and county medical societies in the State of New York.

Maximilian Arthur Ramirez, M D , of New York, died on March 2, 1946 at the age of 54. He was a specialist in internal medicine and former president of the New York County Medical Society

Dr Ramirez was an authority on allergies and asthma. At his death, he was visiting physician, director of the second medical division and director of the department of immunology at the French Hospital, a visiting physician at the Otisville Municipal Sanitorium, and a consulting physician at St Francis Hospital, Poughkeepsie, St Agnes Hospital, White Plains and St. Clare's Hospital. He was also consulting immunologist at Broad Street Hospital.

At one time, he had been connected with Flower Hospital, City Hospital, Pan-American Hospital, and the Polyclinic Hospital.

In 1912 he was graduated from the University and Bellevue Medical College Dr Ramirez was president of the New York County Medical Society in 1942, and, as president, urged the approval of a resolution protesting discrimination by the Army and Navy against Negro physicians in the matter of granting commissions

He was the author of many medical papers, a fellow of the New York Academy of Medicine and the American College of Physicians, as well as a member of several medical organizations.

Arthur Patterson Reed, M D , of Rochester, died on January 22, 1946 In 1903, he was graduated from the University of Michigan Medical School. Dr Reed was a member of the state and county medical societies and the American Medical Association. He was 74 years old.

Maurice Schneck, M D , of New York, died on February 25, 1946, at the age of 60 He was an alumnus of Long Island College of Medicine, 1911 Dr Schneck was a member of the state and county medical societies and the American Medical Association.

Nathan Pratt Sears, M D , of Syracuse, died on February 25 at the age of 60 He had been an authority on women's diseases and had held posts at the Syracuse College of Medicine and in Syracuse hospitals. He received his medical degree from Johns Hopkins Medical School in 1912

Since 1932, Dr Sears was gynecologist-in-chief at Syracuse Memorial hospital, and since 1917, pathologist at Hazard Memorial laboratory, and consultant gynecologist at Syracuse free dispensary since 1915 He held similar offices at the City and Psychopathic hospitals since 1937

He was a diplomate of the American Board of Obstetrics and Gynecology, a fellow of the American College of Surgeons, a member of the American Association of Obstetric Gynecology and Abdominal Surgeons, American Medical Association, Medical Society of the State of New York, Onondaga Medical Society, of which, at one time, he was president, and Syracuse Academy of Medicine.

John Gorse Simmons, M D , of the Bronx, died on September 28, 1945 He was graduated in 1891 from the College of Physicians and Surgeons, Baltimore and was a member of the state and county medical societies He was 77 years old.

Arthur W Slee, M D , of Brooklyn, died on November 8, 1945 at the age of 71 He was graduated in 1899 from Long Island City Hospital.

Frederick Whiting, M D , died on March 12, 1946 In 1885, he was graduated from Long Island College of Medicine. He served on the staffs of New York Eye and Ear Infirmary, St Bartholomew Hospital, New York University, and Bellevue Medical School Dr Whiting was 85

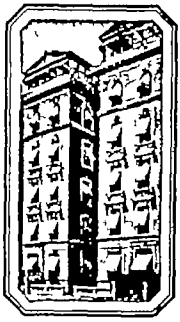
Otis Monroe Wiley, M D , of Syracuse, died on October 30, 1945 He was 77 years old. Dr Wiley was a member of the New York State and County medical societies.

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment endorsed by many physicians. Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY

COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24, N Y Tel SChuyler 4-0770

LOUDEN-KNICKERBOCKER HALL, INC

81 LOUDEN AVENUE - Tel Amityville 53 - AMITYVILLE, N Y

A private sanitarium established 1886 specializing in NERVOUS and MENTAL diseases.

Full information furnished upon request

JOHN F LOUDEN, *President* JAMES F VAVASOUR, M.D., *Physician in Charge*

NEW YORK CITY OFFICE, 67 West 44th St., Tel. VAnderbilt 6-8722

'INTERPINES'

Goshen, N Y.

Phone 117

Ethical — Reliable — Scientific
Disorders of the Nervous System
BEAUTIFUL — QUIET — HOMELIKE

Write for Booklet

FREDERICK W SEWARD M. D., *Director*
FREDERICK T SEWARD M. D., *Resident Physician*
CLARENCE A. POTTER, M. D., *Resident Physician*

DR BARNES SANITARIUM

STAMFORD, CONN.

45 minutes from N Y. C. via Merritt Parkway

For treatment of Nervous and Mental Disorders, Alcoholism and Convalescents. Carefully supervised Occupational Therapy. Facilities for Shock Therapy. Accessible location in tranquil, beautiful hill country. Separate buildings.

F H. BARNES M.D., Med. Supt. *Tel. 4-1143

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y

FOR MENTAL AND NERVOUS PATIENTS. An un institutional atmosphere. Treatment modern, scientific, individual. Moderate rates. Licensed by dept. of Mental Hygiene. (See also our advertisement in the Medical Directory of N Y., N J and Conn.) Address inquiries to MARGARET TAYLOR ROSS, M.D *Physician-in-Charge*

RIVERLAWN SANITARIUM

FOUNDED



1893

A conveniently situated Sanitarium offering complete facilities for the treatment and care of MENTAL AND NERVOUS CASES and ALCOHOL AND DRUG ADDICTIONS We extend full cooperation to the Physicians.

CHARLES B. RUSSELL, M. D. *Med Dir.*

45 Totowa Ave. PATERSON, N J Answer 4-2342

FALKIRK

IN THE

RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg.

CENTRAL VALLEY, Orange County N Y

Woman's Auxiliary

To the Medical Society of the State of New York

County News

Kings County On Lincoln's Birthday, February 12, a meeting and membership tea was held at St Bartholomew's Community House at two o'clock It was well attended, eight new members were admitted after introduction by the president, Mrs Henry J Jauch

Mrs Clifton Dance was chairman of the day and the past-presidents acted as hostesses They were Mrs John L Bauer, Mrs Edwin A. Griffin, Mrs Frederick E Elliott, Mrs Milton B Bergmann, Mrs Louis Harris, Mrs Allen Hull, and Mrs A. F R. Andresen.

The eleventh anniversary meeting was held on Tuesday, March 12, at St Bartholomew's Community House Mrs Thurman Givan, formerly of the Woman's Army Corps, and wife of the president of Kings County Medical Society, spoke of *"Personal Experiences on the Alcan Highway"* The showing of pictures of the rugged country, the contrasting modern cities and huge airfields were most interesting and informative

The Tea which followed, was in honor of Mrs. Edwin A Griffin, state president She gave a brief résumé of the history of the Woman's Auxiliary and paid tribute to Mrs John L Bauer for the pioneering and organizing of the Auxiliaries of the counties and the State of New York. Bridge was played during the social hour Admission was a bundle of rummage to be sold at the Thrift Shop for the benefit of the Brooklyn Division of the Cancer Relief Committee. There was a large attendance and several new members were welcomed by the President, Mrs Henry J Jauch.

Nassau County The Woman's Auxiliary to the Nassau County Medical Society and their friends heard Mr George P Farrell, director of the Bureau of Medical Care Insurance of the State Medical Society, speak at an open meeting which was held at the Nassau Hospital Auditorium March 26 Also present was Miss Yolande Lyon, field representative of the Medical Society of the State of New York

Mr Farrell and Miss Lyon explained the medical insurance plans which are now in existence throughout the country, and told of the progress, aims, and the purposes of the various plans

The meeting was very instructive and enjoyed thoroughly by those present Mrs. E Freeman Miller presided at the meeting, assisted by Mrs Albert M Bell, program chairman. Refreshments were served at the close of the meeting by Mrs John L Neubert and her committee.

A board meeting of the auxiliary was in the auditorium on March 19

The Auxiliary met on March 12 at the Catholic Women's Club, Utica, for luncheon, with thirty-seven members attending and Mrs Bradford F Golly, of Rome, presiding Mr Harold C Stephenson, executive secretary of the Hospital Plan, Inc, gave an informative talk on the Wagner-Murray-Dingell Bill. Many questions were asked showing the interest that was aroused This was followed by a business meeting

Oneida County. The February meeting was held in the Hamilton Room of the Hotel Hamilton, Utica, with Mrs. Bradford F Golly, of Rome, presiding In spite of most unpleasant weather, there were forty members present to greet our State president, *Mrs Edwin A. Griffin, of Brooklyn, who in her* charming manner gave us a delightful talk

Onondaga County The Woman's Auxiliary to the Onondaga County Medical Society held its April session at the home of Mrs S W Bisgrove, of Marcy, on April 2

Mrs. A. H Garofalo, of Syracuse, opened her home for the March meeting of the Auxiliary The guest speaker was Dr E S VanDuyn who spoke on the topic, "Almshouses"

A committee meeting was held at the home of the president, Mrs Dwight V Needham, on January 18 when plans were made for the Tenth Anniversary Dinner

Mrs Edwin A. Griffin, of Brooklyn, president of the Woman's Auxiliary to the Medical Society of the State of New York, brought greetings to its Auxiliary of Onondaga County at the Tenth Anniversary Dinner meeting in the University Club on February 5

Mrs Dwight V Needham, presided at the dinner Mrs Francis R Irving gave an outline of the organization's activities for the past decade. Professor Warren B Walsh, of Syracuse University, was guest speaker, his topic was "Russia."

Queen's County. The Woman's Auxiliary of the Medical Society of Queens heard Mrs. A. J Carlson, of the American Red Cross, speak on "Nursing Begins at Home" at a meeting in the Medical Society Building in Forest Hills. Mrs. Joseph D Hallinan, president, introduced the speaker and heard reports from committee chairmen

The Auxiliary was host to 100 persons at a party held at the Medical Society building, to celebrate the auxiliary's thirteenth anniversary Mrs Joseph D Hallinan, greeted the guests Mrs Miller Sanders of Forest Hills, was in charge of arrangements and Mrs. Meyeron Coe, of Queens Village, Mrs James M Dobbins, of Astoria, and Mrs Henry Mencken, of Flushing, served tea

The State President, Mrs Edwin Griffin, will be guest of honor of the Auxiliary at a dinner party, which will be held at the Forest Hills Inn, Forest Hills, on April 23, at 7·00 P M A meeting will follow at the Medical Society building The executive board will give a play, entitled "A Woman's Privilege" The cast, directed by Mrs William Godfrey, of Flushing, includes Mrs. Joseph D Hallinan, of Richmond Hill, Mrs Daniel J Swan, of Flushing, Mrs Harold Foster, of Jackson Heights, Mrs. William Flanagan, of Richmond Hill, and Miss Lucy Lanza, of Astoria

Rensselaer County The Woman's Auxiliary to the Rensselaer County Medical Society on March 13, conducted its membership tea in the clubrooms of the Troy Woman's Club, Inc Mrs. Victor C Jacobsen, president, welcomed the guests and presided at the short business session.

Dr Stephen H Curtis gave an interesting talk on medical insurance Mrs W W St John was general chairman of the tea at which two new members were welcomed They are Mrs. George Reed and Mrs Kennedy Creevey

Schenectady County The regular monthly meeting of the Auxiliary was held Tuesday March 26 at the Mohawk Golf Club, Schenectady Mrs. Luther M Kice, legislative chairman from Garden City, Long Island, was our speaker on present *legislation that is pending. There were guests from* Albany, Troy, and Saratoga Auxiliaries present

CLASSIFIED

Classified Rates

Rates per line per insertion:

One time	$1 10
3 Consecutive times	1.00
6 Consecutive times	.90
12 Consecutive times	75
24 Consecutive times	70

MINIMUM 3 LINES

Count 7 average words to each line

Copy must reach us by the 20th of the month for issue of First and by the 5th for issue of Fifteenth.

Classified Ads are payable in advance. To avoid delay in publishing remit with order

DENTIST

Veteran, dentist, wishes association with group of physicians or institution in or near New York City Experienced dental surgeon dental radiologist, and general dental practitioner Box 4035 N Y St. Jr Med

WANTED

MEDICAL DIRECTOR for FRONTIER NURSING SERVICE in Kentucky necessaries salary travel expenses house in Hospital grounds training or experience in obstetrics essential. Address Mrs. Breckinridge Director Frontier Nursing Service, Wendover Kentucky

SUPERIOR PERSONNEL Assistants and executives in all fields of medicine—young physicians, department heads, nurses staff personnel, secretaries, anaesthetists, dieticians and technicians.

Patricia Edgerly

NEW YORK MEDICAL EXCHANGE
489 FIFTH AVE., N.Y.C. (AGENCY) MURRAY HILL 2-0676

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service. Paine Hall graduates have character, intelligence, personality and thorough technical training. Let us help you find exactly the right assistant.

Est 1917 **Paine Hall** 101 W 31st St., New York BRyant 9-3331 *Licensed by State of N Y*

REAL ESTATE

OFFERING

Sound Real Estate Investments in Income Producing Properties Samuel Irams 7 West 44th Street New York City Murray Hill 2 0401. Member Real Estate Board of New York. Member National Association of Real Estate Boards

FOR SALE

Ano-Recto-Sigmoidoscope, Model #465 complete with The Vitrohm Potential Adjuster In perfect condition at less than half price Telephone—Tonawanda 836.

FOR SALE

Metal office furniture, instruments for general surgery microscope, lights test lenses, drugs, books. Any fair offer considered. Dr Cooley Wellsville N Y

PATENT ATTORNEY

E. H. POLACHEK, Patent Attorney Engineer Specialist in patents and trademarks. Confidential advice 1234 Broadway N Y C. (at 31st) LOngacre 5-3033

WANTED

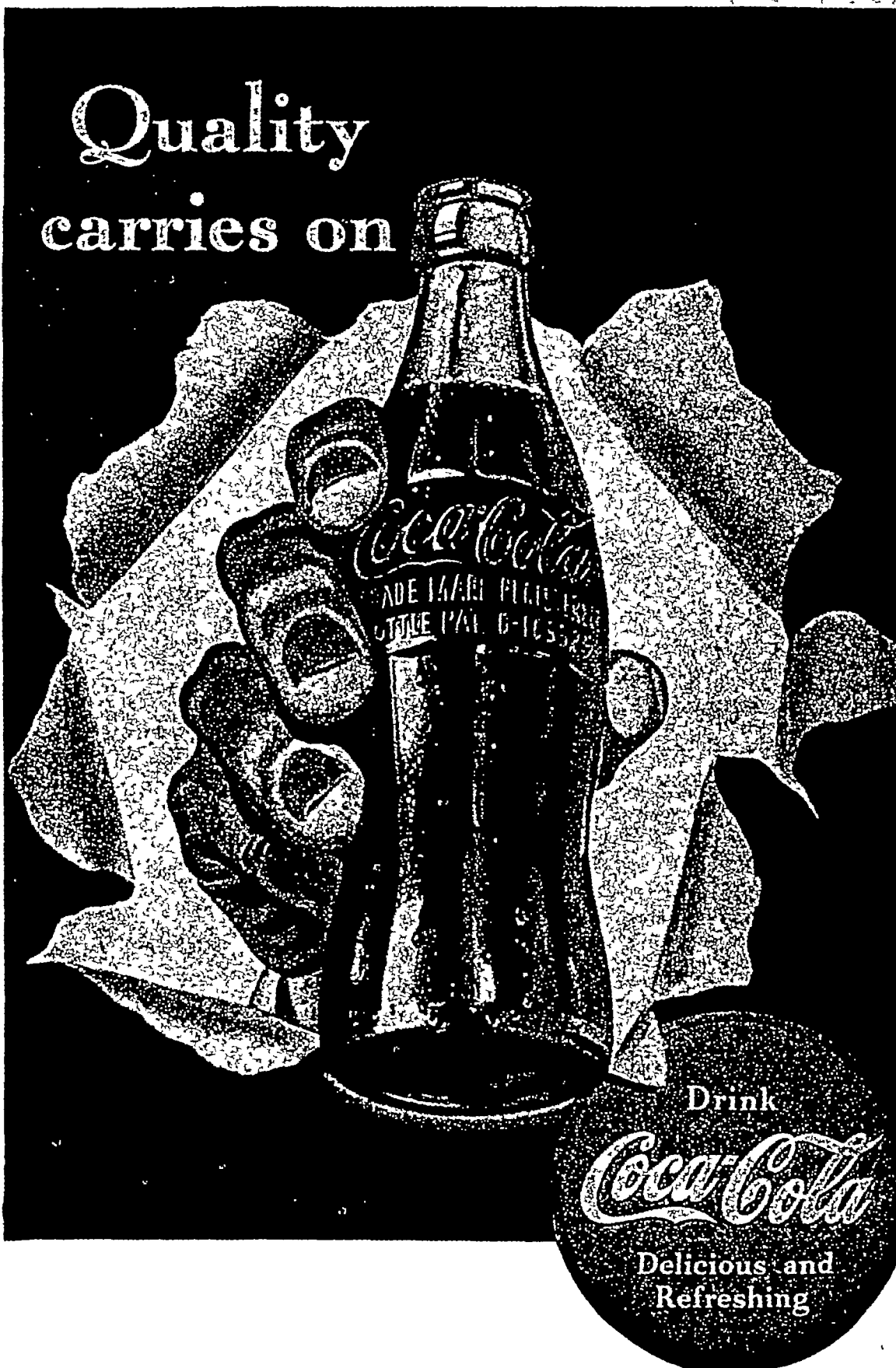
Wanted by Suburban Mental Hospital—Resident Physician with psychiatric experience. N Y State license. Position offers excellent possibilities Write giving complete details and salary desired. Box 4033 N Y St. Jr Med.

FOR SALE — ARLINGTON SECTION

Corner formerly doctor's office, 60 x 140 2 family detached 11 rooms, steam, possession $11,500. Hilsinger 437 Ralph Ave. Brooklyn PR 4-1123 0495.

WANTED

Physician—veteran—wishes to purchase active practice Will also consider partnership or association Has had good training in internal medicine. Box 4034 N Y St. Jr Med.


Quality
carries on
Drink
Coca-Cola
Delicious and
Refreshing

ARE VITAMINS ALWAYS ENOUGH?

In malnutrition, convalescence, anorexia and old age, more than vitamins are often indicated Besides vitamins there are maltose, dextrose and dextrins and other food elements present in Maltine with Vitamin Concentrates



Some of the food elements in Maltine with Vitamin Concentrates—approximate content per 30 cc. (2 tablespoonfuls)

VITAMIN A	10,000 U S P units
VITAMIN D	1,000 U S P units
THIAMINE HYDROCHLORIDE	3 mg
RIBOFLAVIN	4 mg
NICOTINAMIDE	40 mg
+MALTOSE	9 6 gm
+DEXTROSE	4.2 gm
+DEXTRINS	10.2 gm
+PHOSPHORUS	279 mg
+CALCIUM	303 mg
+CHOLINE*	36 mg
+INOSITOL*	44 mg
+FOLIC ACID*	22 mcg

*These constituents are members of the natural B Complex. Their need in human nutrition has not been established

Two tablespoonfuls supply at least twice the minimum daily requirements of the above vitamins and supplementation of other easily digested food elements. The Maltine Company New York 22.

MALTINE WITH VITAMIN CONCENTRATES

MORE THAN A CAPSULE COULD HOLD

DUAL-PROCESSED FOR

Greater nutrient availability...

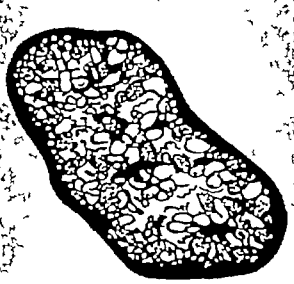
...EASIER DIGESTIBILITY
...SMOOTHER TEXTURE

In the preparation of vegetables and fruits as baby foods, home-sieving and commercial straining produce a relatively fine subdivision of the cooked food Under the microscope, foods so prepared are characterized largely by the predominance of readily identified intact food cells and by long coarse cellulose fibers

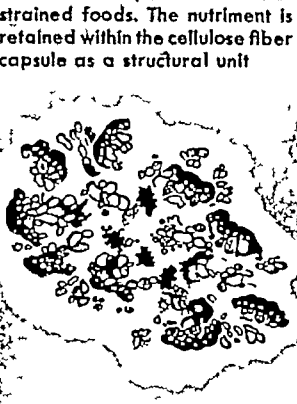
To accomplish a still finer subdivision . one more suitable for early supplementation of the infant's milk diet Libby places strained foods through an additional process—homogenization—and thus advantageously changes their physical structure In this manner, the finest practicable subdivision of the vegetable cell is attained, and the contained nutriment becomes homogeneously dispersed throughout the mixture

In consequence, Libby's Baby Foods present greater nutrient availability, easier digestibility, smoother texture, they afford greater utilization of food-iron*, they can be bottle-fed as part of the "formula" without perceptibly retarding the rate of flow through a nipple opening of normal size, they may be fed and are well tolerated as early as the fifth week of life And their cellulose content, comminuted to bland ultra-small particles, maintains an unimpaired "bulk" action

**Reprints available on request*



Intact food cell, characteristic of strained foods. The nutriment is retained within the cellulose fiber capsule as a structural unit



After homogenization The capsule is ruptured and comminuted, the nutriment is released—subdivided—and dispersed, exposing a large surface area to the action of digestive juices

Libby, McNeill & Libby
Chicago 9, Illinois

Libby's

ACCEPTED AMERICAN MEDICAL ASSOCIATION

Beets • Carrots • Peas • Spinach
Garden Vegetables • Mixed Vegetables
Vegetable Soup • Liver Soup • Apple Sauce
Apples and Apricots • Apples and Prunes
Peaches • Peaches, Pears, Apricots
Pears • Prunes • Custard Pudding

Note: *In certain areas, Libby's Foods are packed in glass containers*

HOMOGENIZED BABY FOODS

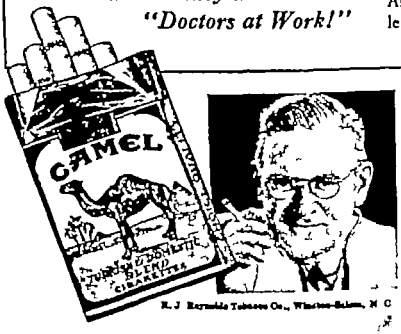


"Emergency Case!"

While the city sleeps,
lights blaze in a hospital
ward—they mean
"Doctors at Work!"

He isn't interested in making speeches and taking bows on the magnificent job he does. He's just interested in doing that job with all the skill and selfless devotion he possesses.

His battle knows no lulls. But he asks no quarter All this he knew—and accepted—when those proud letters 'M D" were first affixed to his name.



According to a
recent independent
nationwide survey

MORE DOCTORS
SMOKE CAMELS

than any other cigarette

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 MAY 1, 1946 NUMBER 9

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK *Publication Office* 20TH AND NORTHAMPTON STS, EASTON, PA *Editorial and Circulation Office* 292 MADISON AVE, NEW YORK 17, N Y *Change of Address* NOTICE SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS Twenty-five cents per copy—$2 00 per year *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act of August 24, 1912*

CONTENTS

SCIENTIFIC ARTICLES

Tropical Lichen Planus—New Guinea Variety, *Louis Dantzig, Maj*, (*MC*), *AUS*, and *Louis E Marshall, Maj*, (*MC*), *AUS* 991

Bicipital Syndromes and Their Treatment, *James M Tarsy, M D* 996

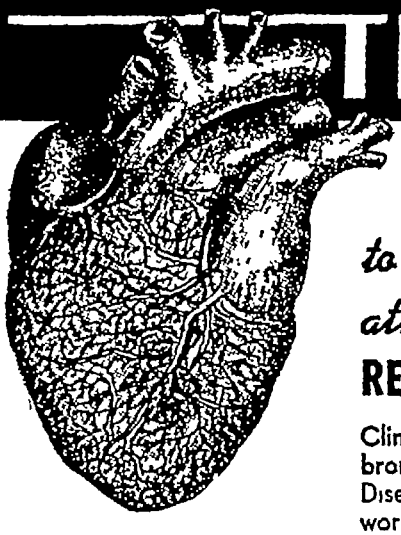
Inhalation Treatment of Bronchial Asthma, *Alvan L Barach, M D* 1002

A Report on Poliomyelitis Cases from the Hospital for Special Surgery of New York City, *K G Hansson, M D*, and *L Ramsay Straub, M D* 1009

The Prognostic Value of the Sodium Amytal Test in Hypertension Managed by Thoracolumbar Sympathectomy, *J William Hinton, M D*, and *Jere W Lord, Jr, M D* 1015

(*Continued on page 950*)

THESODATE Brewer



The ORIGINAL ENTERIC-COATED TABLET OF THEOBROMINE SODIUM ACETATE

to control frequency and severity of attacks in **CARDIOVASCULAR AND RENAL DISEASES** *and to prevent* **EDEMA**

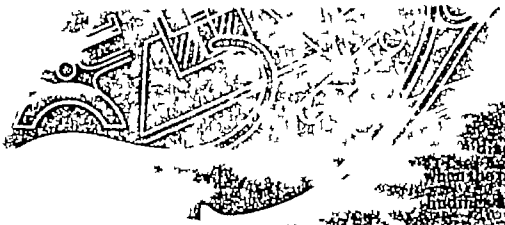
Clinical experience and studies have proven the value of Theobromine Sodium Acetate in certain Cardiovascular and Renal Diseases In Angina Pectoris, used adequately, it permits more work by the individual without developing precordial pain or distress As one of the most effective Xanthine Vasodilators it helps increase the available blood supply to the heart and kidneys to increase the efficiency of these organs

It has also been found an effective aid in treating and preventing Edema of Cardiac or Renal origin The enteric coating (especially developed for Thesodate) permits larger doses without the drug's contact with the Gastric Mucosa

Supplied—in 7½ grains with and without Phenobarbital ½ grain, in 5 grains with Potassium Iodide 2 grains and Phenobarbital ¼ grain, and in 3¾ grains with and without Phenobarbital ¼ grain. Capsules, not enteric coated, are available in the same potencies for supplemen ary medication.

BREWER & COMPANY, INC. Worcester Massachusetts

Pharmaceutical Chemists Since 1852



ORETON

CONTENTS—Continued from page 948

Proctoscopy and Barium Colon Study in the Diagnosis of Rectal Conditions, *Isaac Sker, M D* 1017

Occult Maxillary Antrum Infection, *Joseph Popper, M D* 1019

Para-esophageal Hiatal Hernia, *Myron Herman, M D*, and *Emanuel Singer, M D* 1020

Ovarian Cyst in the Content of Inguinal Hernial Sac, *William J Fusaro, M D* 1024

EDITORIAL

Increased Use of DDT 985

Graciously Permitted to Select 986

That Postphlebetic Leg 987

The Prognosis of Syphilis 988

Editorial Comment 989

GENERAL FEATURES

Medical Care Insurance 1026

Postgraduate Medical Education 1028

Medical News 1029

Necrology 1035

Hospital News 1036

Honor Roll 1042

Woman's Auxiliary 1043

Books 1044

MISCELLANEOUS

State Society Officers 952, 954, 956

Suggestions to Contributors 1054

℞ **Pediforme**
FOOTWEAR



To Relieve Simple Foot Disorders

. . . to provide proper foot control

. . . to avoid faulty pressure effects

. to help keep young feet normal

Send your patients to
A Convenient Pediforme Store

A SHOE FOR EVERY MEMBER OF THE FAMILY . A SHOE FOR EVERY INDIVIDUAL REQUIREMENT

MANHATTAN, 34 West 36th St
BROOKLYN, 287 Livingston St
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, 241 Fulton Ave
NEW ROCHELLE, 545 North Ave
EAST ORANGE, 29 Washington Pl.
HACKENSACK, 299 Main St



More Lasting Relief from Menopausal Distress

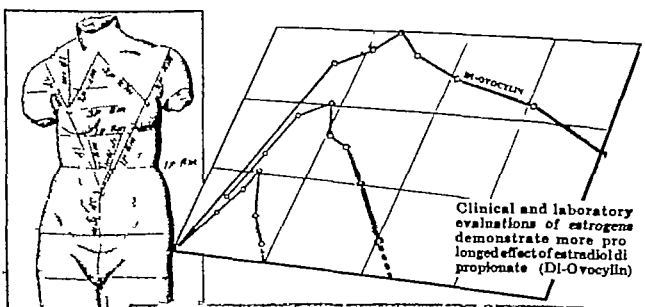
DI-OVOCYLIN

ESTERIFICATION prolongs the effect of this estrogenic hormone, thereby making fewer injections necessary Di-Ovocylin, *the dipropionic acid ester of alpha-estradiol*, is therefore the therapy of choice for convenience and economy

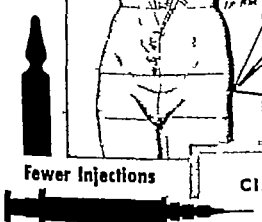
In management of the menopause, for example, Greene* points out that estrone injections may be required as often as two or three times per week, while a single injection of estradiol dipropionate, every fourteen to twenty-one days will control symptoms in the majority of patients

Greene R. R. Int. Alwt. Surg 74 595, 1942

DI-OVOCYLIN—*Trade Mark Reg U S Pat. Off*



Clinical and laboratory evaluations of *estrogens* demonstrate more prolonged effect of estradiol dipropionate (Di-Ovocylin)



CIBA PHARMACEUTICAL PRODUCTS, INC

SUMMIT NEW JERSEY

Steroid Hormones Fine Pharmaceuticals

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	EDWARD R CUNNIFFE, M D , Bronx
Past-President	HERBERT H. BAUCKUS, M D , Buffalo
President-Elect	WILLIAM HALE, M D , Utica
Second Vice-President	STEPHEN R MONTEITH, M D , Nyack
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR , M D , Forest Hills
Treasurer	KIRBY DWIGHT, M D , New York
Assistant Treasurer	JAMES R REULING, JR , M D , Bayside
Speaker	LOUIS H. BAUER, M D , Hempstead
Vice-Speaker	F LESLIE SULLIVAN, M D , Scotia

TRUSTEES

GEORGE W KOSMAK, M D , *Chairman* New York 28

JAMES F ROONEY, M D	Albany	WILLIAM H ROSS, M D	Brentwood
ALBERT A GARTNER, M D	Buffalo	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

EDWARD R. CUNNIFFE, M D	Bronx	WALTER P ANDERTON, M D	New York
WILLIAM HALE, M D	Utica	KIRBY DWIGHT, M D	New York
HERBERT H BAUCKUS, M D	Buffalo	LOUIS H BAUER, M D	Hempstead

GEORGE W KOSMAK, M D New York

Term Expires 1946	*Term Expires 1947*	*Term Expires 1948*
CARLTON E WERTZ, M D Buffalo	FLOYD S WINSLOW, M D Rochester	OLIVER W H MITCHELL, M D Syracuse
RALPH T TODD, M D Tarrytown	J STANLEY KENNEY, M D New York	MAURICE J DATTELBAUM, M D Brooklyn
CHARLES M ALLABEN, M D Binghamton	HARRY ARANOW, M D Bronx	DAN MELLEN, M D Rome

[*See pages 954 and 956 for additional Society Officers*]

AMERICAN INSTITUTE FOR PSYCHOANALYSIS

under the auspices of the

ASSOCIATION FOR THE ADVANCEMENT OF PSYCHOANALYSIS

The American Institute for Psychoanalysis offers

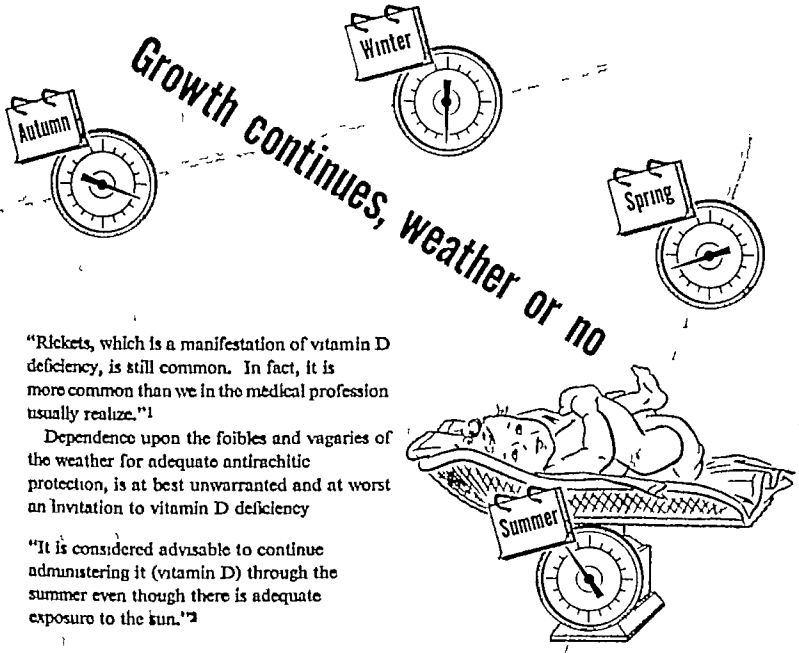
1 Postgraduate orientation courses for physicians and psychiatrists

2 Training for psychiatrists who wish to become certified to practise psychoanalysis Applications for admission to this course in training may be made now

CURRICULUM FOR ACADEMIC YEAR 1946–1947 NOW IN PREPARATION

For information regarding requirements for admission, tuition, loan fellowships and curriculum, write to the Dean's office Karen Horney, M.D , American Institute for Psychoanalysis, 135 East 63rd Street, New York 21, N Y

Growth continues, weather or no



"Rickets, which is a manifestation of vitamin D deficiency, is still common. In fact, it is more common than we in the medical profession usually realize."[1]

Dependence upon the foibles and vagaries of the weather for adequate antirachitic protection, is at best unwarranted and at worst an invitation to vitamin D deficiency

"It is considered advisable to continue administering it (vitamin D) through the summer even though there is adequate exposure to the sun."[2]

White's COD LIVER OIL CONCENTRATE

provides vitamins A and D—derived exclusively from cod liver oil—in the proportions as found in U.S.P. cod liver oil

Prescribing White's Cod Liver Oil Concentrate winter, spring, summer and autumn avoids risk and assures adequate intake of vitamins A and D to meet the needs of physiologic growth every month of the year

Liquid for drop dosage, Tablets which may be chewed, and small, easily swallowed Capsules, provide acceptable dosage forms spanning needs from infancy through maturity

Infant antirachitic prophylactic dosage costs *less than a penny a day*

1 Spies, Tom, M.D., Nov 17 1944 over the Blue Network.
2. Beckman, Harry M.D., "Treatment in General Practice," 4th Ed. Pub by W B. Saunders Co. 1943

Council accepted. Ethically promoted — White Laboratories, Inc. Newark, N. J. — *Not advertised to the laity*

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D , Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L EDWARDS, M D , Hudson
Fourth District
FRANK F FINNEY, M D , Malone
Fifth District
DAN MELLEN, M D , Rome
Sixth District
CLIFFORD F LEET, M D , Horseheads
Seventh District
HOMER J KNICKERBOCKER, M D , Geneva
Eighth District
PETER J DI NATALE, M D , Batavia

NEW YORK STATE JOURNAL OF MEDICINE

Publication Committee

GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON, M D

[Address all communications to above address]

LEGAL DEPARTMENT

Counsel WILLIAM F MARTIN, ESQ Attorney THOMAS H CLEARWATER, ESQ
30 Broad Street, New York 4 Telephone HAnover 2-0670

AUTHORIZED INDEMNITY REPRESENTATIVE

HARRY F WANVIG, 70 Pine St , New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER

ROBERT R HANNON, M D , 100 State St , Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION

DAVID J KALISKI, M D , 292 Madison Ave , New York 17 Telephone. MUrray Hill 3-9841

DIRECTOR, PUBLIC RELATIONS BUREAU

DWIGHT ANDERSON, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

GEORGE P FARRELL, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

MALPRACTICE INSURANCE PROTECTION*

for

INFORMATION, ADVICE OR ASSISTANCE

refer to

HARRY F WANVIG

Authorized Indemnity Representative of

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

70 PINE STREET NEW YORK CITY 5

Telephone Digby 4-7117

**For Members of the State Society only*

COT-TAR
PIX-LITHANTHRACIS 5%

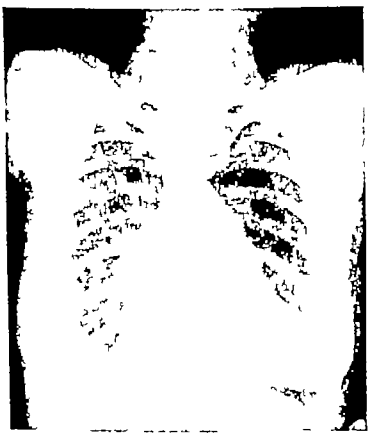
- Suitable in exudative and chronic eczema—particularly in children's eczema
- A flexible non-peeling coat of tar
- Avoids staining of linen
- Removable with Tersus, a soapless detergent and water
- No untoward irritation

Please write for sample and literature

NY 5-46

DOAK CO., INC.
CLEVELAND, OHIO

congestive heart failure



The de-edematizing action of Searle Aminophyllin decreases the cardiac burden permitting the heart muscle to function more efficiently

Searle Aminophyllin produces diuresis whether administered orally or parenterally and thus has a field of usefulness covering emergencies and chronic congestive cardiac failure

SEARLE AMINOPHYLLIN

contains at least 80% of anhydrous theophyllin.
G D Searle & Co. Chicago 80 Illinois

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

SECTION OFFICERS

1945–1946

ANESTHESIOLOGY

Milton C Peterson, *Chairman* — New York
Robert B Hammond, *Vice-Chairman* — White Plains
Rose M Lenahan, *Secretary* — Buffalo

DERMATOLOGY AND SYPHILOLOGY

Clarence H Peachey, *Chairman* — Rochester
E William Abramowitz, *Secretary* — New York

GASTROENTEROLOGY AND PROCTOLOGY

Stockton Kimball, *Chairman* — Buffalo
Descum C McKenney, *Vice-Chairman* — Buffalo
Harry E Reynolds, *Secretary* — Schenectady

INDUSTRIAL MEDICINE AND SURGERY

Russell C Kimball, *Chairman* — Brooklyn
Philip L Forster, *Secretary* — Albany

MEDICINE

Frederick W Williams, *Chairman* — Bronx
Harold F R. Brown, *Vice-Chairman* — Buffalo
George E Anderson, *Secretary* — Brooklyn

NEUROLOGY AND PSYCHIATRY

E Jefferson Browder, *Chairman* — Brooklyn
Burton M Shinners, *Secretary* — Buffalo

OBSTETRICS AND GYNECOLOGY

Charles J Marshall, *Chairman* — Binghamton
Charles A. Gordon, *Secretary* — Brooklyn

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Harold H Joy, *Chairman* — Syracuse
Maxwell D Ryan, *Secretary* — New York

ORTHOPEDIC SURGERY

Robert M Cleary, *Chairman* — Buffalo
Joseph Buchman, *Secretary* — New York

PATHOLOGY AND CLINICAL PATHOLOGY

Fred W Stewart, *Chairman* — New York
Ellis Kellert, *Vice-Chairman* — Schenectady
M J Fein, *Secretary* — New York

PEDIATRICS

Carl H Laws, *Chairman* — Brooklyn
Albert G Davis, *Vice-Chairman* — Utica
George R. Murphy, *Secretary* — Elmira

PUBLIC HEALTH, HYGIENE AND SANITATION

Joseph P Garen, *Chairman* — Saranac Lake
Henry B Doust, *Vice-Chairman* — Syracuse
Frank E Coughlin, *Secretary* — Albany

RADIOLOGY

Alfred L L Bell, *Chairman* — Brooklyn
Lee A Hadley, *Vice-Chairman* — Syracuse
Raymond W Lewis, *Secretary* — New York

SURGERY

Beverly C Smith, *Chairman* — New York
Stanley E Alderson, *Secretary* — Albany

UROLOGY

George E Slotkin, *Chairman* — Buffalo
John K deVries, *Vice-Chairman* — New York
Archie L Dean, Jr, *Secretary* — New York

SESSION OFFICERS

1945–1946

HISTORY OF MEDICINE

T Wood Clarke, *Chairman* — Utica
Judson B Gilbert, *Vice-Chairman* — Schenectady
Claude E Heaton, *Secretary* — New York

PHYSICAL MEDICINE

Walter S McClellan, *Chairman* — Saratoga Springs
Albert Richard Hatfield, Jr, *Secretary* — Utica

CHEST DISEASES

Nelson W Strohm, *Chairman* — Buffalo
Grant Thorburn, *Secretary* — New York

In Congestive Heart Failure

Theocalcin

Theobromine-calcium salicylate Council Accepted

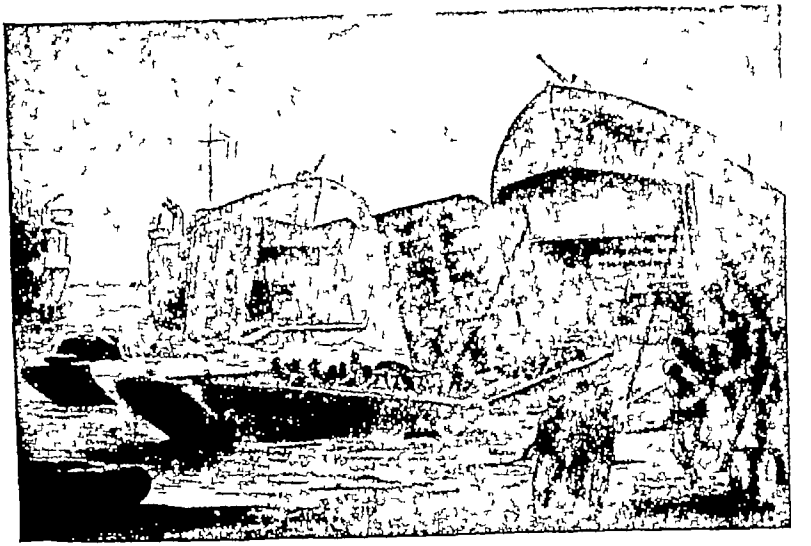
Diuretic and Myocardial Stimulant

7½ grain tablets and powder Dose 1 to 3 tablets, repeated



BILHUBER-KNOLL CORP. ORANGE, NEW JERSEY.

SEE THE ABBOTT COLLECTION



Paintings of **Amphibious Operations**

WITH PRIDE Abbott Laboratories announces that the Abbott Collection Paintings of Amphibious Operations is to be shown to the public at the Albright Art Gallery in Buffalo beginning May 10th Through the cooperation of the United States Navy, Marine Corps and Army, eight of America's most distinguished artists, commissioned by Abbott Laboratories, were enabled to make this authentic, on the spot record of Amphibious Operations The more than one hundred paintings in this Collection cover training of amphibious crews, production and transportation overseas of landing vessels, battle action at Saipan, Tinian, Tarawa, Bougainville and the Philippines • It is hoped that all friends of Abbott Laboratories find it possible to attend. ABBOTT LABORATORIES, North Chicago, Illinois

Albright Art Gallery, BUFFALO, MAY 10—MAY 26

SPECIFY WITH CONFIDENCE...

Penicillin Troches Schenley — 1,000 units each. Supplied in bottles of 25.



PENICILLIN TROCHES SCHENLEY

With a base which dissolves slowly, and thus gradually liberates penicillin at the site of infection, these troches provide an effective means for treatment of mouth and throat infections due to Vincent's organisms Penicillin Troches Schenley retain potency over long periods when kept at recommended temperature

Penicillin Tablets Schenley — 25,000 units each. Supplied in bottles of 20.



PENICILLIN TABLETS SCHENLEY

Buffered with calcium carbonate, these superior tablets are indicated in the treatment of gonorrhea and in the continuing therapy of pneumococcic, streptococcic, and staphylococcic infections after acute phase of infection has been controlled Stability of tablets permits ambulatory patients to carry with them the required daily dose.

SCHENLEY LABORATORIES, INC.

Executive Offices:

350 FIFTH AVENUE • NEW YORK CITY

Your Local Distributor for **PENICILLIN** SCHENLEY *is.*

ALBANY
A B Huested & Co Inc.
BINGHAMTON
L. F Hamlin, Inc.
BROOKLYN
Bedford Surgical Supply Co
Brooklyn Physicians Supplies Co
Gardner Surgical Supply Co
Jacoff Surgical Supply Company
Jamison Laboratories
Lennon-Peck Surgical Co
Mayflower Surgical Supply Co
National Surgical Stores Inc
Park Surgical Company Inc
Powell & Powell Surgical Company

BRONX
Guarantee Truss Company
N S Low & Company
Mr H F Nusbaum
Joseph Weintraub Surgical Supplies
BUFFALO
Jeffrey Fell Company
ELMIRA
Elmira Drug & Chemical Company
ENDICOTT
L. F Hamlin, Inc
FLUSHING
Low Surgical Co Inc

HEMPSTEAD
Hempstead Surgical Company
JACKSON HEIGHTS
Professional Surgical Supply Co
JAMAICA
Fulton Surgical Co , Inc.
JOHNSON CITY
L F Hamlin Inc
NEW YORK
J Beeber Company
Friedenberg Surgical Supply Co
Guarantee Truss Company
The Hospital Supply & Watters Lab
Industrial Drug Supplies, Inc
Jamison Semple Co

Mr Raymond Kramer
Kramer Surgical Stores
Low Surgical Co Inc.
N S Low & Co Inc
Pharmaceutical Surgical & Lab Sup.
Ringler-Rados Surgical Corp
J H Slavin Surgical Company
Stanley Supply Company
ROCHESTER
R J Strasenburgh Co , Inc.
STAPLETON, S I
White Surgical Company
SYRACUSE
Hill Surgical Supply Company
TROY
John B Garrett

Indicated therapy in Sequelae of

Epidemic Encephalitis

Pills Stramonium (*Davies, Rose*)

2½ grains

Physicians in private practice as well as in neurological clinics have widely prescribed these pills since 1929, and their continued interest in and use of them point to the serviceability of this therapy

Stramonium Pills (*Davies, Rose*) exhibit in each pill 2½ grains of alkaloidally standardized Stramonium (powdered dried leaf and flowering top of Datura Stramonium, U S P), equivalent to 25 minims (1 54 cc) of Tincture U.S.P

As a reassurance of the activity of the finished pills, they, too, are alkaloidally assayed, thus establishing as far as possible uniformity and dependability

A package for clinical trial and literature mailed free of charge upon request

---

Davies, Rose & Company, Limited

Manufacturing Chemists, Boston 18, Massachusetts

Sr-1



typical case histories

ACUTE ULCERATIVE TONSILLITIS—

TREATMENT
6-8 Tablets Sulfathiazole Gum chewed daily

RESULTS
Immediate improvement Temperature normal after 72 hours

ACUTE RHINITIS AND SECONDARY PHARYNGITIS—

TREATMENT
Sulfathiazole Gum, 1 tablet chewed for 1 hour every 2 hours

RESULTS
Throat symptoms improved immediately, entirely disappeared after 48 hours. Patient continued with common head cold

PLAUT-VINCENT'S ANGINA—

TREATMENT
One Sulfathiazole Gum Tablet chewed ½ to 1 hour, every hour for 8 doses

RESULTS
Complete recovery within 56 hours.



ite s Sulfathiazole Gum now has been used with marked success in ny thousands of cases of miscellaneous infections of oral and pharyngeal ues, notably acute tonsillitis and pharyngitis, septic sore throat, infec- is gingivitis and stomatitis, Vincent's infection, also indicated in the vention of local infection secondary to oral and pharyngeal surgery

NICAL ADVANTAGES:

ingle tablet chewed for *one-half to one hour* provides a salivary concen- tion of locally active sulfathiazole averaging approximately 70 mg per t. Moreover, resultant blood levels of the drug, even with maximal sage, are so low (rarely reaching 0 5 to 1 mg. per cent) that systemic ic reactions are virtually eliminated

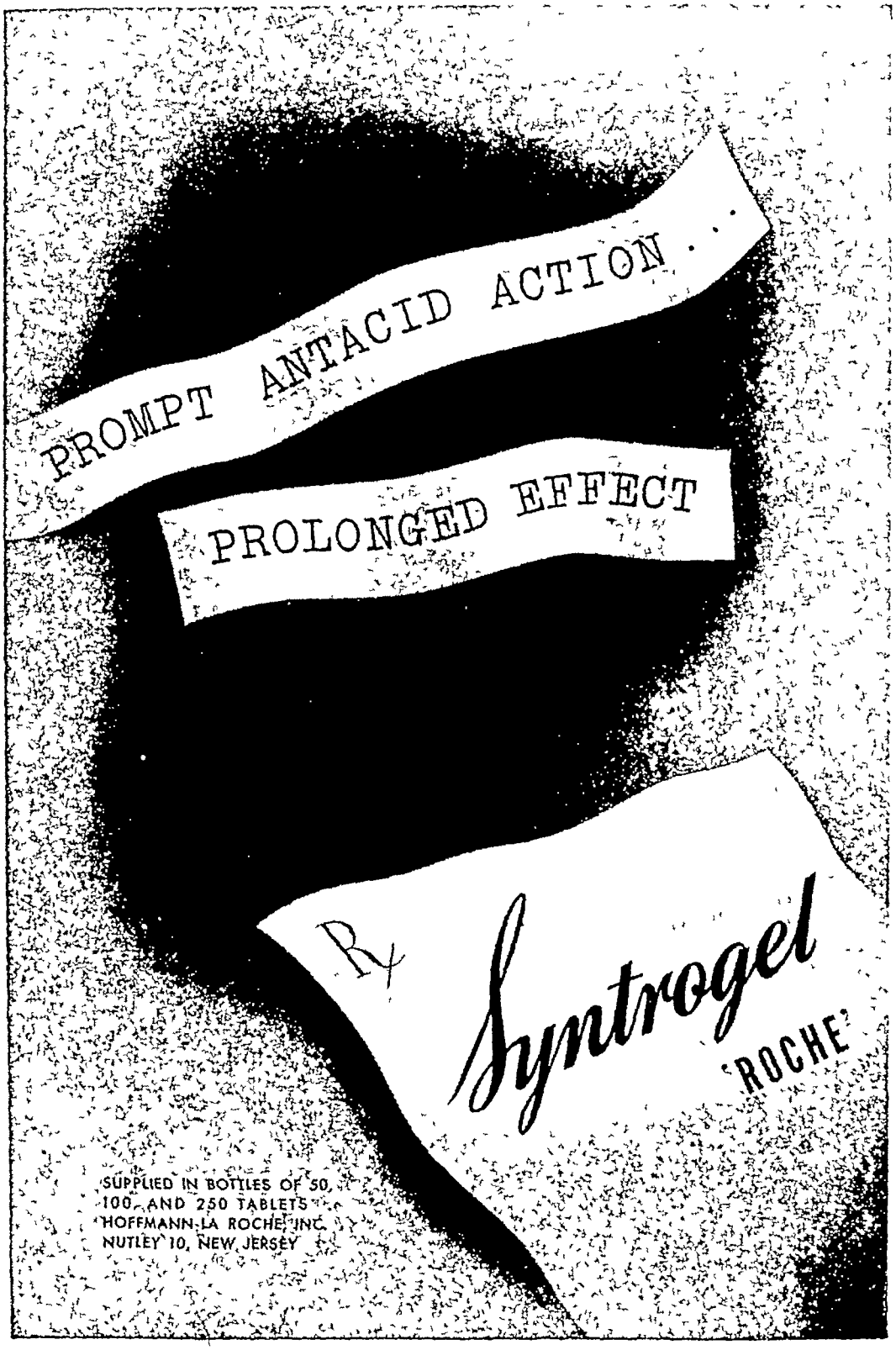
Supplied in packages of 24 tablets, sanitaped in slip-sleeve prescription xes.

PORTANT: Please note that your patient requires your prescription to tain this product from the pharmacist.

A product of

WHITE LABORATORIES, INC.

Pharmaceutical Manufacturers Newark 7, N J



Syntrogel tablets contain: Aluminum hydroxide, Calcium carbonate, Magnesium peroxide, and Syntropan 'Roche'

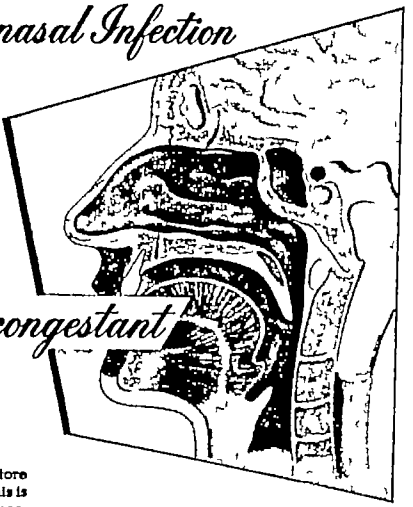
In treating Para-nasal Infection

support nature's own first line of defense . . . with

ARGYROL

Bacteriostatic Decongestant

without rebound action



Your main purpose of course is to restore normal function in the nasal passages. This is made doubly difficult with the use of vaso-constrictors whose action is frequently followed by compensatory congestion thus creating a vicious circle.

Avoid that vicious circle with ARGYROL

ARGYROL is the natural, the obvious choice of the discriminating practitioner because the cleansing demulcent and bacteriostatic actions of ARGYROL *aid the natural defense mechanism* without disturbing the normal physiology of the mucous membranes.



Three-Fold Action of ARGYROL:

1. ARGYROL is decongestive without irritation to the membrane and without ciliary injury
2. ARGYROL is powerfully bacteriostatic, yet non toxic to tissue
3. ARGYROL stimulates secretion and cleanses, thereby enhancing Nature's own first line of defense.

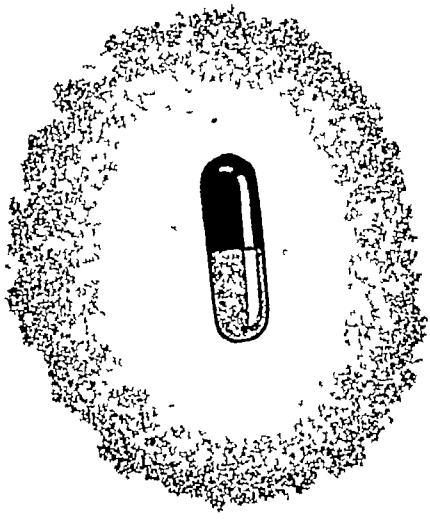
Three-Fold Approach to Para-nasal Therapy:

1. The nasal meatus by 20 per cent ARGYROL instillations through the nasolacrimal duct.
2. The nasal passages with 10 per cent ARGYROL solution in drops.
3. The nasal cavities with 10 per cent ARGYROL by nasal tamponage

ARGYROL *the Physiologic Anti-infective with broad, sustained action*

Made only by the **A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.**

ARGYROL is a registered trade mark, the property of A. C. Barnes Company



ERTRON

unlike any other antiarthritic

CLINICALLY EFFECTIVE

It is now known that Ertron is unique—differing clinically and chemically from all other drugs used as antiarthritic medication

An extensive bibliography, based on ten years of clinical research, affords ample evidence regarding the effectiveness of Ertron in arthritis.

CHEMICALLY UNIQUE

It can now be stated, on the basis of recent laboratory research, that Ertron is chemically different

Simply stated, Ertron is electrically activated vaporized ergosterol prepared by the Whittier Process Each capsule contains 5 mg of activation-products having a potency of not less than 50,000 U.S.P Units of vitamin D

Ertron contains a number of hitherto unrecognized factors which are members of the steroid group The isolation and identification of these substances in pure chemical form further establish the chemical as well as the therapeutic uniqueness of Ertron.

ERTRONIZATION THERAPY

Physician control of the arthritic patient is essential for optimum effect To Ertronize, employ Ertron in adequate daily dosage over a sufficiently long period to produce beneficial results If signs of overdosage appear, discontinue medication for about ten days—then continue with three capsules per day gradually building up to the patient's level of tolerance.

Ertron is the registered trade-mark of Nutrition Research Laboratories

Ethically  *promoted*

SUPPLIED IN BOTTLES OF 50 100 AND 500 CAPSULES PARENTERAL FOR SUPPLEMENTARY INTRAMUSCULAR INJECTION

NUTRITION RESEARCH LABORATORIES • CHICAGO





Steadfast . . .

ON UNSHAKABLE FOUNDATIONS

The Borobudur on Java has resolutely survived eleven centuries of unrelenting tropical climate, savage jungle growth and volcanic earthquakes—because of its unshakable foundations • Likewise, optimum development in childhood is dependent upon a firm nutritional foundation laid in early infancy • BIOLAC furnishes among other essential nutrients the valuable proteins of milk, an outstanding source of all the indispensable amino acids . . the prerequisite building blocks of strong tissues • BIOLAC is bacteriologically safe convenient economical . . . readily available.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE, NEW YORK 17, N Y

Biolac

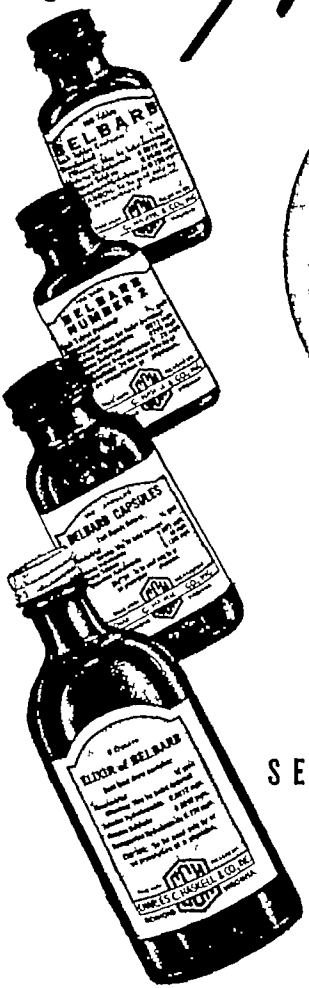
The foundation is the thing.

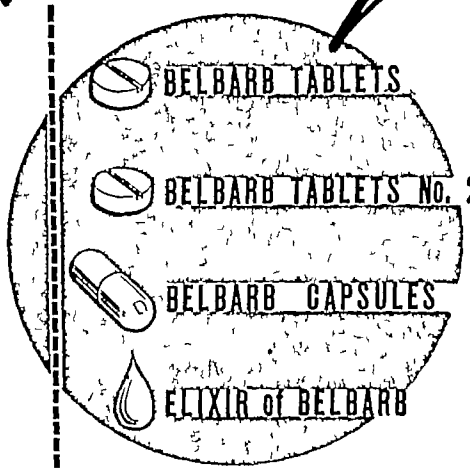


Biolac is a liquid modified milk, prepared from whole and skim milk with added lactose, and fortified with thiamine, concentrate of vitamins A and D from cod liver oil, and iron citrate; only ascorbic acid supplementation is necessary Evaporated, homogenized and sterilized. Biolac is available in 13 fl. oz. tins at all drug stores.

Quickly prepared. easily calculated. 1 fl. oz. Biolac to 1½ fl. oz. water per lb of body weight.

Adaptability





BELBARB

AN *Excellent*

SEDATIVE AND HYPNOTIC

More than a decade of clinical experience has established the safety, effectiveness, and smoothness of the sedative action of BELBARB

BELBARB is now available in FOUR DIFFERENT DOSAGE FORMS, enabling adaptation to the needs of the individual patient far better than with a single form. May we send samples and literature?

CHARLES C. HASKELL & CO., INC., RICHMOND, VIRGINIA

MIGRAINE



"Emotional states, such as frustration, resentment, hostility and humiliation, associated with abrupt changes in the pace of living. together with physical fatigue, activate the migraine mechanism"*

*Simons, D J , and Wolff, H G (The Management of Chronic Diseases of the Nervous System) M Clin N Am , p 434, March, 1944

'TABLOID'
'Empirin' COMPOUND

In bottles of 100 and 500 • Acetophenetidin gr 2½ • Caffeine gr ½ • Acetylsalicylic Acid gr 3½ • Also 'Tabloid' 'Empirin' Compound with Codeine Phosphate gr ⅛, gr ¼, and gr ½ • 'Tabloid' and 'Empirin' are Registered Trademarks

BURROUGHS WELLCOME & CO (U. S. A.) INC , 9 & 11 EAST 41st STREET, NEW YORK 17

QUARTERLY REVIEW OF UROLOGY

HUGH J JEWETT, M.D., Editor in Chief, Johns Hopkins University

EDITORIAL BOARD

WILLIAM F BRAASCH, M.D *Mayo Clinic*
FLETCHER COLBY, M D *Harvard University*
EDWIN G DAVIS, M.D *University of Nebraska*
ARCHIE L. DEAN, M.D *Cornell University*
CLYDE L. DEMING, M D *Yale University*
AUSTIN I DODSON, M.D *Medical College of Va*
FRANK HINMAN, M D *University of California*
CHARLES HUGGINS, M D *University of Chicago*
REED NESBIT, M.D *University of Michigan*
WINFIELD W SCOTT, M D *University of Rochester*

The Quarterly Review of Urology is designed to present in a concise and authoritative manner not only all progress in the field of Urology alone, but also important developments in other branches of Medicine, which are or may become of urologic significance For a single individual to keep abreast of this mass of material, in which Urology is often inextricably intertwined with other clinical and preclinical sciences, heretofore has been impossible

The members of the Editorial Board are charged with the responsibility of selecting from every dependable source all contributions which in their judgment are of fundamental importance and unusual merit, to which they may add their own comments. This material is classified under the following headings

1 Nutrition and Metabolism
2 Pre and Postoperative Therapy
3 Anesthesia
4 General Surgical Technic
5 Infections, Parasites, Toxins and Drugs
6 Calculosis
7 Hemorrhage and Shock
8 Anomaly
9 Kidney and Capsules
10 Ureter
11 Bladder and Urachus
12 Urethra and Glands
13 Penis
14 Urine
15 Scrotum
16 Testis
17 Epididymis
18 Spermatic Cord and Vas
19 Seminal Vesicles and Ejaculatory Ducts
20 Prostate and Verumontanum
21 The Musculo-Skeletal System
22 The Respiratory System
23 The Cardiovascular System
24 The Hemic and Lymphatic Systems
25 The Digestive System
26 The Endocrine System
27 The Nervous System
28 Cancer Research
29 Urologic Armamentarium

Each anatomic division includes Embryology, Pathology, Diagnosis, and Treatment, and some also embrace Biochemistry, Physiology, and Pharmacology At the end of each division there will be references to current articles not abstracted that may be useful to authors in the compilation of their bibliographies

From a great diversity of domestic and foreign journals there is brought together in the Quarterly Review of Urology a most comprehensive compilation of all the significant advances in every branch of urology All of the essential details of the new diagnostic methods and tests, as well as every new therapeutic procedure are presented so that the busy practitioner may safely and successfully employ these new methods in his own practice Especial attention will be given to the illustrations to depict modifications and advances in surgical technic. In medical therapy and chemotherapy, etc., exact dosages, indications and contraindications will be so presented that the reader will have specific informative clinical assistance that will not require further reference Each issue of the Quarterly Review of Urology will contain a classified table of contents, a cross reference subject index and an authors index. The concluding number of each volume will include a cumulative cross reference subject and authors index so that all of this vital information may be quickly available.

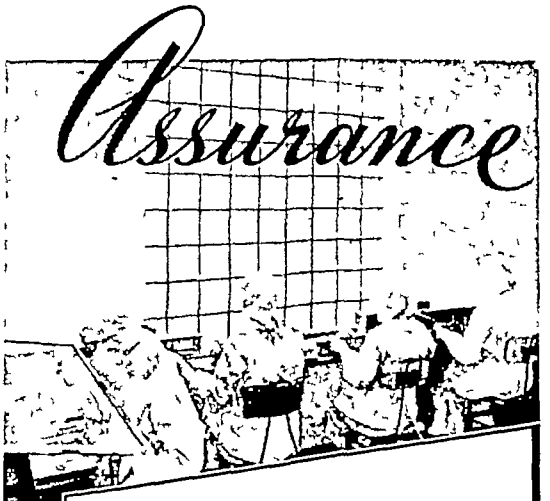
PUBLISHED: MARCH JUNE, SEPTEMBER, DECEMBER

ANNUAL SUBSCRIPTION: $9 00

PUBLISHED BY

WASHINGTON INSTITUTE OF MEDICINE

1720 M STREET, N W WASHINGTON 6, D C.



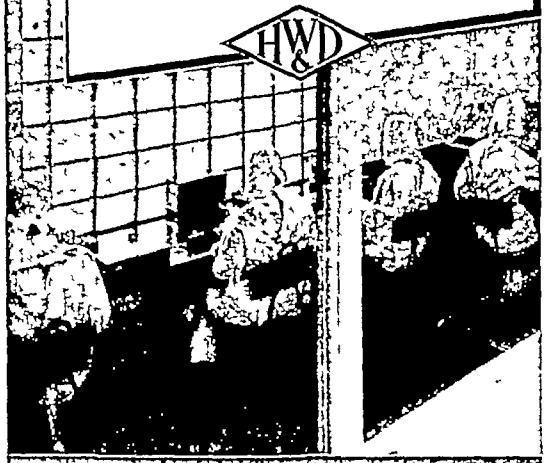
Sterile ampule production by the H W & D system assures the physician and druggist of the most modern and carefully controlled methods

The plan of operation and much of the equipment were designed by the H W & D staff to provide aseptic technique through all stages from the preparation of solutions to the final sealing of ampules

Chemical and biological controls and inspections throughout the process insure product uniformity and sterility

The physician has assurance in using such H W & D ampule products as Lutein, Phenolsulfonphthalein, Bromsulphalein, Indigo Carmine and Bromsalizol

Complete list on request

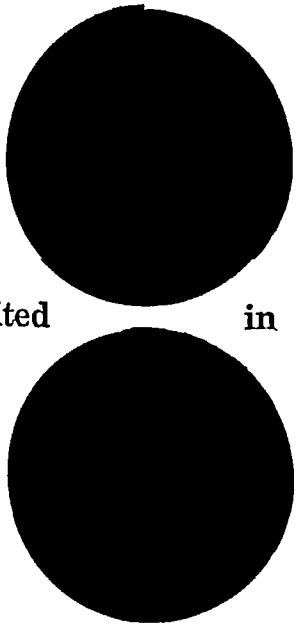


HYNSON, WESTCOTT & DUNNING, INC.

Baltimore 1, Maryland

INDEX TO ADVERTISERS

Abbott Laboratories	957
American Institute for Psychoanalysis	952
American Meat Institute	982
Dr Barnes Sanitarium	1051
A. C Barnes Company	963
Beech-Nut Packing Co	973
Bilhuber-Knoll Corp	956
Borden Company	966
Brewer & Company, Inc	948
Brigham Hall Hospital	1053
Brunswick Home	1053
Burroughs Wellcome & Co	968
Ciba Pharmaceutical Products, Inc	951
Crookes Laboratories	1047
Davies, Rose & Company, Ltd	959
Denver Chemical Mfg Co , Inc	974
Doak Co , Inc	954
Eaton Laboratories Inc	1045
Falkirk in the Ramapos	1051
Gold Pharmacal Co	1053
Halcyon Rest	1053
Dr T H Halsted	1055
Charles C Haskell & Co , Inc	967
Hoffman-La Roche, Inc	962
Hynson, Westcott & Dunning, Inc	970
Interpines	1051
Lakeside Laboratories	981
Lanteen Medical Laboratories, Inc	1049
Thomas Leeming & Co Inc	3rd cover
Libby, McNeill & Libby	946
Eli Lilly & Company	Between 968–969
Louden-Knickerbocker Hall, Inc	1053
The Maltine Company	945
Mead Johnson & Company	4th cover
The Wm S Merrell Company	2nd cover
P Morris & Co , Ltd , Inc	975
National Discount & Audit Co	1053
Nepera Chemical Co Inc	983
Nutrition Research Laboratories	964–965
Paine Hall	1055
Pediforme Shoe Company	950
Pinewood	1051
Z H Polachek	1055
Rare Chemicals, Inc	972
R J Reynolds Tobacco Co	947
Scaroon Manor	1053
Schenley Laboratories, Inc	958
Schering Corporation	949
G D Searle & Co	955
Sharp & Dohme	976
Charles B Towns Hospital	1051
Twin Elms	1051
United-Rexall Drug Co	978
H F Wanvig	954
William R Warner and Co , Inc	971
Washington Institute of Medicine	969, 979, 1056
West Hill	1051
White Laboratories, Inc	953, 960–961
Winthrop Chemical Company, Inc	977
Wyeth Incorporated	984
Yonkers Professional Hospital	1051
Zemmer Company	1055



united in strength

Concentrated for potency from approximately 7 Gm. fresh liver, 7 Gm. rice polishings and brewers' yeast equivalent to 13 Gm. fresh yeast *per teaspoonful,* Elixir 'OMNI BETA'* contains all the known as well as the unidentified factors of the vitamin B-complex. A single teaspoonful daily supplies thiamine 1.5 mg., riboflavin 2.0 mg., niacinamide 10.0 mg., pantothentic acid 1.40 mg., and pyridoxine hydrochloride 0.40 mg., plus generous amounts of choline, biotin, para-aminobenzoic acid, inositol and folic acid. Achievement of this well-balanced formula is made possible by utilizing all three of the richest natural sources of the complex to which pure crystalline factors are added. Uniting these primary sources permits *ideally simple administration with full* scale protection in a single teaspoonful daily

For additional pharmaceutical details consult your pharmacist—for more extensive medical data write Medical Division of William R. Warner & Co.

William R. WARNER and Co. Inc. 113 WEST 18TH STREET NEW YORK 11, N Y

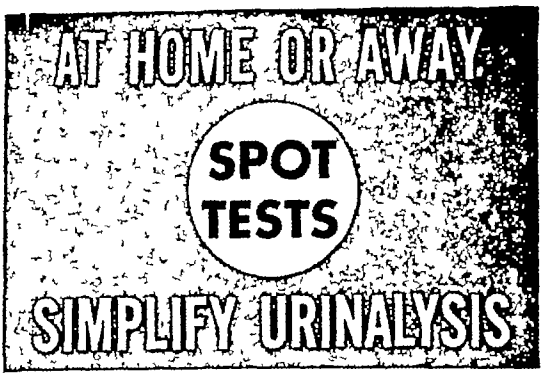
elixir

'omni-beta'

vitamin B complex

Available in light proof cartoned amber bottles containing 4 and 8 fluidounces. Each carton includes a plastic, standardized U.S.P. teaspoon measure.

Trademark Reg. U. S. Pat. Off.



NO TEST TUBES · NO MEASURING
NO BOILING

Diabetics welcome "Spot Tests" (ready to use dry reagents), because of the ease and simplicity in using No test tubes, no boiling, no measuring, just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

Galatest
FOR DETECTION OF SUGAR IN THE URINE

Acetone Test (DENCO)
FOR DETECTION OF ACETONE IN THE URINE

SAME SIMPLE TECHNIQUE FOR BOTH

1 A LITTLE POWDER  2 A LITTLE URINE

COLOR REACTION IMMEDIATELY

A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. This handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses

Accepted for advertising in the Journal of the A M A.

WRITE FOR DESCRIPTIVE LITERATURE

Acetone Test (DENCO) *Galatest*
The Denver Chemical Manufacturing Co. Inc.
(Address illegible)

INDEX TO ADVERTISED PRODUCTS

Aminophyllin (G D Searle & Co) 955
Ampules (Hynson, Westcott & Dunning, Inc) 970
Argyrol (A C Barnes Company) 963

Belbarb (Charles C Haskell & Co, Inc) 967
Beta-Concemin (The Wm S Merrell Company) 2nd cover

Calmitol (Thomas Leeming & Co Inc) 3rd cover
Cod Liver Oil (White Laboratories, Inc) 953
Cot-tar (Doak Co, Inc) 954
Creamalin (Winthrop Chemical Company, Inc.) 977

Delvinal (Sharpe & Dohme) 976
Di-Ovocylin (Ciba Pharmaceutical Products, Inc) 951

Elixir Bromaurate (Gold Pharmacal Co) 1053
Empirin (Burroughs Wellcome & Co) 968
Enzo-Cal (Crookes Laboratories) 1047
Ertron (Nutrition Research Laboratories) 964–965

Furacin (Eaton Laboratories Inc) 1045

Galatest (Denver Chemical Mfg Co, Inc) 974

Lanteen Jelly (Lanteen Medical Laboratories, Inc) 1049
Licuron-B (Lakeside Laboratories) 981

Maltine With Vitamin Concentrates (The Maltine Company) 945
Mandelamine (Nepera Chemical Co Inc) 983
Omni-Beta (William R. Warner and Co, Inc) 971
Oreton (Schering Corporation) 949

Penicillin (Schenley Laboratories, Inc) 958
Pills Stramonium (Davies, Rose & Company, Ltd) 959

Sulfathiazole Gum (White Laboratories, Inc) 960–961
Syntrogel (Hoffman-La Roche, Inc) 962

Testosterone Propionate (Rare Chemicals, Inc) 972
Theocalcin (Bilhuber-Knoll Corp) 956
Thesodate (Brewer & Company, Inc) 948

Dietary Foods

Baby Foods (Libby, McNeill & Libby) 946
Biolac (Borden Company) 966

Dextri-Maltose (Mead Johnson & Company) 4th cover

Meat (American Meat Institute) 982

S-M-A (Wyeth Incorporated) 984
Strained & Junior Foods (Beech-Nut Packing Co) 973

Medical and Surgical Supplies

Hearing Aides (Dr T H Halsted) 1055

Orthopedic Shoes (Pediforme Shoe Co) 950

Miscellaneous

Cigarettes (Camel) (R. J Reynolds Co) 947
Cigarettes (P Morris & Co, Ltd, Inc) 975

IT IS
GOOD PRACTICE

. In judging the irritant properties of cigarette smoke, to base your evaluation on scientific research In judging *research*, you *must* consider its *source**

PHILIP MORRIS claims of superiority are based *not* on anonymous studies, but on research conducted only by competent and reliable authorities, research reported in leading journals in the medical field

Clinical as well as laboratory tests have shown PHILIP MORRIS to be definitely and measurably less irritating to the sensitive tissues of the nose and throat. May we send you reprints of the studies?



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.,
119 FIFTH AVENUE, N Y

*Laryngoscope Feb. 1935 Vol. XLV No. 2 149-154
Laryngoscope Jan. 1937 Vol. XLVII No. 1 38-40
Proc. Soc. Exp. Biol. and Med., 1934 32 241
N Y State Journ. Med., Vol 35 641 55 No. 11 590-592.

TO THE PHYSICIAN WHO SMOKES A PIPE We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

. . . There are times when sedation is necessary . . . why not prescribe a sedative that is relatively free from unpleasant side-effects? • 'Delvinal' sodium vinbarbital *is such a sedative!* • It will provide your patients with a night of restful sleep, in the majority of instances, with relative freedom from unpleasant side-effects of excitation or "hangover." • 'Delvinal' sodium vinbarbital is Council-accepted A mild sedative, it provides a relatively brief induction period and a moderate duration of action. • Indicated for the relief of functional insomnia, for general sedation, preanesthetic hypnosis, psychiatric sedation, obstetric amnesia, and in pediatrics. • Supplied in ½ gr., 1½ gr., and 3 gr. capsules Sharp & Dohme, Philadelphia 1, Pa.

'DELVINAL'
Sodium
Vinbarbital

WHEN YOU MUST PRESCRIBE A SEDATIVE



SHARP & DOHME

DYSPEPSIA

the most common gastric disturbance

"Dyspepsia" due to hyperchlorhydria is the most common of all gastric disturbances By prescribing Creamalin for the control of hyperacidity, the physician is assured of prolonged antacid action without the danger of alkalosis or acid rebound Through the formation of a protective coating and a mild astringent effect, nonabsorbable Creamalin soothes the irritated gastric mucosa Thus it rapidly relieves gastric pain and heartburn

CREAMALIN

Trademark Reg. U.S. Pat Off & Canada

Brand of Aluminum Hydroxide Gel

LIQUID IN 8 OZ, 12 OZ, AND 1 PINT BOTTLES

TABLETS IN BOTTLES OF 50 AND 200

NEW FORM *Capsules*

Boxes of 24 Convenient pocket or purse size

Also bottles of 100

CONVENIENT • EFFECTIVE • PALATABLE

WINTHROP CHEMICAL COMPANY, INC

PHARMACEUTICALS OF MERIT FOR THE PHYSICIAN

NEW YORK 13 N Y WINDSOR ONT

YOU CAN'T OVERRATE THE VALUE OF CONTROL



When you come to think of it, it's surprising how much control means In various forms it adds enjoyment to sports—security to daily routine—satisfaction to work of skill.

And as *quality control* it assures safety in medicines. This is particularly well demonstrated in the development and production of U D pharmaceuticals For throughout modern U D. laboratories and plants a carefully conceived and remarkably efficient system of tests and checks results in products with an enviable reputation for consistent excellence

Credit for maintenance of these high standards rests with a body of doctors, chemists and pharmacists, known as the Formula Control Committee. As the ultimate precaution, this group personally checks every finished product

Such professional attention insures that your prescriptions are filled with finest ingredients when you specify U D pharmaceuticals. Your neighborhood Rexall Drug Store offers this service—together with complete facilities for meeting your patients' needs reliably and economically.

UNITED-REXALL DRUG CO.

Rexall DRUGS

U D products are available wherever you see this sign

PHARMACEUTICAL CHEMISTS FOR MORE THAN 43 YEARS

Los Angeles • Boston • St Louis • Chicago • Atlanta • San Francisco
Portland • Pittsburgh • Ft Worth • Nottingham • Toronto • So Africa

UNITED-REXALL DRUG COMPANY AND YOUR REXALL DRUGGIST • ***Your Partners in Health Service***

Quarterly Review of OBSTETRICS and GYNECOLOGY

HOWARD F KANE, M D , EDITOR IN CHIEF
George Washington University

EDITORIAL BOARD

FRED L. ADAIR, M.D., University of Chicago
ALFRED C. BECK, M.D Long Island College of Medicine
L. A. CALKINS, M.D., University of Kansas
BAYARD CARTER, M D., Duke University
WILLARD R. COOKE, M.D University of Texas
WALTER T. DANNREUTHER, M.D., N Y Post Graduate Medical School
L. A. EMGE, M.D., Stanford University
JAMES R. GOODALL, M.D McGill University
BERNARD J HANLEY M.D. University of Southern California
JOHN W HARRIS, M.D., University of Wisconsin
D. NELSON HENDERSON M.D. University of Toronto
V B. INGRAHAM, M.D., University of Colorado
FREDERICK C. IRBING M.D., Harvard University
JAMES R. McCORD, M.D., Emory University
WILLIAM F MENGERT M.D Southwestern Medical College
NORMAN F MILLER M D University of Michigan
ROBERT D. MUSSEY M.D., Mayo Foundation
FRANKLIN L. PAYNE, M D University of Pennsylvania
LOUIS E. PHANEUF M D Tufts College Medical School
E. D PLASS, M.D., University of Iowa
EDWIN M ROBERTSON M D Queen's University
LEWIS C. SCHEFFEY M.D., Jefferson Medical College
EDWARD A. SCHUMANN M.D Philadelphia, Pa.
HERBERT THOMS, M.D., Yale University
PAUL TITUS, M D., Pittsburgh, Pa
HERBERT F TRAUT M.D., University of California
NORRIS W VAUX, M.D., Jefferson Medical College

The sole aim of the Quarterly Review of Obstetrics and Gynecology is to provide the busy physician with a resume of the important current advances in obstetrics, gynecology and endocrinology From a great diversity of domestic and foreign publications there is brought together a most comprehensive presentation of all the significant advances in these important fields Every new clinical procedure is presented in concise form but without sacrificing any essential detail

The organization and simplification of the new data and the separating of the less significant findings from the important facts result in a presentation of a wealth of scientific material of permanent value and authority

The data presented are classified under the following systematic plan.

OBSTETRICS

Physiology of Pregnancy
Physiology of Labor
Physiology of Puerperium
Hygiene and Management of Normal Pregnancy Labor and Puerperium
Physiology and Care of Newborn
Pathology of Pregnancy
Pathology of Labor
Pathology of Puerperium
Pathology of Newborn
Operative Obstetrics
Social and Legal Aspects

GYNECOLOGY

Endocrinology
The Menstrual Cycle
Physiology and Pathology of the Vulva
Physiology and Pathology of the Vagina
Physiology and Pathology of the Uterus
Physiology and Pathology of the Ovary
Physiology and Pathology of Tube and Adnexa
Female Urology
Venereal Disease
Operative Technique; Anesthesia
Radiation Therapy
Sterility
Miscellaneous

Published Quarterly· April, July, October and January

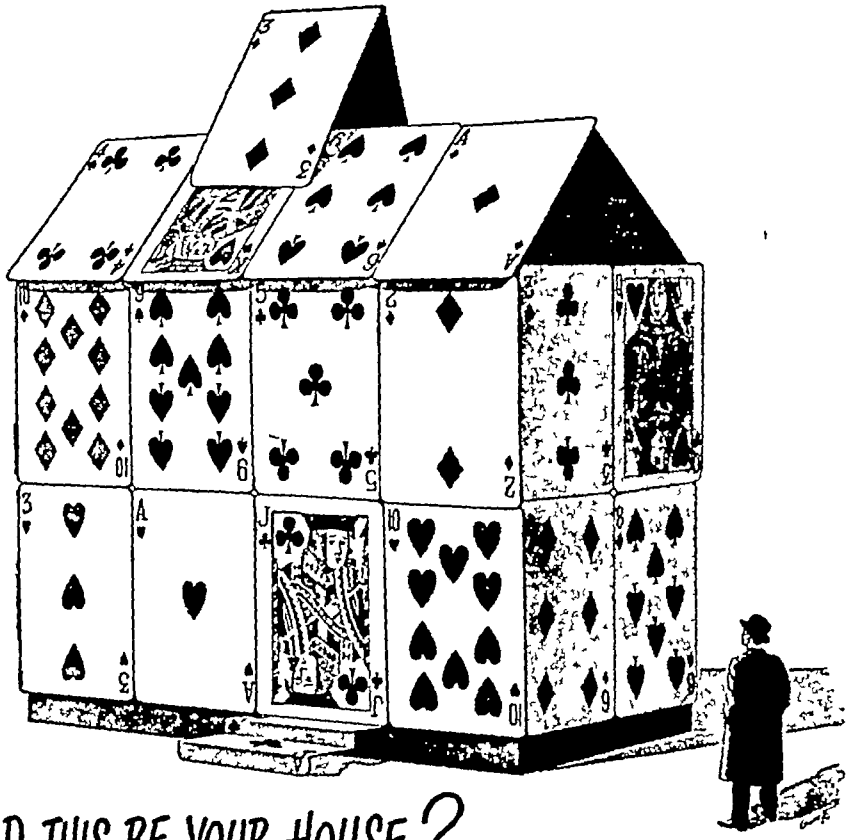
Each issue contains a cross reference subject and author index, with a cumulative index included in each volume (January issue)

Subscription rate. $9 00 *per year*

PUBLISHED BY

WASHINGTON INSTITUTE OF MEDICINE

1720 M STREET, N W WASHINGTON 6, D C



COULD THIS BE YOUR HOUSE?

Now that the war's over and a lot more civilian goods are on the market, it's a big temptation to spend just about all you make, and not put anything aside

But to fall for that temptation is plenty dangerous It's like trying to live in the house above —a house that might come tumbling down about your ears at the first little blow of hard luck

Right now the best possible way to keep your finances in sound shape is to save regularly—*by buying U S Savings Bonds through the Payroll Plan*

These Bonds are exactly like War Bonds Millions of Americans have found them the safest, easiest, surest way to save. The U S A protects every dollar you invest—and Uncle Sam gives you his personal guarantee that, in just ten years, you'll get *four dollars back for every three you put in!*

If you stick with the Payroll Savings Plan, you'll not only guard against rainy days, you'll *also* be storing up money for the really important things—like sending your children to college, traveling, or buying a home

So—any way you look at it—isn't it smart to buy every single U S Bond you can possibly afford!

Stick with the Payroll Savings Plan!

SAVE THE EASY WAY... BUY YOUR BONDS. THROUGH PAYROLL SAVINGS

NEW YORK STATE JOURNAL OF MEDICINE

This is an official U S Treasury advertisement—prepared under auspices of Treasury Department and Advertising Council



Eleven of 15 white collar workers in good health and on adequate diet experienced a precipitous depression in blood hemoglobin averaging 14% following blood donation of 500 cc. The period of hemoglobin restoration could be shortened one third by giving Licuron B after donation of blood but only one sixth by giving ferrous sulfate If Licuron B was also given prophylactically it prevented or minimized hemorrhagic anemia but larger doses of ferrous sulfate did not obtain this beneficial effect *

Licuron B is the bi active antianemic. (1) It provides the copper iron ratio which is basic therapy in hypochromic anemia (2) It raises the nutritional status of the patient with liver B-vitamins augmented by the crystalline vitamins thiamine riboflavin and niacinamide. Licuron B is supplied in sugar coated tablets Lakeside Laboratories, Milwaukee 1, Wisconsin

*Reprints of this article will be sent upon request



PROTEIN

*"As a Prophylactic and Therapeutic Agent"**

"There are many opportunities for practical dietary application of the advances in our understanding of protein economy. The provision of liberal protein diets in instances where the value of protein has been demonstrated offers both prophylactic and therapeutic advantages to the patient."

PREGNANCY AND LACTATION

"Protein is one of the essentials for which there is greater need The growth needs of the fetus must be met and if adequate dietary protein is not supplied, the mother's protein stores will be drained The demands for protein during lactation are even greater One further reason for providing a liberal supply of protein lies in the favorable effect which protein has upon calcium absorption"

DISEASES OF THE KIDNEY

" actual improvement in the well-being of nephritic patients may be observed following the use of high-protein diets both in adults and children In some instances functional capacity of the kidneys has been reported to improve on such a regime. . For the treatment of nephrosis the same dictum holds true, only to a greater extent. "

DISEASES OF THE LIVER

"For many years carbohydrate alone has been considered the one substance capable of providing protection for the liver cells

Protein has now been shown to be considerably more effective in this respect

The effect of protein on the liver is not only reparative, but also definitely protective against the agents known to be toxic to the liver "

PEPTIC ULCER

" . a rather high incidence of moderate hypoproteinemia in peptic ulcer cases has been reported Any ulcer, be it peptic, infectious, or the result of pressure and circulatory changes, represents a loss of tissue and requires protein for rebuilding. "

OTHER CONDITIONS

"In old age, for instance, all too often the food intake deteriorates to soft foods of limited variety Yet in such instances the same protein requirements for maintenance of the numerous body functions are still in effect. Protein may also be lost because of its excessive breakdown under the influence of fever or heightened body metabolism, and negative nitrogen balances may develop, as for instance in hyperthyroidism .

"With the demonstration of this increased importance of protein dietetic therapy, it can only be recommended that there be an increased use of high-protein diets"

Among the protein foods of man meat ranks high not only because of the percentage of protein contained, but primarily because the protein of meat is of high biologic quality, applicable for every protein need

*Anderson, Geo K., M D *The Importance of Protein in Diet Therapy,* J Am Dietet A 21 436 (July-August) 1945

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods and Nutrition

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES



BOTH THE PHYSICIAN
AND PATIENT APPRECIATE...

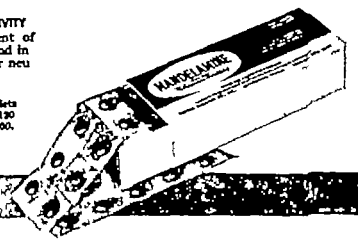
the unique combination of advantages in

MANDELAMINE

Reg. U. S. Pat. Off.
(Methenamine Mandelate)

- **PROMPT EFFECTIVE ACTION**
  Disturbing urinary symptoms are usually alleviated within three to five days.
- **SAFETY**
  Virtual lack of toxicity facilitates therapy and eliminates need for selection of patients.
- **CONVENIENCE OF THERAPY**
  Supplementary acidification, restriction of fluid intake, dietary control or other special measures are unnecessary
- **WIDE RANGE OF THERAPEUTIC ACTIVITY**
  Remarkably efficient in the treatment of pyelonephritis, cystitis, prostatitis, and infections accompanying renal calculi or neurogenic bladder

Mandelamine is supplied in enteric coated tablets of 0.25 Gm. (3¾ grains) each, in packages of 100 tablets sanitapak, and in bottles of 500 and 1000.



NEPERA CHEMICAL CO INC.
31 Gray Oaks Ave.
Yonkers 2 New York
Please send me literature, and a physician's sample of Mandelamine.

Name .M.D
Street
City State

NEPERA CHEMICAL CO. INC.

Manufacturing Chemists Yonkers 2, New York

The First Year

THE SUCCESSFUL NUTRITIONAL history of S-M-A babies is due to the remarkable similarity of S-M-A to mother's milk It is essentially the same as human milk in percentage of protein, fat, carbohydrate and ash, in chemical constants of the fat and in physical properties

S-M-A* IS RECOMMENDED for normal, full term infants in the early weeks of life when a supplementary food is required for the breast-fed infant It may be given to infants of any age whenever the mother's milk is unavailable, of poor quality or insufficient quantity





S-M-A is derived from the milk of tuberculin-tested cows Part of the butter fat of this milk is replaced with animal and vegetable fats, including biologically assayed cod liver oil Milk sugar, vitamin A and D concentrate, carotene, thiamine hydrochloride, potassium chloride and iron are added *REG U S PAT OFF

Supplied 1 lb. tins with measuring cup

Wyeth
REG U.S PAT OFF

S M A DIVISION • WYETH INCORPORATED • PHILADELPHIA 3 • PA.

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1946 by the Medical Society of the State of New York

GEORGE W KOSMAK, M.D., *Managing Editor*
LAURANCE D REDWAY M.D., *Assistant Managing and Literary Editor*
NORMAN S MOORE, M D, Ithaca, *Assistant Literary Editor*
DWIGHT ANDERSON *Business Manager*
WILLIAM L. SIMMONS, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M.D., *Chairman*
KIRBY DWIGHT M.D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON M.D

VOLUME 46 | MAY 1, 1946 | NUMBER 9

Editorial

Increased Use of DDT

The compound 2,2-*bis*-(*p*-chlorophenyl)-1,1,1-trichloroethane, subsequently referred to as DDT, was first synthesized in 1874 Pharmacologically, it attracted little attention until the war years when entomologic investigations revealed it to have insecticidal properties of extraordinary efficacy We have been made aware by the press and radio of the remarkable quickness and thoroughness with which DDT kills insects It, therefore, has had wide application on the farm and in the stable What, then, of its toxic properties to warm-blooded animals who breathe it from the air, absorb it through the skin, or ingest it with food?

Because DDT is insoluble in water and is a large particle-size dust, there appears to be little danger in its use for dusting clothes in concentrations up to 10 per cent in most powders A large part of the dust is retained in the upper portions of the respiratory tract and is not absorbed. Aerosols, unless dissolved in fatty oils, are not toxic in 1 to 5 per cent solutions Temporary exposure to fly sprays in 1 per cent solutions is believed, on experimental basis, to be nontoxic.[1]

While there is little skin absorption from dusting powders containing DDT because of its insolubility, injections employing solvents allow considerable absorption, and doses as low as 0 5 cc of a 30 per cent solution of DDT per Kg, applied daily, may cause death after thirty days to rabbits, guinea pigs, and rats [2] When ingested, however, in doses varying from 150 to 750 mg per Kg, small laboratory animals show hyperexcitability followed by fine and coarse tremors, culminating in flaccid or spastic paralysis with occasional convulsions preceding death by respiratory paralysis [3] DDT is capable of causing subacute toxicity when ingested by laboratory animals in small amounts for periods of from three to twenty weeks Definite signs of toxicity are produced by levels in the diet of 0 05 per cent for rats and mice, 0 1 per cent for guinea pigs, and less than 0 05 per cent for growing chicks [4] Characteristic of DDT poisoning is the wide variation in individual susceptibility, making the estimate of a safely tolerated dose extremely difficult The pathologic findings in both the acute and chronic poisoned animals show the organ

[1] Neal, P A., et al.: Supplement 177 Public Health Reports.

[2] Draize J H. Nelson A. A., and Calvery H. O: Jour Pharmacol. Exper Therap. 82. 159 (1944)

[3] Smith M. I., and Stohlman, E. F: Public Health Reports 59: 984 (1944)

[4] Woodward, G Nelson, A. A., and Calvery H. O: Jour Pharmacol. Exper Therap. 82: 152 (1944)

most consistently damaged is the liver In the acute cases, i e, those receiving larger amounts, the lesion is most often central necrosis, the chronic or lower dose cases show both central necrosis and subacute degeneration The kidneys, thyroid, and muscles show degenerative changes in some animals, but it is striking that only slight central nervous system lesions can be demonstrated, in spite of the pronounced neurologic symptoms observed Vacuolation around large nerve cells in the spinal cord and cerebral motor nuclei, appear to be the only histologic alterations found [5 6]

The mechanism of damage is not known Lewis and Richards[7] were unable to affect growth of fibroblasts, macrophages, entoderm, liver cells, kidney epithelium, nerve fibers, and muscle fibers when DDT was added to the culture medium in which these cells were growing No apparent differences occurred, whether the DDT was added as crystals or in oily emulsion

The whole animal is subject to toxicity from DDT, single cells in culture are not Suckling rats, as well as their mothers, are fatally poisoned if the mother receives DDT containing 0 1 per cent in their diet for several days Tilford and Guthrie[8] also showed that nine adult rats and one half-grown kitten, fed solely on milk from goats receiving daily oral dosages of 1 Gm of DDT per 3 6 to 4 1 Kg of body weight, died in two to twenty-nine days with typical DDT symptoms Butter made from the toxic milk produced typical toxic symptoms with eventual death in a second series of adult rats

The data point out the need for more research on the toxicity of milk from dairy cows which ingest DDT residues on food or from licking themselves after being sprayed or dusted with this insecticide Likewise, the increasing tendency of fruit and vegetable growers to use DDT for insect control in orchards, gardens and vineyards, raises the question of toxicity from residues on fruits and vegetables On the basis of studies thus far made, the United States Food and Drug Administration has established an administrative tolerance of 7 parts per million, or about 0 05 Gm of DDT per pound [9]

The medical profession may well follow the increased use of DDT It is possible that by so doing it may recognize what appear to be obscure symptoms as simple toxicity from ingestion by one way or another of this powerful insecticide

[5] Nelson, A A, et al Public Health Reports 59 1009 (1944)
[6] Lillie, R D, and Smith, M I Public Health Reports 59 979 (1944)
[7] Lewis W H, and Richards, A G Science 102 330 (1945)
[8] Tilford, H S, and Guthrie, J E Science 102 647 (1945)
[9] Porter, B A. Am Fruit Grower (Feb) 1946

Graciously Permitted to Select

We reprint in full from *Industrial Medicine*[1] the editorial below

The "Washington Letter," in *J.A.M.A.*, February 2, 1946, notes that a Democratic Representative in Congress charges the American Medical Association with "misleading the public," in that it has "misrepresented the Wagner-Murray-Dingell bill" This accusation from a member of the Democratic party comes to attention on the same day we learn "that Mr Roosevelt at the Yalta conference agreed Russia should hold full sovereignty over the Kurile Islands," whereas we were assured "shortly after Yalta that there were no secret agreements whatever of a political nature" "Last June after the death of Roosevelt, Churchill told the House of Commons that no secret agreements had been reached at Yalta except a pledge to give Russia three votes in the UNO assembly The State Department, after consultation with Roosevelt, had made a similar solemn assertion in a formal statement a week before Roosevelt died" Reserving for a moment any comment on the alleged "misleading" by the A M.A, it may be remarked that deliberate misleading of the public seems invested with an aura of great virtue when it is done by prominent Democrats, becoming a horrible crime only when someone not amenable to all administration

[1] Vol. 15, No 2, February, 1946, p 116.

proposals can be accused of doing it Thus, while there still echoes in our ears the 1940 pre-election misrepresentation of the "again, and again, and again," promise to the mothers of America that their sons would not be sent to fight on foreign soil! Now, as to the A.M.A That organization has not misrepresented the W-M-D bill, misrepresentation is no part of its purposes or practices But even if some one were desirous of misrepresenting, why go to any pains in this instance when the bill itself is its own misrepresentation—with what it lacks in that respect being lavishly (and expensively to the taxpayer) furnished by its proponents For example, the title and preamble are belied by the substance

And again, it is affirmed and reaffirmed in press propaganda, speeches and radio exhortations—even in "fireside chats"—that the bill provides for "free choice of physician" On "free choice" see paragraph 2 of Section 905 of the bill itself "Every individual entitled to receive services from a physician shall be permitted to select, from among those designated in paragraph 1, those from whom he shall receive such services, except specialist services and to change such selection in accordance with such rules and regulations as may be prescribed" To anyone appreciative of what freedom means in a free country where every citizen is a sovereign citizen, the phrase "shall be permitted to select" is the shibboleth of the yoke of slavery The citizen is "permitted" to select now, without any government benevolence, it is a part of his inherent rights as a citizen to make his own selection. This pernicious, alien, collectivist and bureaucratic bill ("two bureaucrats to every physician") proposes that he give up his present freedom and receive in return a qualified permission If that is "free choice" then the Bill of Rights itself becomes a Bill of Permissions and the concentration camp for "free" American citizens who don't like it is just over the horizon

Administrations come and go, charges of misrepresentations in Washington are a dime a dozen, W-M-D bills succeed each other, each later version seemingly more obnoxious, more expansive, than the last—and more expensive In graciously offering the citizen-taxpayer the permission to select "from among those designated those from whom he shall receive such (medical, or other*) services " the Government would, as *Industrial Medicine* points out, graciously permit him to select just what he can now select without anyone's permission *But*, were the bill passed, our citizen-taxpayer would *not* be permitted to select *the large army of voting bureaucrats* who would staff the bureau or agency or facility, or whatever would administer the law, he would be graciously permitted to pay their not inconsiderable aggregate salaries, even be required to do so, and, like it The current administration, not the A.M.A or the citizen-taxpayer, would attend to *that* detail with no little thankfulness for the bounty of Allah, the bottomless character of the citizen-taxpayer's patience and purse, and the brighter prospects of the next election. If that is "misrepresentation," make the most of it and prove it! Washington papers please copy

* Insertion ours—Editor

That Postphlebetic Leg

The occurrence of an inflammation in the veins of the leg constitutes a serious complication in surgery and obstetrics It is to be feared, both for its immediate and its more remote effects, which are either death or invalidism. Usually, the lesion is centered in the deep veins of the leg and often is unrecognized in its earlier manifestations notwithstanding the warning signs A patient making an apparently normal recovery from an operation or a delivery has a slight rise of temperature, with perhaps a mild chill before there is much pain or swelling in the leg Before the pathology of the condition became so well known, continued bed rest with elevation of the extremity, bandaging, and ice bags was the accepted method of treatment, as a result, the general circulation was slowed rather than stimulated Today we endeavor to avoid stasis of the venous circulation by earlier rising after operation or delivery For damage to the intima of the vessel for whatever reason tends to cause a deposit of the blood platelets in the area with thrombus

formation This fills the vein and may be displaced by a sudden muscular movement or unwarranted massage, and is the most common source of the frequently fatal embolus But, it is the thrombus, becoming fixed to the vein wall, which produces complications that may be lifelong

It has been shown experimentally by Ochsner and others that a severe thrombophlebitis causes an overstimulation of the sympathetic ganglia along the lumbar spine with a resultant spasmodic contraction of the arterioles throughout the extremity This is followed by circulatory stasis, stagnation of the lymphatic stream and venous congestion Such a condition is accompanied by pain and swelling of the leg which may last for years and cripple the patient, both mentally and physically It is logical, therefore, as pointed out in a recent article by McPheeters and Alexander (*Minnesota Medicine*, January, 1946), that the treatment should be approached from an entirely different standpoint If Ochsner's theory is correct as to the cause of the arteriole spasm, then the spasm may be overcome by the injection of novocaine by lumbar sympathetic block But this must be done at the onset of the phlebitis so that the complicating events can be prevented and the patient's leg be returned to normal in the majority of cases within a few days

McPheeters and Alexander are emphatic about the value of this form of treatment which has not been commonly recognized by the profession The results in the acute cases often are miraculous and the chronic cases with edema of the leg, dermatitis, exzema, and ulcerations can be helped a great deal

The early getting out of bed after operations and delivery, which is being adopted so widely, may overcome the tendency to venous stasis and its complications but, in addition, patients should be encouraged to move about in bed before this time Physicians should inform themselves about such therapeutic procedures which will evidently reduce the incidence of this postoperative complication

The Prognosis of Syphilis

The morbidity and mortality caused by syphilis have been the subject of extensive studies since the early years of the twentieth century With few exceptions the consensus has been that the life expectancy of syphilitics is much less than that of nonsyphilitics The validity of this opinion is challenged by Schamberg[1] in a critical review of the literature, both American and European

The prevailing views of life-insurance physicians are best indicated by a few of those quoted by Schamberg "Without adequate treatment the syphilitic's chances of a long life are seriously threatened by late fatal manifestations of syphilis—with adequate modern treatment he is protected from this threat but apparently left abnormally vulnerable to death from certain conditions apparently unrelated to syphilis—namely, pulmonary tuberculosis, appendicitis, pneumonia, suicide, and cancer The tendency of the cured syphilitic to succumb is so marked during the first ten to fifteen years after his initial lesion, that the ultimate mortality experience with the cured group is at best very little better than with the inadequately treated group"

"Syphilitics are not good life-insurance risks at standard rates This is so well known to all life insurance physicians that it seems almost presumptuous to say more on the subject Given a frank case of syphilis, we always have a substandard risk Applicants with history of syphilis should be considered substandard risks and double mortality should be expected"

On the other hand, reports based on clinical studies give, in general, a much more optimistic picture It is clearly shown that the incidence of neurosyphilis and cardiovascular syphilis is inversely proportional to the amount of treatment received early in the course of the disease "Most of the older studies were carried out on patients

[1] Schamberg, Ira Leo Am J Syph, Gonor, & Ven Dis p 529 (Sept.) 1945

treated in the prearsenical era Even were one to assume their conclusions to be correct, they would not apply to present-day patients who are given the benefit of modern treatment, inasmuch as it has been shown so conclusively that modern treatment effectively prevents many of the serious late manifestations of syphilis"

The author discusses six factors bearing upon the validity of American life-insurance-company findings One of these factors is that of the method of selection of syphilitic applicants

The fallacy of accepting the statement of an applicant is illustrated by these quotations "Many persons with latent syphilis don't know they have it, and most of those who know deny it It has been said repeatedly that insurance companies are declining to insure a small group of honest syphilitics, but are accepting freely day by day a much larger group of syphilitic liars. Of 410 insured persons in the United States who died of syphilis, only 5 had given a history of syphilis on application for insurance."

Schamberg's conclusions will seem revolutionary to most physicians

1 There is no evidence that syphilis adversely influences life expectancy except through the known lethal effects of its serious late manifestations, in particular those of the central nervous system and cardiovascular system There is no evidence that syphilitic infection per se, or antisyphilitic treatment, predisposes to tuberculosis, pneumonia, nephritis, or other nonsyphilitic diseases

2 On the basis of existing evidence, increased mortality in syphilitics is caused in part by deaths due directly to syphilis, in part to the higher death rate in segments of the population which have a high syphilis prevalence

3 Adequate antisyphilitic treatment will, in the majority of cases, prevent the development of the late manifestations of syphilis

4 The attitude of life-insurance companies toward the syphilitic applicant is at present grossly unjust Two sound courses of procedure would appear to be open to the insurance companies

(a) Disregard syphilis entirely, ask no questions regarding it, take no serologic test. In view of the improving standards of present-day diagnosis and treatment of syphilis, and in view of the frequently benign character of the disease, in relatively few insured syphilitics will death result from syphilis

(b) Perform routine serologic tests for syphilis on every applicant for insurance In those in whom positive or doubtful tests are discovered death losses may be obviated by proper clinical and laboratory examination, and by setting up clear-cut criteria of adequate treatment based on present-day knowledge Applicants found to have adequately treated latent syphilis may be granted standard insurance with no extra premium and the mortality in this group will be found to be a function of the mortality of the component socioeconomic and occupational groups of which it is composed On the basis of simple and well-accepted clinical and laboratory procedures, the life-insurance companies may insure at standard rates the majority of syphilitics applying for insurance, with no risk of increased death losses

5 Employers may safely hire syphilitics, may prevent deaths due to syphilis, and thus obviate increased compensation costs, through similar clinical evaluation of their employees

Editorial Comment

A Possible Factor in Causing Postpartum Hemorrhage The incidence of puerperal fever has been reduced to a remarkable degree but hemorrhage still remains more or less unconquered, notwithstanding the many efforts made to reduce the fatalities from this source Precautionary and remedial measures often meet with failure, so that any new suggestions by which this complication of labor may be explained deserve attention

Bleeding takes place at three periods during the delivery of the fetus, the separation of the placenta, and after its expulsion Greenberg[1] has investigated the clotting time of the blood at each of these periods in a series of normal deliveries and found that in a considerable number of test-tube samples, blood failed to clot even after days

[1] Am J Obst. & Gynec., November 1945 p. 832.

One of the components of postpartum blood is responsible, evidently it is that which issues from the uterus after placental expulsion This nonclotting component, together with an atonic uterus, may be directly concerned with the unsolved problem of pathologic and too often fatal postpartum hemorrhage Confirmatory studies by other investigators will be awaited with interest

. .

The Hazards of Blasting Caps "The Institute of Makers of Explosives—a trade association of commercial explosive manufacturers—has conducted a comprehensive campaign since 1926 to safeguard children against injury and possible death by instructing them, and their parents and teachers, concerning the dangers of handling blasting caps

"Blasting caps are detonators used in firing high explosives They are necessary to set off dynamite in mining, opening roadways, clearing forests, building bridges, and in many important operations in agriculture and industry Each year a large number of children are injured while playing with caps which have been left carelessly in farm buildings, along highways, near construction work, and in other public places Accidents are caused by striking caps with a stone or hammer, by holding lighted matches to them, throwing them in bonfires, or by picking the explosive in the cap with a pin or nail It is dangerous to attempt to pull the wires out of an electric blasting cap, and this type of cap will explode when its wires make contact with electric current

"As part of its continuing campaign against such accidents, the Institute has produced an interesting educational film for showings in schools, before civic organizations, and other group meetings in the interests of promoting the safety of American children This entertaining two-reel sound and color film, entitled 'Blasting Cap!,' is prepared especially to appeal to children It portrays dynamite in action in field, quarry, and mine, depicts the dangers of playing with blasting caps, and gives practical suggestions for avoiding accidents from that source

"Free 16-mm prints of this new film are available on request, and a dramatic display poster for bulletin boards, and copies of a folder suitable for use in group discussions and safety lectures may be obtained free in quantity When copies of the film are requested, the date of desired showing and estimated size of audience should be indicated Communications should be addressed to Institute of Makers of Explosives, 103 Park Avenue, New York 17, New York "[1]

Penicillin in Gonorrhea The publication, *Venereal Disease Reports*, for May, 1945, issued by the U S P H S, contains a word of caution concerning the treatment of gonorrhea with aqueous solutions or oil-beeswax suspensions of penicillin The May issue is devoted to three articles dealing with current experience in the treatment of gonorrhea The first, by Thomas and Meyer, presents two schedules of treatment involving the usual aqueous solution of penicillin sodium and two schedules involving single injections of penicillin in a mixture of beeswax and peanut oil The second, by Van Slyke and Heller, presents the results of a cooperative study of the use of a single injection of penicillin in beeswax and peanut oil

"The third, by Graham, Greenblatt, and Cannefax, discusses the use of a single injection of penicillin in a refined wax-oil mixture similar to the beeswax and peanut oil used by other workers

"One word of caution is in order Although there has not as yet been demonstrated any tendency for Neisseria gonorrhea to develop penicillin fastness in vitro, nevertheless, this phenomenon may eventually occur and may necessitate re-evaluation of the antibiotic Some workers have had less success with the penicillin treatment of gonorrhea than was observed in the present reports Also, there has as yet been no conclusive report concerning the possible development of asymptomatic carrier states following penicillin therapy Nevertheless, at the present time and pending further investigation of such problems, aqueous solutions of penicillin given in three or more intramuscular injections over a period of approximately four hours, or oil-beeswax suspensions of penicillin given in single injections, seem to provide suitable therapy for gonorrhea At least, the present unsatisfactory response to the sulfonamides justifies a change to penicillin even though it may not be the final solution to the problem of treating this disease "

[1] Health News, Vol 22, No 32, August 6, 1945

TROPICAL LICHEN PLANUS—NEW GUINEA VARIETY

A Clinical Report on 24 Cases

Louis Dantzio, Maj ,(MC), AUS, and Louis E Marshall, Maj ,(MC), AUS, Utica, New York

THE dermatologic problems in the global conflict have assumed greater importance than anticipated This is especially true of the Southwest Pacific, where New Guinea stands out as the sore spot A recent survey of skin diseases at a large army general hospital reveals that overseas patients are afflicted with such diseases as dermatophytosis, seborrheal dermatitis, dermatitis venenata, dermatitis exfoliativa, and lichen planus The incidence of lichen planus and its failure to respond to therapeutic measures in the respective locality stimulated further interest and investigation

Twenty-four cases of atypical lichen planus originating in the New Guinea area have been received and studied at Rhoads General Hospital, Utica, in the past year All presented varied and atypical manifestations, making recognition of the disease on first inspection difficult. The response to therapy in each instance was slow but satisfactory The clinical data from close observation of these cases is presented for general information

The unusual features of this variety of lichen planus can best be illustrated by a comparative study with the variety of lichen planus commonly seen in this country

Lichen planus[1] as it is understood is a characteristic papular, erythematous, violaceous, pruritic eruption with sites of predilection involving the flexor surfaces of the wrists, forearms, inner aspects of the thighs, and the legs The lesions may be discrete, grouped, or in large patches as a result of coalescence Rarely is the entire body involved Involution of the lesions may or may not produce residual atrophy or brownish pigmentation Ordinarily the general health is not affected and all laboratory investigation is usually not remarkable The histologic picture, however, is characteristic

In the cases studied, 6 had universal involvement and 18 had a generalized distribution of lesions Fifteen patients had scalp and face involvement and 13 presented palmar and plantar lesions. The fingernails were dystrophic in 50 per cent of the patients The sites of predilection seem to be the scalp, face, hands, and feet The eyelids and lips were commonly involved The buccal mucosa and tongue were strikingly involved in 4 patients In involution of the lesions, residual atrophy and pigmentation were present to a variable degree In 1 patient the pigmentation was bluish-black All but 3 patients showed a partial alopecia of the scalp, eyebrows, axillæ and pubis The lesions were papular, usually oval shaped, especially along the lines of cleavage, irregular in outline, and variable in size from a pinhead to a split pea Coalescence produced plaques and patches The color varied from erythema to violet to bluish-black Many lesions were psoriasiform in appearance, others were verrucous and exudative The physical examination in each case was not significant except in 6 patients in whom the liver was found enlarged from one to three fingerbreadths. The hippuric acid test, the cephalin-flocculation test and the icteric index were surprisingly normal in these patients The routine laboratory investigations were not remarkable Biopsies were done on all the patients and in each case the picture presented the recognized features of lichen planus. [illegible] of the histologic data is attached [illegible]

The cause of lichen planus is [illegible] present concepts entail such possibilities as infectious, neurogenic, and [illegible] allergic slups The neurogenic factor is [illegible] consensus of opinion today is that [illegible] secondary to the primary [illegible] disturbance Montgomery and Alde[illegible] theory [2] Engman and Mook [illegible] tious theory [3] Recently [illegible] importance of nutrition, with [illegible] to vitamins [4] Focal infection [illegible] crine factors have also been [illegible] criminating agents

In the series studied 6 gave a history of [illegible] overworked, 7 gave a history [illegible] over home conditions [illegible] mental upset Three patients [illegible] fever prior to onset of [illegible] malaria at the time of [illegible] weight, varying from [illegible] six months The disease [illegible] Many complained of [illegible] and hyperhidrosis [illegible] sensitive to temperature [illegible] fortable in warm weather [illegible] he in cooler weather [illegible] often absent. The [illegible] important Nine [illegible] econ- in the 26 to 35 [illegible] e for age group Al[illegible] wa study, two were [illegible] thou hospital with [illegible] dis to onset of [illegible] Guinea from [illegible] to nine [illegible]

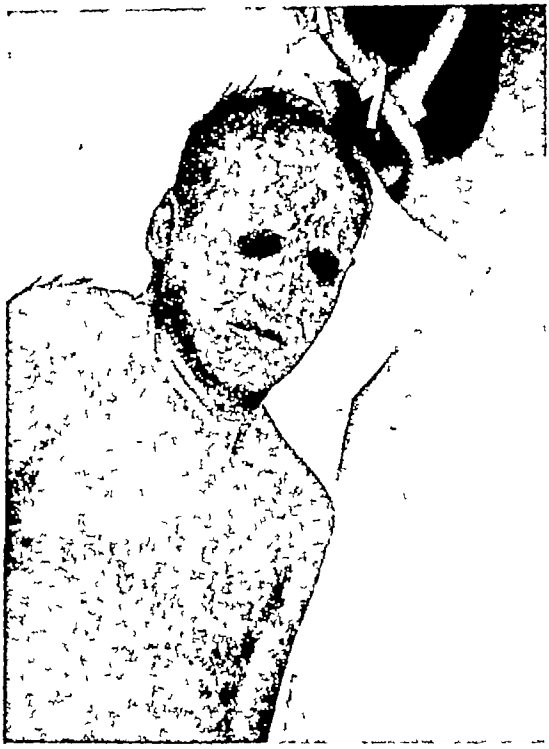


FIG 1 Case 1 Showing extensive involvement of scalp, face, eyelids, and upper trunk Note alopecia of scalp and outer third of eyebrows



FIG 2 Case 1 Photomicrograph (x 1000 oil immersion) showing liquefaction necrosis of basal cells and numerous chromatophores

three months, 9 patients developed it in nine months, and 7 patients in two months Progress of these patients in the overseas hospitals was unsatisfactory Enroute to the United States, 7 improved, 5 remained stationary, and 8 became worse

In their stay at Rhoads General Hospital all improved This can be attributed to the mental ease, better nutritional intake, supplementary vitamins, pyschotherapy, and parenteral therapy The latter consisted of crude-liver-extract injections, 2 to 3 cc , semiweekly for twenty injections This was given on the basis of a vitamin deficiency, bearing in mind Jolliffe's[5] definition of conditioned deficiencies as those caused by factors that interfere with the ingestion, absorption, or utilization of essential nutrients or by factors that increase their requirements, destruction, or excretion Certainly all these patients were subjected to factors that could well produce a vitamin deficiency In a broad sense one can say that acclimatization to the tropics requires not only physiologic adaptation to the climate, but also hygienic and pyschic adaptation to the environment

The family history in each case was essentially negative and noncontributory The past personal history was also not remarkable, save for 2 patients who had a mild form of lichen planus prior to arrival in the tropics The eruption in each patient became worse, the spread, however, being limited to the trunk, forearms, thighs, and legs The palms, soles, and face were spared

The role of atabrine in this disease is worthy of discussion In the malarial countries all soldiers were required to take atabrine as a prophylaxis against plasmodial infections In view of this the possibility of a drug eruption was entertained At Rhoads General Hospital suppressive atabrine therapy was administered to patients with a history of recent malarial episodes Many patients studied had malaria Suppressive atabrine therapy was instituted for one to two months No dermal reaction was noticed at any time Five patients were well on the way to complete recovery when they developed recurrent malarial febrile episodes Atabrine was given in therapeutic dosage Here again no allergic skin manifestations appeared With this evidence, it was reasonable to assume that no drug allergy existed, in other words, dermatitis medicamentosus was ruled out There is, however, another aspect to consider and that is the possibility of drug toxicity In view of the prolonged administration of atabrine prophylactically, it is reasonable to assume that the bacteriostatic or bactericidal effect of the chemotherapeutic drug has its counterpart in a toxic



FIG 3 Case 1 Photomicrograph (x 100) showing irregular atrophy and acanthosis of epidermis and band-like cellular infiltrate in upper cutis

effect on animal tissue, with the liver cell being the most sensitive That this toxicity is not entirely dependent on overdosage has been shown, and the various degrees of susceptibility may depend on the ability of the liver to detoxify That this ability can be influenced by nutritional factors, such as the vitamin B complex, proteins, the sulfur-containing amino acids, and choline, is known.

Whether or not the liver function in each patient was so impaired as to prevent detoxification of the drug is a thought deserving further investigation Our laboratory investigation for liver function did not indicate any abnormality, but it is known that the present tests are not conclusive

The following case reports reveal pertinent data and photographs of two striking cases in the series

Case Reports

Case 1—This patient has been in the Southwest Pacific for seven months. His normal weight was 178 his admission weight was 130

He first complained of heat rash over the arms and trunk. The eruption rapidly spread to involve the scalp face, and lower extremities On admission, examination revealed a diffuse, scaly violaceous erythroderma over the entire body Palms and soles revealed many maculopapular, violaceous scaly lesions. Scalp, axillae, and pubic areas revealed similar lesions and a partial alopecia. The buccal mucosa and the dorsum of the tongue revealed many lacelike, whitish streaks. Cervical, axillary, and inguinal glands were enlarged The liver edge was palpable three fingerbreadths below the costal margin The remainder of the physical examination was normal Liver function tests were normal. All laboratory findings were within normal limits. On discharge, many affected areas revealed residual brownish pigmentation and atrophy

The histologic report revealed a moderate hyperkeratosis and a mild parakeratosis, acanthosis, and spongiosis. The basal-cell layer and the dermoepidermal junction are indistinct due to a perivascular lymphocytic infiltration Edema in the upper cutis was moderate. Numerous chromatophores were scattered throughout the upper cutis.

A diagnosis of lichen planus was made.

TABLE 1 COMPARATIVE ANALYSIS OF HISTOLOGIC FINDINGS

Recognized Characteristic Features of Lichen Planus	Histologic Findings of Patients Studied
Relative and absolute hyperkeratosis	a. absent—2 b relative—6 c. absolute—16
Increase in stratum granulosum	a. absent—3 b. poorly differentiated—13 c. well differentiated—8
Moderate acanthosis	a. absent—11 b present—13
Liquefaction necrosis of basal-cell layer	a. absent—9 b mild—5 c. marked—10
Cellular infiltrate limited rather sharply to upper part of cutis	a. absent—0 b focal—7 c. band-like—17
Edema and pigmentation	Dilated vessels of corium, with edema:
Dilation of blood vessels	a. absent—2 b present—22
	Chromatophores a. absent—4 b present—20

Case 2—This patient has been in the Southwest Pacific for six months His normal weight was 155, on admission his weight was 130

He first complained of physical exhaustion and diarrhea for several days. Food intake in this period was minimal. About one week later, he complained of tingling sensations and pruritus all over his body, but no rash was present Subsequently, he developed red blotches on the palms and lips These rapidly spread to face, trunk, and extremities. On admission, the scalp, face neck, trunk, and extremities, including palms and soles were covered with erythematous, violaceous, thickened scaly patches in retiform manner, most marked on face trunk and upper extremities. The eyelids and lips revealed erythematous brownish atrophic linear lesions. The tongue and buccal mucosa revealed white, lacelike lesions. The liver edge was palpable two fingerbreadths below the costal margin.

A complete blood count revealed a slight secondary anemia. A malarial smear was positive for plasmodium vivax. All other laboratory work was normal. The patient was given atabrine without any effect on skin lesions. Prior to hospital discharge, a recurrent malarial episode necessitated further atabrine therapy This was given without



FIG 4. Case 2 Shows generalized distribution of lesions Note face, eyelids, and lips

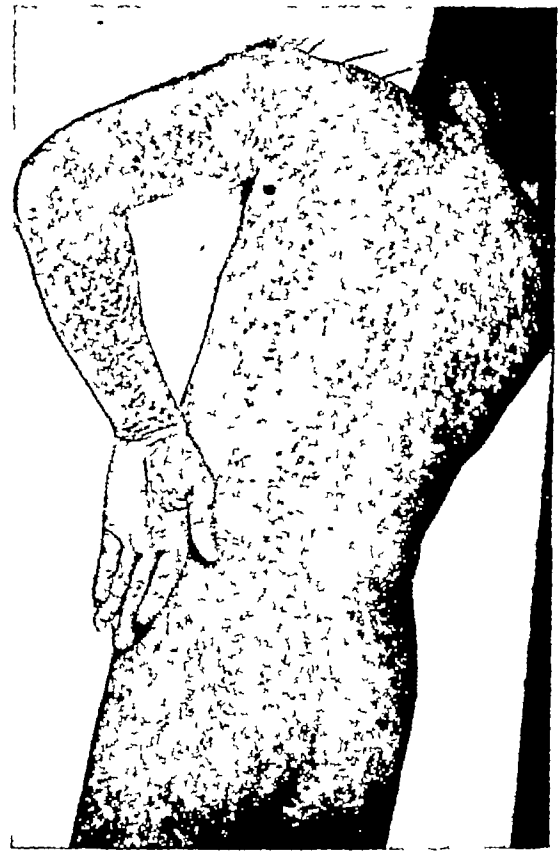


FIG 5 Case 2 Shows posterior aspect of patient Note extensive involvement, also palmar lesions

any untoward reaction on skin At the time of discharge, the liver edge was not palpable

The histologic report revealed a picture compatible with the diagnosis of lichen planus

Histology

The histologic picture of lichen planus is characteristic but not always diagnostic in itself as it may be simulated closely by the inflammatory stage of senile keratosis or leukoplakia[6] An infiltrate limited to the upper cutis may also be seen in lichen-planus-like lesions occurring in syphilis, disseminate lupus erythematosis, and lymphoblastoma Usually concomitant findings permit definite pathologic diagnosis In this series a histologic study was made in each case and the findings definitely suggested the diagnosis of a lichen-planus-like eruption Table 1 is an analysis of histologic findings in cases studied compared to the recognized characteristic features of lichen planus

Summary

Tabulation of the pertinent clinical data

1 All patients studied were returned from New Guinea

2 The age factor was unimportant

3 Two gave a history of having had a mild form of lichen planus in the United States prior to arrival in New Guinea The eruption in each case became worse overseas

4 History of grief and long-continued anxiety prior to onset of illness was elicited in 20 patients

5 Many complained of overwork, insomnia, and malaise

6 Dietary imbalance affected all with weight loss, varying from 10 to 45 pounds

7 The majority of patients became ill in three to six months after arrival in New Guinea from the United States

8 The onset was insidious and unaccountable Generalized spread occurred in two to three weeks

9 Sites of predilection were the hands, feet, face, and scalp

10 Eyelids and lips were involved in most of the patients

11 The fingernails were dystrophic in 50 per cent of the cases

12 The eruption was atypical and extensive,

resembling dermatitis exfoliativa, psoriasis, and eczema

13 Lesions varied in color from erythema to violet to bluish-black.

14 There was partial alopecia of scalp, eyebrows, axillae, and pubis in most of the cases

15 Residual pigmentation and atrophy were present in all cases.

16 The skin was sensitive to temperature changes Patients were uncomfortable in warm weather and fairly comfortable in cool weather

17 Pruritus was variable

18 The liver was enlarged one to three fingerbreadths in 8 patients. Liver function tests, however, were negative

19 Improvement in hospital was attributed to mental ease, better nutritional intake, supplementary vitamins, psychotherapy, and crude-liver-extract injections

Conclusion

A study of 24 patients returned from the New Guinea area with generalized lichen-planus-like eruption was made at Rhoads General Hospital That all patients studied were in a state of nutritional deficiency was without question. That many patients were in a state of endocrine exhaustion can be postulated because of the nutritional deficiency, the extensive alopecia, and the temporary loss of libido Whether or not the vitamin-enzyme-hormonal factors served as predisposing factors in the susceptible individual is to be determined Just what is the exciting factor in the causation of the disease is speculative The possibility of a viral infection is tenable and further study will detract or lend support to this concept The role of atabrine in this disease is discussed for further study

Major Louis E. Marshall, formerly chief of laboratory service Rhoads General Hospital, Utica, New York is now stationed at the Army Institute of Pathology Washington, D C

References

1 Ormsby O S Diseases of the Skin, 4th ed., Philadelphia, Lea and Febiger 1934 pp. 395–410.
2 Montgomery D W and Alderson H E. J.A.M.A. 53: 1457 (Oct. 30) 1909
3 Engman, M. F., and Mook, W H.: J Cutan. Dis., 22: 207 (1904)
4 Gross, Paul: Clinics 3: 4 (1944).
5 Jolliffe N K. M Bowman L A Rosenblum, O O., and Fein H D J.A.M.A. 114 307 (1940)
6 Registry Committee on Dermal Pathology of American Academy of Dermatology and Syphilology Syllabus of Dermal Pathology, Washington D C. Army Medical Museum, Acc. No. 35373 D.R. 2997

SYNTHETIC PENICILLIN WAS SOUGHT DURING WAR IN SECRET RESEARCH

Details of efforts to synthesize penicillin under a $3 000 000 secret war research program were revealed on January 11 by Dr, Vannevar Bush, director of the Office of Scientific Research and Development. Eleven American chemical and drug firms participated, along with a number of university and nonprofit research organizations, as well as United States Government and British laboratories.

From the start of the program in 1943 until termination of the research work last November 1, the participating American commercial firms spent $2,500 000 of their own funds on the experiments, while the Government contributed almost $500 000 to advance the research in Government laboratories and under O.S.R.D contracts with scientific institutions.

"Although the program, as originally intended because of the then limited output of natural penicillin, did not result in development of a commercially feasible method of synthesizing penicillin, it did result in substantial progress in a new and important field of medical research, and disclosed several artificially produced penicillins of potential value," Dr Bush said

He added that the "progress made and the unique degree of cooperation shown by the commercial firms are a landmark in the already bright history of industrial cooperation with the Government in war time research."

The pharmaceutic and chemical firms that participated included the Abbott Laboratories, Cutter Laboratories, the Hayden Chemical Corporation, Eli Lilly and Co Merck and Co, Inc., Parke, Davis and Co Charles Pfizer Company, Inc., the Shell Development Company, E. R. Squibb and Sons, the Upjohn Company, and the Winthrop Chemical Company, Inc.

The program, Dr Bush said, was an example of the patriotic contribution of commercial pharmaceutic and chemical companies in that, in several instances, they were willing to risk sizable investments in natural penicillin production facilities which the synthetic program might have made valueless. The commercial firms, also said the O.S.R.D agreed to permit the Government to turn over to their business competitors valuable information which each firm had produced through its own funds and efforts. They also agreed to accept the decision of the O.S.R.D director in disposing of all patent rights arising out of the program

Dr Bush further said that the great improvement in methods of producing penicillin by fermentation already had resulted in production of substantial quantities, and a diminished need for the synthetic product Further, he stated, the price of the natural product had been steadily lowered to a point where the commercial value of synthetic penicillin had become debatable.

U.N.R.R.A. announced on January 11 that penicillin will be continuously available in several European countries as the result of arrangements which are being made in cooperation with the Canadian Government.—*N Y Times, Jan 12, 1946*

BICIPITAL SYNDROMES AND THEIR TREATMENT

JAMES M TARSY, M D , Brooklyn, New York
(From the Arthritis Department, New York Postgraduate and St Mary's hospitals)

SINCE their discovery bicipital lesions have gained increasing recognition as harbingers of pain in and about the shoulder joint Meyer,[1 2] in over one thousand shoulders dissected at Stanford University, found, among other forms of pathology, numerous instances of complete or partial destruction of the tendon of the long head of the biceps brachii More recently, Lippmann[3,4] has stressed the causal relationship between tenosynovitis of this tendon and periarthritis

Anatomy and Mechanics of the Biceps Tendon

The biceps brachii arises from two heads the short head, from the apex of the coracoid process, the long head, which is the anatomic seat of most bicipital syndromes, from the supraglenoid tuberosity, at the upper margin of the glenoid cavity [5] From its origin it arches over the head of the humerus, lying in the shoulder joint between the superior part of the capsule and the humeral head, to be thence continued through a fibrous tunnel, lining the bicipital groove [5] It is retained in this groove by the transverse humeral ligament and by a fibrous prolongation from the tendon of the pectoralis major

The tendon is enclosed in a special sheath of synovial membrane which extends as an outpouching from the synovia of the shoulder joint into the bicipital groove for a distance of approximately two inches [5 6]

As the biceps muscle is flexed, the tendon stiffens in its groove, but no motion occurs therein Motion does occur, however, with various movements of the glenohumeral joint, as in elevation, abduction, and adduction of the upper extremity

According to Schrager,[7] the function of the tendon of the long head of the biceps can be summarized as follows

1 It helps to maintain and coaptate the head of the humerus against the glenoid cavity
2 It reinforces the capsular ligaments
3 It prevents the head of the bone from being pulled too close upward under the acromion (Treves)
4 It supplements the deficiency of the subspinous muscle
5 Both biceps heads are flexors and medial rotators of the arm at the shoulder, both are abductors—the long head abducts the arm and rotates it inward

These anatomic considerations are of importance in visualizing the traumatic mechanism to which this tendon is subject in work and play They are equally important in the clinical examination of the patient, as in the localization of the lesion, and, finally, in the proper treatment of such a lesion

Clinical Features

The tendon of the long head of the biceps is subject to the following lesions

1 Tendinitis
2 Tenosynovitis
3 Partial rupture
4 Complete rupture
5 Dislocation
6 Elongation

Tenosynovitis implies an inflammation of the tendon and its surrounding sheath It is not improbable, however, that tendonitis may and does occur without involvement of the sheath [5] Elongation usually follows dislocation, although each entity may occur separately Meyer[1] has stressed the absence of inflammation in tendons of shoulders studied by him in patients averaging 60 years or over The lesions studied were the products of attrition due to use or overuse It is doubtful, therefore, that all cases considered as tenosynovitis are actually such Many cases clinically classified as inflammatory in origin are degenerative in nature, occurring in elderly individuals as the result of attrition or overuse Such shoulders undoubtedly present clinical signs similar to those encountered in the chronic phase of tenosynovitis Their treatment perhaps differs little from that of true tenosynovitis, although their response to therapy is undoubtedly slow, if not actually poor

Bicipital Tenosynovitis

Pain and disability may be precipitated by trauma to the shoulder, such as occasioned by a sudden pull on the abducted upper extremity, a blow over the biceps tendon, or severe and unaccustomed exercise Schrager[7] mentions trauma, metastatic infection, exposure to cold and dampness, effusions, and rheumatic tendencies as the most common causes Sudden jarring of the elevated arm while in abduction, as in straphangers, attempt to break a fall, a fall upon the extended hand (Colles' fracture), muscle strain, especially in the presence of preceding diseases (osteoarthritis, rheumatoid arthritis, and gout) are some of the more

specific causes of tenosynovitis Ensuing clinical signs are invariably consistent with the severity of the trauma sustained, condition of the tendon previous to injury, and nature of the pathologic changes in and about the tendon

Schrager[7] describes three distinct clinical phases acute, subacute, and chronic The acute phase is characterized by violent pain in the shoulder, loss of function, and tenderness localized at the bicipital groove It may persist for a few days to several weeks and gradually subside, or become subacute In the subacute phase pain is usually less intense and sometimes paroxysmal in character, especially at night Function, though somewhat impaired, is better tolerated This stage usually lasts a period of several weeks or months, or finally becomes chronic According to Schrager, the subacute phase may start frankly as such in cases of rheumatic causation.

The chronic phase exhibits the modified symptoms of the more active types, with voluntary or involuntary fixation of the scapulohumeral structures and loss of scapulohumeral rhythm, as described by Codman This phase may last several years[8] or an indefinite period of time The writer successfully treated one case of bilateral periarthritis of five years' duration

Physical Examination

In the early stages there is pain at the anterior aspect of the shoulder aggravated by movements of the arm, as in performing abduction and external rotation This pain may be associated with muscular spasm and discomfort in the trapezius, scalenus, deltoid, arm, and even the muscles of the forearm[8] Pressure over the bicipital groove reveals the site of maximum tenderness Tenderness over other aspects of the shoulder joint is usually absent Supination of the forearm and hand against resistance (the operator holding the patient's wrist so as to resist supination) with the forearm at right angles to the arm (Yergason's sign) causes an intensification of pain in the region of the bicipital groove A more reliable test employed by the writer is one in which, parallel with this maneuver, the operator abducts the arm well above shoulder level, at the same time exerting pressure over the bicipital groove. In bicipital involvement the subject complains of a sharp, lancinating pain over the point of pressure.

Tenosynovitis and Periarthritis

Pain may at first be accompanied by marked spasm which inhibits normal motion of the shoulder joint. Limited mobility of the shoulder, however, should not always be interpreted as periarthritis, since complete function is not infrequently established as soon as the pain subsides The spasm in such instances arises from the *locus dolens* acting as a trigger point, and is undoubtedly protective in nature Spasm in many painful situations involving the [illegible] joint and surrounding areas has been relieved almost instantaneously following dissipation of the painful mechanism by local injection of procaine[9 10] or brachial plexus block[11] On the other hand, the acute phase may become subacute or chronic. When such is the case a true periarthritis may develop as the result of continued spasm, immobilization and fibrosis Fusion of the tendon to the bicipital groove or obliteration of the intra-articular portion of the tendon, by eliminating the source of pain and the need of further protection on the part of the periarticular muscles, may result in a spontaneous cure of the periarthritis[8 9]

All of the thirty two shoulders explored surgically by Lippmann[4] showed fibrositic inflammatory changes of varying degree involving the biceps tendon and its sheath In the early cases the tissues were reddened, vascular, and edematous, the tendon itself was dull, swollen and discolored In the later cases, the sheaths were thickened, fibrotic, and less vascular, the tendon was roughened and scarred, and the signs of acute inflammation were completely absent In the early cases this tendon was able to glide in its sheath, in the [illegible] chronic cases it was completely bound down to the intertubercular groove These pathologic changes were paralleled by [illegible] such as bicipital-groove tenderness, limited mobility of the [illegible] inferred that bicipital [illegible] forerunner of periarthritis

Lippmann's cases [illegible] the terminal stage of [illegible] neglected or improperly [illegible] subjects representing a [illegible] sponse In contrast, [illegible] of Moseley's patients [illegible] physiotherapy "[illegible] watch the development of a [illegible] shoulder " [illegible] in the early stages [illegible] peutic response

Based on a [illegible] periarthritis, it [illegible] the onset of what [illegible] to as "secondary [illegible] any injury or [illegible] ligamentous [illegible] The injury or [illegible] tently sufficient [illegible] dinitis, and [illegible] The lesions [illegible]

chronic cases appear to fall into this category Minor lesions, unless therapeutically abused, usually clear up spontaneously with rest, or respond to more or less simple measures, such as heat, massage, or procaine infiltration

Partial Tears and Complete Rupture of the Biceps Tendon

Both the long and short biceps tendons may be subjected to partial tears and complete rupture Most ruptures, partial or complete, involve the tendon of the long head of the biceps or the muscle itself Partial tears, because of their gradual production, frequently fail to present a distinct symptomatology, and for this reason are often overlooked or treated as other forms of shoulder lesions, i e , arthritis, bursitis, or supra-*spinatus tendinitis* [12] *Such tears, together with* bicipital tenosynovitis, often form the pathologic basis of the so-called "senile shoulder" or of other painful shoulder conditions in the aged, and for this reason are deserving of being included in the host of causes capable of giving rise to shoulder pain and disability

Rupture of the long head may occur at the supraglenoid tuberosity, intracapsular portion of the tendon, extracapsular portion, or in the musculotendinous junction It has also been known to involve the muscle itself, the lower tendon at the radial insertion, and the short head of the biceps Most ruptures, 43 6 per cent, according to Loos,[13] occur at the junction of the muscle with the tendon In Gilcreest's series of 106 cases,[12] 34 patients developed ruptures at the intra-articular portion of the tendon of the long head, 20 at the upper musculotendinous junction, 14 had extra-articular ruptures, in the remaining patients, ruptures involved other portions of the entire bicipital structure

Both complete and incomplete ruptures are commonly preceded by retrogressive changes which undermine the vital resistance of the tendon When trauma is superimposed on an already devitalized tendon, tears of several of its fibers or complete transverse fission of the entire structure may readily occur Such tears, however, also occur in healthy muscles subjected to great strain, such as muscular contraction against too great a resistance [5,12] When only several fibers are torn, the only complaint may be pain and stiffness, with little or no disability Examination reveals an area of tenderness corresponding to the laceration Use of the extremity, however, is not necessarily impaired, and the tear may gradually heal with disappearence of any discomfort present and gradual return of complete mobilization In the aged, secondary changes may take place with chronic pain and stiffness Continued abuse in such instances may cause gradual fraying and shredding of the biceps tendon, with the fibers taking on new and lower attachments [12]

The four great causes of rupture are age, disease, attrition, and acute trauma

Age, or physiologic imbalance, as in many other disease processes, is the common denominator of shoulder pathology In aging processes the muscles and tendons lose their normal elasticity or resilience (Gilcreest) This is partly due to a decrease in the vascularity of these structures Gilcreest[12] mentions the researches of Rau, who found that after the age of 30 the circulation of blood in a tendon becomes less rich, being gradually reduced to a few short vessels which enter it and the peritendinous membrane This leads to weakening of its tensile strength so *that attrition or acute strain may bring about* rupture These findings are paralleled by the capillary studies of Lombard[14] and Kovacs, Wright, and Duryea,[15] who noted a definite decrease in the number of skin capillaries in the region of Heberden's nodes and joint swelling [16] These aging processes and vascular changes affect not only the muscles and tendons, but the joints and body as a whole

Certain diseases, such as myositis or myofibrositis, osteoarthritis and rheumatoid arthritis, arteriosclerosis, neoplasms, and acute and chronic infections, have also been found to be responsible for a certain percentage of ruptures Myositis, through inflammation or degeneration of the muscle, presumably weakens its tensile resistance, and is, in consequence, a cause of tears occurring at the junction of the muscle and the tendon Osteoarthritis with roughening of the bicipital groove is, according to certain investigators, [5 12 17] responsible for wear and tear of the long head of the biceps tendon as it glides in this groove The role of rheumatoid arthritis as a predisposing factor in facilitating such tears was noted at necroscopy by Ledderhose [18] Gilcreest, however, in reviewing some of Meyer's anatomic material, was greatly surprised to see many specimens of the shoulder joint completely free of the slightest evidence of arthritis These same specimens, however, did reveal intra-articular destruction of the tendon of the long head of the biceps In over 20 of these specimens could be noted absence of the articular portion of this tendon as the result of extracapsular destruction Meyer's own observations[1] pointed to a low-grade, long-standing process with final destruction of the long head of the biceps and attachment of the tendon stump distal to the lesser tuberosities He attributed such destruction to friction, as indicated by the fraying and fringing of the other soft parts of the joint, as well as fraying and shredding of the tendon itself

The role of certain occupations, particularly those requiring repetitious movements of one muscle or a group of muscles, with continued use of the arm in a position of marked abduction and external rotation, is well known The imposition of trauma in a tendon previously frayed and degenerated by arduous labor may readily result in rupture

Trauma may be acute or chronic, extrinsic or intrinsic In Gilcrest's series there were 32 instances of sudden rupture as the result of acute, severe muscular effort Each one of these patients was lifting a weight of approximately 150 pounds with his forearms partly flexed and his biceps in strong contraction The added strain while attempting to throw the load over his shoulders by suddenly erecting the body, resulted in rupture This is a classic example of acute, intrinsic trauma A good many ruptures have, however, been known to occur as the result of extrinsic or external trauma, such as a blow on the shoulder or arm Chronic trauma is well illustrated in the typist or pianist who develops a calcification in the supraspinatus tendon as the result of keeping his arms in a state of constant abduction In this position the tendon is pinched between the acromion and the greater tuberosity of the humerus

Dislocation and Elongation

Notwithstanding the supposed rarity of this lesion, many instances confirming its not infrequent presence have been reported in the literature and verified at autopsy [18] Meyer and his coworkers, in their dissections of over one thousand arms, found 59 cases of marked dislocation of the tendon of the long head of the biceps and many others of lesser degree Gilcrest had four clinical cases One such patient, operated upon by him, probably had the first recorded operation for relief of such a condition Moseley mentions having seen only 2 cases which came to operation, and having two more under observation

It is especially common in laborers past middle life, and may be due to gradual stretching, detachment, or destruction of the joint capsule proximal to and in the region of the lesser tuberosity Malformation or a localized osteitis, as recorded by Bera,[19] by reducing the prominence of the lesser tuberosity also favors dislocation Arthritis and violent muscular effort have also been mentioned as responsible causes Occupation is probably the most important cause External rotation and abduction of the arm over 90 degrees is the usual mechanism of production in acute and recurrent luxation.

The symptoms vary according to whether the luxation occurs suddenly or by gradual stages, whether it is complete or incomplete When the onset is gradual, or if the tendon has slipped forward slightly, there may be vague soreness in and about the groove increased on elevation and external rotation of the extremity [19] When the onset is acute, pain may be sudden and sharp and accompanied by a click, locking of the shoulder, and marked weakness of the arm [8] The clinical picture, however, is often obscured by the presence of tenosynovitis

Diagnosis

Diagnosis is made possible by a history of sharp pain and disability induced by a sudden movement of the arm, as in elevating the extremity in external rotation Occupations requiring repetition of such movements are particularly suggestive of this condition On palpation the presence of an empty groove or of the tendon outside the groove may confirm the diagnosis *Gilcrest[19] describes a diagnostic test* in recurrent dislocation which utilizes these maneuvers by reproducing the luxation The patient is asked to extend and fully elevate the corresponding extremity with the limb in complete external rotation The observer, standing either behind or in front of the patient, places his finger on the tendon of the long head of the biceps at the bicipital groove As the subject lowers the arm to an angle of 110 to 90 degrees a definite snap is felt by the palpating finger This snap, usually accompanied by a sharp pain, is frequently audible to both observer and patient.

Treatment

Bicipital Tenosynovitis —The treatment must take into consideration four important factors (1) acuity of the inflammatory process, (2) intensity of pain, (3) the nature of the established pathologic changes, and (4) the presence or absence of periarthritis

Acute Stage.—In the acute stage, and when pain is severe, rest in bed with the patient in a position of ease is of primary importance Rest relieves pain and spasm and inhibits progression of concomitant pathology to its more advanced forms It also tends to raise the threshold of pain by exerting a beneficial influence on the body as a whole In addition to bed rest the arm should be supported by one or two pillows and all movements of the shoulder avoided as much as possible In ambulatory patients shoulder-drag may be eliminated by the use of a sling This means of support should be continued for a number of days until the acute process has subsided Persistent immobilization should be used with caution, however, since it favors formation of adhesions and the onset of periarthritis

Schrager[1] considers diathermy as the principal remedy in the acute stage He ascribes its use-

fulness to hyperemia and activation of the blood supply, both of which induce repair by promoting absorption of inflammatory exudates Diathermy should be administered from thirty to sixty minutes daily, preferably in the patient's home or in the hospital

The use of radiant heat is also of value, although short-wave diathermy is probably superior The lamp should be a distance of at least 3 feet above the shoulder so as to insure continuous radiation Gentle, stroking massage is also indicated in this stage, severe massage may be actually injurious, and should be avoided Pasteur suggests ionization with salicylates, iodides, and atropine Its usefulness in this phase is questionable, however Procaine ionization has been used for its analgesic effect by the writer, and would, on the basis of results obtained in a few cases, appear to be worthy of trial

Subacute Stage —In the subacute stage, when pain has subsided somewhat, short-wave diathermy or infrared may be followed by more strenuous massage Vibratory massage skillfully applied over the tender area is also useful, and like heat, may be employed to relieve spasm, increase circulation, and promote absorption of inflammatory exudates Low-frequency currents, such as the slow sinusoidal, may also be applied over the inflamed tendon to reduce pain and promote cellular repair [21]

Chronic Stage (*Periarthritis*) —In the chronic stage, characterized by muscular spasm, involuntary fixation of the shoulder, and muscular atrophy, heat, massage, and active and passive motion are also indicated Manipulation should be according to tolerance, since little is to be gained by undue force or persistence in the face of pain and protective spasm, or when the tendon and its sheath are presumably bound down to the intertubercular groove Creeping exercises, such as wall-climbing, following office treatment, consolidate any gain obtained and should be religiously employed by the patient

Lippmann feels that "manipulation is clearly useless before stiffness becomes noticeable, and harmful during the period when adhesions are forming and stiffness is becoming progressively more severe" In his opinion, "manipulation under anesthesia, or gently by exercises, serves only to increase pain and disrupt soft adhesions which inevitably reform"

In the writer's opinion, rest is undoubtedly imperative in acute inflammatory processes accompanied by severe pain After the acute phase has subsided manipulation and exercise, if not too severe, tend to inhibit the formation of adhesions by improvement of local tissue physiology When adhesions are soft or in the process of formation they may be readily ruptured by manipulation without undue trauma The main function of manipulation would, therefore, appear to be one of re-establishing the physiologic integrity of inflamed or degenerated structures Aggressive manipulation in the presence of fibroplastic changes binding the tendon and its sheath to the bicipital groove may not always be desirable, however.

Local Analgesia —When pain and disability persist, as in the subacute and chronic stage, the area of maximum tenderness corresponding to the bicipital groove may be injected with 0 5 to 1 cc of 1 per cent procaine hydrochloride The tender area is readily localized by the diagnostic maneuver previously described In a thin or not too obese person the groove may be felt on palpation of the anterior aspect of the shoulder A wheal is raised over this area and a $1^1/_2$ inch, 22 mm gage needle is inserted through the wheal as far as the approximate location of the tendon Correct localization is invariably signaled by the patient on contact with the inflamed area Considerable care should be exercised by the operator to avoid penetration of the tendon or overtraumatization of the needled area This procedure is to be followed by firm manipulation of the corresponding extremity Injections may be repeated several times weekly until satisfactory results have been obtained, and should be followed by wall-climbing excercises several times daily, preferably after a hot bath

The value of local analgesia and manipulation, as above described in relieving pain and spasm and increasing mobility of the arm, was signally brought out in a patient with periarthritis treated by the writer In this instance, the pain and disability had persisted for a period of three years, having failed to respond to a variety of therapeutic measures, including diathermy, massage, and brachial plexus block Shoulder motion was painful and markedly limited Forced elevation of the arm to the point of intolerance failed to increase materially the range of motion When manipulation was repeated soon after injection, definite relaxation of the shoulder muscles could be felt, with an immediate increase of mobility of at least 3 inches This result was attributed to the analgesic action of procaine upon the inflammatory site, with neutralization of the trigger point and dissipation of the spasm-inducing mechanism It is doubtful, however, if such a result could have been obtained in the presence of advanced pathology characterized by the presence of firm adhesions binding the tendon to the groove, such as described by Meyer[1] and Lippmann [4] Repetition of the above procedures several times weekly resulted in the gradual disappearence of pain and the establish-

ment of normal function This result was repeatedly duplicated by the writer in other cases of periarthritis secondary to bicipital tenosynovitis

Brachial Plexus Block.—Brachial plexus block has also demonstrated its usefulness in the treatment of periarthritis [11] Immediate improvement, in a good number of instances, has followed this procedure parallel with the rupture of soft adhesions after manipulation, although it was not unusual, later, to have a temporary increase in pain and stiffness This temporary reaction was in most cases followed by gradual relaxation of the shoulder muscles and increased mobility

Tears and Ruptures

The treatment of tears and ruptures is both palliative and surgical, depending on the nature of the injury sustained Conservative measures are, in themselves, capable of restoring function in partial or inconsequential tears Both Keen and Gilcreest, however, feel that the superior functional results obtained with surgery as compared to conservative therapy justify the use of the former Following a tear or a rupture many patients are treated at first as having sustained a contusion or a sprain [12] If the tear is not too extensive, Gilcreest[12] advises initial immobilization of the arm in acute flexion for a period of two or three weeks, after which time healing should have occurred spontaneously Gentle massage and diathermy may now be employed The use of massage at an earlier period is contraindicated for apparent reasons As the pain decreases, graduated movements, both active and passive may be instituted Motion is important, especially in the aged, and should be employed as soon as feasible Disuse, whether as the result of a tear or cardiovascular disease, may, in the physiologically depleted, readily result in stiffness or "freezing" of the shoulder

For rupture of the long head of the biceps at its attachment to the superior lip of the glenoid or near its upper end, Gilcreest advises suture of the ruptured tendon to the tendon of the short head of the biceps as well as to the coracoid process Lippmann[3] favors a less extensive procedure, i e., suture of the tendon to the lesser tuberosity with the arm in adduction and external rotation

Local Analgesia.—In partial, or not too extensive tears, the injection of a small amount of a 1 or 2 per cent solution of procaine hydrochloride, according to the technic specified under tenosynovitis, is indicated Although this injection may not exert any specific healing action on the tendon fibers themselves, it probably does hasten improvement by relieving pain and, consequently, spasm and congestion Analogous results have been obtained in the case of a sprained ankle Its greatest usefulness, perhaps, lies in the treatment of the "senile shoulder," where surgery is frequently undesirable

References

1 Meyer A. W Arch Surg. 35: 646 (1937)
2 *Idem.* Arch Surg. 17: 493 (1928)
3 Lippmann Robert K.: Arch Surg. 47: 283 (1943)
4 *Idem:* New York State J Med 44: 2235 (1944)
5. Moseley H F Shoulder Lesions, Springfield Charles C Thomas 1945
6 Gray H Anatomy Descriptive and Applied T B Johnstons Ed 20th ed New York Longmans Green & Co. 1935
7 Schrager V L. Surg. Gynec. & Obst. 66: 780 (1938)
8. Codman E. A. The Shoulder Boston The Author 1934
9 Tarsy J M. M Rec 148. 269 (1938)
10 Steinbrocker, O : Anesth. & Analg. 18: 22 (1939)
11 Tarsy J M. New York State J Med. 44. 2100 (1944)
12 Gilcreest Edgar L.: Surg. Gynec. & Obst. 38: 322 (1934)
13 Loos Otto: Beitr Z Klin Chir 29: 410 (1900)
14 Lombard, W P : Am. J Physiol. 29 335 (1911)
15. Kovacs J., Wright, I S. and Duryea A. W : J A M.A. 100 1018 (April 1) 1933
16 Tarsy J M.: M. Times 73: 101 (1945)
17 Borchers, E.: Beitr z. klin. Chir 90: 635 (1914)
18. Ledderhose G Deutsche Ztschr f Chir 101 126 (1909)
19 Gilcreest, Edgar L. Ann Surg. 104. 118 (1936)
20. Béra Albert.: Syndrome Commun Rupture Elongation, Luxation du Tendon du Long Biceps These Paris, 1910–1911
21 Waddington Joseph Practical Index to Electro and Photo Therapy 3rd ed. Detroit, A. M. Margraf and Co. 1929

31 Monroe Place

NINE KOREAN PHYSICIANS BEGIN YEAR OF TRAINING IN UNITED STATES

Nine physicians from Korea, recently welcomed to the United States by Maj Gen. Norman T Kirk the Surgeon General, and Brig Gen James S Simmons, Chief of Preventive Medicine Service have begun a year of study in the field of public health, sponsored by the International Health Institute of the Rockefeller Foundation

Three of the physicians are attending Johns Hopkins University Medical School, three Harvard University Medical School, and three, the University of Michigan Medical School

The purpose of the year of training, General Kirk said, "is to lay the foundation for a self-sufficient medical service for the Korean nation For more than thirty years the Japanese have dominated all medical and other scientific work in Korea as well as its national and local government affairs. No Korean has been allowed to serve in a position of responsibility in the nation or in his own community"

—*Release from the Office of the Surgeon General*

fulness to hyperemia and activation of the blood supply, both of which induce repair by promoting absorption of inflammatory exudates Diathermy should be administered from thirty to sixty minutes daily, preferably in the patient's home or in the hospital

The use of radiant heat is also of value, although short-wave diathermy is probably superior The lamp should be a distance of at least 3 feet above the shoulder so as to insure continuous radiation Gentle, stroking massage is also indicated in this stage, severe massage may be actually injurious, and should be avoided Pasteur suggests ionization with salicylates, iodides, and atropine Its usefulness in this phase is questionable, however Procaine ionization has been used for its analgesic effect by the writer, and would, on the basis of results obtained in a few cases, appear to be worthy of trial

Subacute Stage—In the subacute stage, when pain has subsided somewhat, short-wave diathermy or infrared may be followed by more strenuous massage Vibratory massage skillfully applied over the tender area is also useful, and like heat, may be employed to relieve spasm, increase circulation, and promote absorption of inflammatory exudates Low-frequency currents, such as the slow sinusoidal, may also be applied over the inflamed tendon to reduce pain and promote cellular repair [21]

Chronic Stage (Periarthritis)—In the chronic stage, characterized by muscular spasm, involuntary fixation of the shoulder, and muscular atrophy, heat, massage, and active and passive motion are also indicated Manipulation should be according to tolerance, since little is to be gained by undue force or persistence in the face of pain and protective spasm, or when the tendon and its sheath are presumably bound down to the intertubercular groove Creeping exercises, such as wall-climbing, following office treatment, consolidate any gain obtained and should be religiously employed by the patient

Lippmann feels that "manipulation is clearly useless before stiffness becomes noticeable, and harmful during the period when adhesions are forming and stiffness is becoming progressively more severe" In his opinion, "manipulation under anesthesia, or gently by exercises, serves only to increase pain and disrupt soft adhesions which inevitably reform"

In the writer's opinion, rest is undoubtedly imperative in acute inflammatory processes accompanied by severe pain After the acute phase has subsided manipulation and exercise, if not too severe, tend to inhibit the formation of adhesions by improvement of local tissue physiology When adhesions are soft or in the process of formation they may be readily ruptured by manipulation without undue trauma The main function of manipulation would, therefore, appear to be one of re-establishing the physiologic integrity of inflamed or degenerated structures Aggressive manipulation in the presence of fibroplastic changes binding the tendon and its sheath to the bicipital groove may not always be desirable, however.

Local Analgesia—When pain and disability persist, as in the subacute and chronic stage, the area of maximum tenderness corresponding to the bicipital groove may be injected with 0 5 to 1 cc of 1 per cent procaine hydrochloride The tender area is readily localized by the diagnostic maneuver previously described In a thin or not too obese person the groove may be felt on palpation of the anterior aspect of the shoulder. A wheal is raised over this area and a $1^1/_2$ inch, 22 mm gage needle is inserted through the wheal as far as the approximate location of the tendon Correct localization is invariably signaled by the patient on contact with the inflamed area Considerable care should be exercised by the operator to avoid penetration of the tendon or overtraumatization of the needled area This procedure is to be followed by firm manipulation of the corresponding extremity Injections may be repeated several times weekly until satisfactory results have been obtained, and should be followed by wall-climbing excercises several times daily, preferably after a hot bath

The value of local analgesia and manipulation, as above described in relieving pain and spasm and increasing mobility of the arm, was signally brought out in a patient with periarthritis treated by the writer In this instance, the pain and disability had persisted for a period of three years, having failed to respond to a variety of therapeutic measures, including diathermy, massage, and brachial plexus block Shoulder motion was painful and markedly limited Forced elevation of the arm to the point of intolerance failed to increase materially the range of motion When manipulation was repeated soon after injection, definite relaxation of the shoulder muscles could be felt, with an immediate increase of mobility of at least 3 inches This result was attributed to the analgesic action of procaine upon the inflammatory site, with neutralization of the trigger point and dissipation of the spasm-inducing mechanism It is doubtful, however, if such a result could have been obtained in the presence of advanced pathology characterized by the presence of firm adhesions binding the tendon to the groove, such as described by Meyer[1] and Lippmann [4] Repetition of the above procedures several times weekly resulted in the gradual disappearence of pain and the establish-



FIG 1. Immediate reduction in pulmonary ventilation, when breathing oxygen, in a patient with pulmonary emphysema.

turned off each time *before* the tent is opened for treatment or examinations. Oxygen may also be administered by catheter in the nasal or oropharynx at a flow of 5 to 7 liters per minute. Provided that the terminal inch and one half is perforated by six to eight small orifices, this simple method of oxygen administration can be efficiently and comfortably used * At present no indication exists for the administration of carbon dioxide to patients with bronchial asthma, since it increases pulmonary ventilation and accentuates the dyspnea Whether short periods of carbon dioxide inhalation have value as an expectorant, as reported by Basch and his coworkers,[3] requires further investigation

Helium-oxygen Inhalation

The use of helium-oxygen mixtures in respiratory obstruction was based on the demonstration that inhalation of this gas was accompanied by decreased physical effort and by a lowering of the intrapleural negative pressure during inspiration.[3,4] The more limited the area of obstruction the greater the physical advantage of helium In patients with status asthmaticus, inhalation of this lighter than-oxygen gas, especially when positive pressure is added, may produce dramatic relief of dyspnea. However, the pathologic changes in the lungs of these patients include not only bronchial spasm but congestion and edema of the bronchial wall, as well as pulmonary emphysema, which require in many instances a period of three to five days before a remission is obtained Although helium and oxygen were originally used more or less continuously for two to five days, the expense of such a program led to the study of their use in limited periods As a part of a program of progressive bronchial relaxation, our therapeutic regimen in cases of status asthmaticus is to employ its administration for two hours two to three times a day, preferably in the positive-pressure hood designed for this purpose [2,5,6] A mixture of 25 to 30 per cent oxygen with the remainder helium is given with a positive pressure of 3 to 5 cm of water in the hood for two hours in the morning and two hours in the afternoon, and in severe cases, two hours in the evening in addition In the absence of trained technical supervision the Meter mask[7] may be employed to give helium-oxygen mixtures for one half to one hour at a time for a total period of four or six hours a day Under these circumstances an 80 per cent helium 20 per cent oxygen mixture at a flow of 4 to 6 liters per minute is generally adequate to keep the collecting bag more than one half full One liter of oxygen per minute may be added through a Y tube to the helium-oxygen mixture The inspiratory disk in the Meter mask is generally removed in cases of asthma when the helium-oxygen mixture is used Wiekner[8] made a valuable suggestion of nebulizing epinephrine during the inhalation of helium-oxygen mixtures. The gas is passed through the nebulizer, which contains 1 1,000 epinephrine Two to 4 cc of 1 500 epinephrine may be continuously inhaled with the helium oxygen atmosphere

The employment of helium with oxygen is part of the regimen referred to in which aminophylline is also used together with potassium iodide and sedation [4,9–11] Aminophylline is employed by rectal administration with the syringe-catheter method in dosages of 7 to 10 grains on arising and on retiring, or when necessary for acute attacks [12] In severe cases three rectal instillations of aminophylline in a day may be used

Although there is danger in excessive use of morphine, as reported by Lamson *et al* [13] Vaughan and Graham,[14] and Harkavy,[15] the prudent and intelligent use of morphine derivatives is at times of great value in the treatment of intractable asthma and status asthmaticus The fact that these drugs may be given in an unwise manner should not condemn their employment by physicians who understand the hazards as well as the significance of central nervous-system relaxation In over 200 patients dilaudid has been used to facilitate progressive bronchial relaxation without habit formation or untoward results In some cases a small hypodermic dose such as $^1/_{64}$ of a grain, three to four times a day for a period of four days has been used, in others, $^1/_{32}$ of a grain may be administered at night and in the morning, if necessary, for three or four days If relief of asthma is not obtained by a single injection of $^1/_{32}$ of a grain of dilaudid, the drug *should not be repeated* until an interval of twelve hours has elapsed, unless a dosage of $^1/_{64}$

* KY Jelly is the safest lubricant for the catheter although it dries quickly Vaseline may be blown in the air stream and produce irritative changes, since it is not absorbed by the lungs.

of a grain has been employed originally In some patients it is desirable to give 1/64 of a grain of dilaudid in the evening and repeat 1/64 of a grain in one or two hours This drug has been given orally and rectally in 1/20-grain doses

During the past year approximately 100 patients with intractable asthma have been treated with demerol instead of dilaudid as an aid to the program of bronchial relaxation The value of demerol is, first, its almost complete freedom from the danger of physical addiction, and second, the fact that it is not a depressant to respiration The dosage of demerol by hypodermic administration is 100 mg but in some instances this provokes nausea and vomiting It has, therefore, been found an advantage to divide the dose in two parts and, as in the administration of dilaudid, give one half the dose and repeat the second 50-mg dose one or two hours later The development of nausea, as in the case of aminophylline, is much less likely to take place if the patient does not move for one hour and preferably is in a reclining position Demerol is given under these circumstances twice a day in a period of four to five days in which the program of bronchial relaxation is carried out In addition, potassium iodide, 1 cc three times a day, is administered Phenobarbital has seemed to us the sedative least likely to create irrational states and is given by mouth in dosages of 0 1 to 0 2 Gm or by hypodermic in the form of sodium luminal

The termination of the helium-oxygen administration is generally on the fifth day, when it is expected that a substantial improvement has taken place If the patient is not obviously getting better at this time, helium-oxygen therapy is abandoned and additional measures employed, such as rectal or inhalational administration of ether, fever therapy, or other procedures

Positive Pressure, with Oxygen or Helium-oxygen Mixtures

The application of positive pressure in inhalational therapy has the purpose of gently forcing an oxygen or helium-oxygen atmosphere into the lungs of a patient who has either obstructive dyspnea or pulmonary edema [16–18] In addition, positive pressure tends to diminish constriction of the bronchial passageway during expiration [19] Positive pressure has been administered by hood and also by a mask which provides pressure during both inspiration and expiration [20 21] It should be pointed out that the mask which was designed to give positive pressure during expiration was suggested for the treatment of pulmonary edema [22 23] Short periods of breathing against positive pressure may be useful in increasing intra-abdominal pressure, raising the diaphragm, and increasing expiratory emptying of the lung This procedure is especially valuable in pulmonary emphysema, three to five minutes breathing against 4 cm. water pressure three to five times daily may be employed As a result of investigations during the war, the demand regulator with provision for positive pressure will make possible the inhalation of oxygen under intermittent positive pressure, which may be of special value in overcoming obstructive dyspnea *

Filtered Air

The use of filtered air is at times of crucial value when other measures fail completely In cases of intractable asthma due to pollen the employment of a room in which dust and pollen are removed may terminate a state of persisting bronchial spasm in a few hours In other cases, however, the results of chronic respiratory obstruction, bronchial mucous-membrane edema, and functional pulmonary emphysema may require two to three days for relief In one case of this kind a state of chronic asthma had persisted for two months, during which time the patient developed a low-grade bronchopulmonary infection that was treated finally by inhalation of penicillin The most comfortable and effective method is the construction of an air-conditioned room in which the filtering apparatus is in an adjoining chamber [24 25] When filtered air is administered at home, various types of commercial window filters are available, but they have often had the disadvantage of supplying an insufficient amount of outside air to provide an atmosphere hygienic in terms of temperature, humidity, and air motion A combination air-conditioner and filter would be more suitable for the periods in which filtered air is most apt to be required, namely, in the summer, if efficient filters were also provided In the early Spring window filters without air-conditioning cabinets

* A practical and at times valuable procedure for increasing intra-abdominal pressure and thus raising the diaphragm is to manually compress the abdomen below the lower ribs during the latter half of the patient's expiration By pressing the hands inward and upward on the patient's abdomen just before the conclusion of expiration, the leaves of the diaphragm are raised and the pressure within the abdomen is elevated This results in forcing from the lungs a good deal of air that is trapped within the alveoli. The procedure is especially valuable not only in patients with organic pulmonary emphysema, but in patients with chronic bronchial obstruction due to asthma in whom an over-distended condition of the lungs is frequently present. In 15 patients in whom manual compression of the abdomen was performed for 3 minutes graphic records of the vital capacity indicated a rise of from 200 to 1000 cc In some instances there was quite marked subjective as well as objective improvement in breathing This exercise may be performed by the patient after brief training. It is in some cases of considerable help In the majority of cases of asthma with persistent obstruction, trapping of air will take place again with recurrence of pulmonary distention. The procedure, however is of considerable importance not only as an exercise, but also as an emergency measure in individuals who may not respond to bronchial relaxation because of acute, severe, although functional, pulmonary over-distention.

may be more comfortably employed In the treatment of a patient in whom inhalant pollen asthma is considered to be present, the room should be cleaned for a period of three to four hours before the patient enters it In some instances residence for four to five days in the filtered-air room, with continuous operation of the motor-blower unit, is required, following which the patient may be able to be in the outer atmosphere for several hours during the day without recurrence of severe asthma.*

Nasal filters have been employed with variable success The degree of cooperation required is considerable and a moderate amount of time must be spent in training patients to use them correctly In the first place, nasal congestion may interfere with the patient's breathing through the nose. In that case, drops of a vasoconstricting solution may be at first employed, but the effort should be made to abandon the use of solutions which cause vasoconstriction of the mucous membrane because of the secondary vasodilatation that often takes place The filtering medium of cotton or wool is best used plain and not after wetting with the solutions that generally come with the nasal filter The patient must learn to inhale through his nose and exhale through either the mouth or the nose. In one case in which sensitivity to horse dander was present, the skillful use of the nasal filter enabled the patient to stay in Bermuda for a period of six months.

During the winter the use of a filtered-air room is only very infrequently of special advantage The patient with asthma due to inhalation of dust may at times develop intractable bronchial spasm by exposure to dust in trains or cars, but most frequently, in our experience, it is due to the circulation of dust accomplished by boxed-in radiators when the cold weather sets in An investigation of boxed in radiators which we made revealed that many of them had not been cleaned for two to four years, and others not since the date of installation In a patient whom we treated a year ago in the filtered-air room, complete freedom from all symptoms of asthma took place during a period of ten days After returning home he was well until the steam heat was turned on one week later During the following twenty-four hours he developed increasingly severe asthma and in four days returned to the hospital in status asthma, he was again put into the filtered-air room and became free from symptoms. When the patient's wife was directed to inspect the boxed-in radiator, she found that $^2/_8$ inch of dust was deposited over the radiator This was thoroughly cleaned before the patient returned home and except for a mild amount of wheezing three weeks later, the patient was free from asthma for almost one year He spent three months of this time in Florida Open radiators are apt to be cleaned, since the dust is visible, but boxed-in radiators, which are considered to be more esthetic to the eye, have the menace of accumulating house dust, since they are often extremely difficult to open by removing the top and sides Hot-air heating may also circulate dust through pipes that are difficult to clean

During the past fifteen years in which our filtered-air room has been in operation the value of it has been proved from time to time in the circumstances that have just been reviewed, but in many cases of status asthmaticus due to dust sensitivity no dramatic or significant improvement has taken place Ultimately, the treatment of inhalant allergy is either removal from the source of the allergen, such as in cases of horse dander, feathers, and the hairs, or in the case of dust and pollens, desensitization Much smaller desensitizing dosage than usually recommended seems better for patients with severe asthma. In addition, it would seem that desensitization therapy, when successful, should not be stopped but continued at monthly intervals, since cases have been observed in which recurrence of progressively severe asthma took place one, two, and three years after allergically directed therapy was discontinued The aim of treatment would appear to be the maintenance of a monthly injection for an indefinite period of time. The cooperation of the patient is at times lost by both too frequent and too large injections.

Inhalation of Nebulized Solutions of Bronchodilator and Bronchovasoconstrictor Solutions

Inhalation of nebulized solutions of epinephrine and neosynephrine have certain advantages as well as disadvantages. In the majority of cases which are under moderately good control by effective aminophylline dosage, the inhalation of epinephrine with a nebulizer that produces particles the majority of which are less than 1 μ in size is of considerable convenience *

Inhalation of 1 per cent neosynephrine was not recommended as an efficient bronchodilator, but for its bronchovasoconstricting properties This substance has its chief value in the treatment of patients whose predominating disease is that of emphysema rather than bronchial asthma.[1,2] The advantage of its use is that refractoriness rarely develops to this drug In patients with status asthmaticus in whom congestion in the

* The very efficient Precipitron filter made by Westinghouse may be available soon as a window filter This seems to the author far superior to other types of air filters.

* The nebulizer made by the Vaponefrin Company Upper Darby Pennsylvania, satisfies this requirement.

tracheobronchial passageway is present, inhalation of 1 cc of 1 per cent neosynephrine by nebulizing it with an oxygen stream of 5 to 7 liters per minute may be employed three or four times a day in conjunction with the inhalation of 1 per cent epinephrine either by continuous nebulization with oxygen, such as 0 5 to 1 0 cc three to five times a day [26] It must be borne in mind that when the patient is refractory to hypodermic injection of epinephrine the inhalation of the nebulized sprays, either of epinephrine or neosynephrine, may be of little or no value The convenience of the hand-bulb nebulization of epinephrine for attacks of mild or moderate asthma is real and has a proper place in the treatment of many patients with severe, chronic bronchial asthma [27]

In patients in whom pulmonary emphysema predominates the clinical picture, with mild or moderately severe bronchial spasm also present, inhalation of a 50 per cent mixture of 1 per cent epinephrine and 1 per cent neosynephrine, nebulized by the hand bulb in the morning, late afternoon, and in the evening, is apt to add to their ability to walk without dyspnea A caution against the overfrequent use of nebulized epinephrine should be emphasized When the state of refractoriness to epinephrine begins, the patient generally uses the inhalation of the spray more and more often until large quantities of the solutions are employed with less and less relief At this point the use of epinephrine must be abandoned and other measures, especially aminophylline in effective dosages, adopted A program of progressive bronchial relaxation referred to under the section on administration of helium-oxygen mixtures, with aminophylline, dilaudid, demerol, and potassium iodide,[5,6,8–10] or other procedures may be used

When a remission has been obtained in the intractable asthmatic state the inhalation of epinephrine may be resorted to again

Inhalation of Nebulized Solutions of Penicillin and Sulfonamides

Inhalation of penicillin for the treatment of bronchial asthma has been under special investigation in our clinic during the past year and a half The physiologic basis for this procedure rather than the intramuscular injection of penicillin is that (1) a high local concentration may be obtained in cases in which infection exists in the bronchial wall and in the lung parenchyma, (2) penicillin is active locally in high dilutions, and (3) penicillin aerosol has been demonstrated to penetrate to the bronchi and alveoli [28,29] The best results have been obtained in cases of bronchial asthma in which an acute infection was present, due to the pneumococcus or hemolytic streptococcus organism. In a small percentage of cases with chronic bronchial infection an unquestionable remission has been obtained by the inhalation of penicillin nebulized by means of an apparatus which provides rebreathing of the nebula [29,32] The employment of penicillin in cases of intrinsic asthma, in which bacterial infection is assumed to be the causative agent in the disease, is disappointing in a considerable number of patients This may be in part due to failure in technic, in part to the relative insensitivity to penicillin of organisms such as the streptococcus viridans, which is often found in the culture of the sputum, and perhaps to a great extent to the fact that recurrence of infection in the bronchial wall is common In many cases of bronchial asthma the development of an allergic reaction to penicillin has interrupted therapy at a time when apparently favorable results were being obtained Although urticaria is not apt to take place in more than 3 to 5 per cent of nonallergic patients during the administration of penicillin, the development of this complication is far more frequent in patients with bronchial asthma. The administration of larger doses by intramuscular injection has appeared to make this complication more likely For that reason a combination of orally administered penicillin[30] as an adjunct to the inhalation of penicillin was adopted for a time, but the present plan is to use inhalation of penicillin nebulin in moderate doses for a longer period than formerly employed, one to three months rather than one to two weeks A better response to the treatment of bronchiectasis by this program has prompted us to employ long-continued inhalational therapy rather than intensive short courses

Although Hampton[31] noted little benefit with his method of inhalation of penicillin, very favorable results were reported by Vermilye,[32] who employed our technic of administration Definite clinical improvement after intramuscular injection of penicillin in cases of intractable asthma has been observed by Schonwald and Deppe[33] and Leopold and Cooke [34] The good response to penicillin aerosol in cases of bronchiectasis[29,35,36] leads to a justifiable expectation that some cases of infectious asthma may be aided by control or elimination of bronchial infection

A method of introducing penicillin aerosol into the sinuses by intermittent negative pressure[37] has been found of value in the treatment of infectious asthma by eliminating or reducing the infection in cases of chronic sinusitis

The indications for the use of penicillin in bronchial asthma at present appear to be, first, exclusion of an extrinsic factor as cause of the disease, second, demonstration of an organism sensitive to penicillin, and third, the oppor-

tunity to use the drug in a satisfactory prolonged program The demonstration that penicillin, when given for one or two days in an upper respiratory infection, is generally followed by recurrence of a more severe form of the respiratory infection five or six days afterward introduces a note of caution into the use of penicillin for short periods. In four patients who were given a single injection of penicillin for various types of bronchopulmonary infection a chill with a fever of 103 to 104 F was observed This phenomenon did not take place in 100 patients who were continuously treated with the drug Recurrence of symptoms of infection may take place when penicillin is stopped, even after a course of ten days to two weeks. The management of chronic bronchial infection obviously requires further study It may be that maintenance doses of penicillin by either inhalation or mouth should be prescribed for a longer period A probably desirable course may be to institute injections of a stock vaccine during the inhalation of penicillin to maintain an immunity that may be lost during the time of penicillin administration Two patients have been encountered who developed pneumonia two weeks after cessation of treatment, in one case after inhalation and in the other case after intramuscular injection of penicillin

The occurrence of sore throat and laryngitis after inhalation of epinephrine with nebulizers that produce a coarse spray was observed by us years ago Although this does not take place with nebulizers that produce an aerosol of fine-particle size, the fact that it was a complication of nebulization therapy presented a caution in the administration of penicillin by inhalation In some patients treated by inhalation of penicillin aerosol a sore throat and sore tongue, as well as (rarely) substernal soreness occurred when concentrations of 50,000 units per cc. were employed Rinsing the mouth and gargling the throat with tap water after each inhalation tends to prevent this complication, but concentrations of 40,000 units per cc may be preferable For this reason a dosage of 150,000 to 200,000 units per day may be given in a concentration of 40,000 units per cc dissolved in normal saline

The apparatus includes a mouthpiece or a mask with a nebulizer provided with a rebreathing bag, a rubber tube that has a Y-tube inserted in it, so that nebulization may take place during the inspiratory cycle, and a calibrated regulator on an oxygen cylinder [21,39] A common procedure is to administer 1 cc of a solution of 20,000 units per cc of penicillin in normal saline five times a day The calcium salt is less apt to be irritating than sodium penicillin When patients manifest an allergic reaction to penicillin the treatment should be stopped immediately and ephedrine or adrenalin used until the symptoms disappear

Other drugs that have been used in the treatment of bronchopulmonary infection include sulfadiazine, 2 5 per cent, in ethanolamine solution, neosynephrine-sulfathiazolate, promin, and sodium sulfathiazole in 1 to 5 per cent solution The inhalation of sodium sulfathiazole is perhaps the best of these, since it is a readily soluble drug and has not been found to be irritating [21-41] If a 1 per cent solution is used it is made up in normal saline, if a 5 per cent solution is employed it is dissolved in distilled or tap water A daily dosage of 0 1 to 0 5 Gm. during the twenty-four hours is being investigated and in the absence of allergic skin reaction this drug may be an effective therapeutic agent in controlling chronic bronchopulmonary infection It must be borne in mind that an exfoliative dermatitis may take place from sulfathiazole and treatment should be interrupted promptly under these circumstances However, a high local concentration of the drug may be obtained with a minimal or no demonstrable blood level The rebreathing bag should not be used with sodium sulfathiazole, since the exhaled carbon dioxide may precipitate the drug by lowering the alkalinity of the solution

Anesthesia with Ether

When patients become refractory to epinephrine, the bronchial relaxation programs referred to above may result in a long-maintained remission. However, in some cases more or less complete refractoriness to aminophylline develops and intractable asthma of a severe type sets in. Aminophylline may then be stopped and anesthetic doses of ether employed to obtain a remission Ether and oil may be given rectally for the same purpose [42] Oxygen inhalation during and after the anesthesia is often desirable At times, deep anesthesia by a skillful anesthetist will result in a remission, followed by a response to the usual measures

If symptoms still persist, an infusion containing typhoid vaccine may be tried, according to the method of Solomon and Somkin,[43] or fever therapy by a box may be used

Summary

The contemporary use of inhalation treatment in bronchial asthma includes the following procedures

1 Administration of oxygen
2 Inhalation of helium-oxygen mixtures
3 Positive pressure
4 Filtered air
5 Nebulization of bronchodilator and bronchovasoconstrictor substances
6 Inhalation of penicillin and the sulfonamide aerosols

7 Anesthesia with ether

The physiologic basis of these therapeutic programs and the clinical technics employed are briefly described

References

1 Barach, A L Ann Int Med 12 454 (1938)
2 Barach, A L Principles and Practices of Inhalational Therapy, Philadelphia, J B Lippincott Co, 1944
3 Basch F P, Holinger, P, and Poncher, H G Am J Dis Child 62 149 (1941)
4 Barach A L J A M A 107 1273 (1936), Proc Soc Exper Biol & Med 32 462 (1934)
5 Barach A L J Allergy 14 206 (1943)
6 Barach, A L M Clin North America 28 339 (1944)
7 (a) Barach A L, and Eckman, M Anesthesiology 2 421 (1941), (b) Barach A L, and Eckman, M J Aviation Med 12 39 (1941)
8 Wickner I Ann Allergy 3 187 (1945)
9 Barach, A L Bull New York Acad Med 20 538 (1944)
10 Segal M S New England J Med 229 235 (1943)
11 Segal, M S New England J Med 230 456, 485 (1944)
12 Barach A L J A M A 128 589 (1945)
13 Lamson, R W, Butt, E M, and Stickler, M J Allergy 14 396 (1943)
14 Vaughan, W T, and Graham, W R J A M A 119 556 (1942)
15 Harkavy, J New York Med J 11 (1945)
16 Barach, A L and Eckman, M Ann Int Med 9 739 (1935)
17 Poulton E P Lancet 2 981 (1936)
18 Barach A L, Martin, J, and Eckman, M Ann Int Med 12 754 (1938)
19 Barach, A L, and Swenson, P C Arch Int. Med 63 946 (1939)
20 Barach, A L New York State J Med 37 1095 (1937)
21 Eckman, M, and Barach, A L. Mod Hosp 52 78 (1939)
22 Barach, A L Ann Int Med 17 812 (1942)
23 Barach, A L, and Molomut, N Ann Int Med 17 820 (1942)
24 Crep, L H. Mod Hosp 46 82 (1936)
25 Barach, A L Am. Rev Tubere 27 508 (1933)
26 Richards D W, Jr, Barach, A L, and Cromwell, H A Am J Med Sc 199 225 (1940)
27 Bryson, V, Sansome, E and Laskin, S Science 100 33 (1944)
28 Graeser, J B, and Rowe, A H J Allergy 6 415 (1935)
29 Barach A L, Silberstein, F H, Oppenheimer E. T, Hunter, T, and Soroka, M Ann Int Med 22 485 (1945) Barach, A L, Garthwaite, B, and Soroka, M Mod Hosp 66 100 (1946)
30 Barach, A L, Garthwaite, B Oppenheimer, E T Forman, J, and Osburg, H Science 102 247 (1945)
31 Hampton, S F, Wine M B, Allen, W, Thompson, C S J A M A 127 1108 (1945)
32 Vermilye H N J A M A 129 250 (1945)
33 Schonwald, P, and Deppe, E F Northwest. Med 44 10 (1945)
34 Leopold, S S, and Cooke, R A Am J M Sc 209 784 (1945)
35 Olsen, A M Proc Staff Meet, Mayo Clin. 20 184 (1945)
36 Segal, M S, and Ryder C M New England J Med 233 211 (1945), Bull New England Med Center 7 279 (1945)
37 Barach, A L, Garthwaite B, Soroka, M, and Anderson, F F Ann Int Med 24 97 (1946)
38 Castex, M R., Capdehourat, E L, and Pedace, E A Arch. argent. de enferm. d ap respir y tuberc 9 1 (1934)
39 Castex M R, Capdehourat E L, and Laverello, A Rev Asoc méd argent. 55 85 (1941)
40 Fox, C L Arch Surg 45 754 (1942)
41 Stacey, J W Dis of Chest. 9 302 (1943)
42 Maytum, C K M Clin North America 15 201 (1931)
43 Solomon, H A., and Somkin, E Am J M Sc. 203 736 (1942)

THE QUEER DOCTOR

"He's got a lot of queer ideas—never amount to much as a surgeon." That was the 1865 opinion of a young Glasgow University professor of surgery, *Joseph Lister, born April 5, 1827* Professor Lister did have a great many impatient thoughts—about compound fractures, for one thing Why didn't a compound fracture heal the way a simple fracture did? Finding the right answer seemed to be Lister's obsession. He talked his questions to his colleagues, to his father-in-law, the then-noted Dr James Syme, and wrote them to his father, an English optician. (Incidentally, it was the elder Lister who discovered the fundamental principle of the modern microscope) Finally, it was a Glasgow chemist who gave Lister the first hint of solving the problem of healing This man felt that Lister was thinking along the same lines as "a crazy Frenchman—a chap named Pasteur," and he gave Lister copies of Pasteur's papers

Next, a visiting medico told Lister about cleaning up a sewerage system with the aid of carbolic acid. Lister started to use carbolic aid on his compound fractures Also, the young surgeon was asking for clean boiled bandages—an astounding request in the days when dressings were made from old linen sent to the hospital by the town's housewives—linen not even washed before applied to wounds

Even more of Lister's "queer" ideas began to crop up He washed his hands before an operation instead of afterward. He wore a clean apron while operating instead of the soiled black frock coat which was then the doctor's uniform He invented a way to sterilize ligatures instead of simply sticking his needle and thread in his lapel until next needed And these ideas had wondrous results—gangrene virtually disappeared from Lister's hospital.

In the early 1860's, gangrene was so frightfully prevalent in infirmaries that debaters argued seriously whether to burn and close every hospital in England In 1867, Joseph Lister read a paper "On the Antiseptic Principle of the Practice of Surgery" to the British Medical Association He was still ahead of his time Only a few of the group believed, and it was not until 1890 that hospital cleanliness found general acceptance.

Joseph Lister was called First Baron Lister of Lyme Regis by a grateful nation, and founder of antiseptic surgery by a grateful world

A REPORT ON POLIOMYELITIS CASES FROM THE HOSPITAL FOR SPECIAL SURGERY OF NEW YORK CITY

K. G. Hansson, M.D., and L. Ramsay Straub, M.D., New York City

THIS is a report of 158 unselected poliomyelitis patients referred to the Hospital for Special Surgery, New York City, during the last four months in 1944. Much unfair advantage has been taken of statistics in poliomyelitis epidemics, especially in reference to one treatment being superior to another. So much publicity has been given to poliomyelitis in the press, on the radio, and on the screen that the public is up to date on every development and thus the medical profession has been obliged to deal with public opinion in poliomyelitis. Public interest in a disease makes it easy to raise public funds. With large public funds available the foundation is laid for better control and possible eradication of the disease.

Many research institutions, specialists, and hospitals are devoted to the prevention, cure, and management of poliomyelitis. Too much emphasis has been placed on the late manifestations of the viral invasion when damage to the cells has already occurred. We have had too many arguments on the effectiveness of one treatment over another. These arguments will disappear when in the future we will have a virucide available as specific treatment for poliomyelitis or possibly a vaccine as a preventive measure. Lacking both for the present, we must deal with the aftereffects of poliomyelitis, be they muscle spasm, paralysis, or deformity. Let us emphasize the fact that acute poliomyelitis should be considered an invasion of the spinal cord by a virus, as pneumonia is an invasion of the lungs by pneumococci. Complete restoration is the rule.

In pneumonia, however, a few patients develop complications in the course of the disease, just as in poliomyelitis a few patients develop a permanent paralysis. This group forms a small percentage of all persons infected, as it is our belief that in most cases the disease is mild, and is frequently undetected or undiagnosed. Assuming this, we should not credit the 60 to 80 per cent of cures to any specific treatment, but be frank and admit that they and probably a great many more unseen cases, "cured" themselves spontaneously. The remainder of the patients are not as fortunate and show some residual paralysis or weakness.

It is the latter group with which this report is concerned. It is not an attempt to claim advantages for accomplished cures. It is intended merely as a report on the management of the aftereffects in poliomyelitis.

Source of Patients

The Board of Health of New York City has decreed that any general hospital can receive poliomyelitis patients. Quarantine has been relaxed, but poliomyelitis patients are still isolated two weeks and the stools of patients treated similarly to stools of typhoid patients.

Most of our patients were received from Willard Parker Hospital, where they had been expertly diagnosed, carefully watched for complications, and given some form of treatment. Twenty-one other hospitals in Greater New York referred one or more patients. Forty-one patients were treated as inpatients. One hundred and seventeen received treatment from the outpatient department.

Diagnosis

Pathologic conditions simulating poliomyelitis complicate diagnosis. Poliomyelitis being a virus disease, the onset is similar to other virus infections, outstanding among which are septic throat infections. This fact caused much confusion in the early diagnosis in this epidemic, as in others that we have observed. At least three definite poliomyelitis cases in this series were treated at first with sulfadiazine and one with penicillin.

Two cases were diagnosed as appendicitis, had appendectomies, and developed paralysis later. One case was diagnosed as poliomyelitis and was found to be mumps, one was treated for poliomyelitis and further developments revealed that the patient had rheumatic fever. Another patient had been treated for poliomyelitis and, because of persistently rigid lumbar spine, was x-rayed and found to have a cord tumor. She was operated upon and a dermoid cyst was removed.

The muscle spasm that we have observed so frequently during the last years in our poliomyelitis patients makes one suspect that we sometimes deal with Guillain-Barré syndrome. This form of neuroradiculitis was first described in 1916. The onset is very similar to poliomyelitis but paralysis is more commonly bilateral, both motor and sensory nerves are involved, and the facial nerve is usually paralyzed. Guillain-Barré syndrome is characterized by a hyperalbuminosis in the spinal fluid and a normal cell count. It is usually of six weeks' duration with complete recovery. We had one definite case of this syndrome and several suspicious cases sent to us as poliomyelitis.

Spinal taps were done on 81 per cent of our patients at twenty-two different hospitals Only those showing an increased leukocyte count and an elevation in protein content, as shown directly or by the Pandy test, were considered positive On this basis, the findings were positive in 77 per cent of those tested

Muscle Spasm

Muscle spasm has been present in nearly all our cases In some it has been slight and disappeared early, in others it has persisted ten months In many cases it has been the most persistent symptom The most commonly involved muscle groups have been the posterior neck muscles, the erector spinae, and the hamstrings Most of the spastic muscles will respond to hot packs, but when this has failed we have tried plaster splintage and prostigmine, orally, intramuscularly, and by iontophoresis We have tried bed rest and mobilization in the therapeutic pool We have found no specific remedy for muscle spasm. However, getting a patient out of bed into a wheelchair, on his feet, even when braces and a walker must be used, seems to have better effect than long-continued bed rest In this series 76 per cent of the 158 cases reviewed had muscle spasm at the onset of disease Twenty-one of the patients still had varying degrees of spasm eight months after the acute illness

Muscle Paralysis

Of the total series, 35 per cent showed no paralysis at any time Distribution of the paralysis was found to be lower extremity, 40 per cent, upper extremity, 20 per cent, head and neck, 18 per cent, trunk, 13 per cent, extensive paralysis involving the whole body, 9 per cent In the lower extremity, the tibialis anticus, the gastrocnemius, and quadriceps are most frequently paralyzed, while in the upper extremity the deltoid is the most commonly isolated involvement, with the opponens pollicis a close second

Most of the cases recorded as "head and neck" in the table were bulbar in type of involvement There was only one patient with true extensive facial weakness Trunk involvement is often difficult to detect Abdominal weakness was seen more frequently than paralysis of the back musculature The involvement of the latter, however, was extreme in some cases

Treatment

Seventy-seven per cent of the patients in this series were treated by hot fomentations or similar methods using heat This includes treatments given in many other hospitals, clinics, and in the homes The quality, frequency, and duration of such therapy varied in the extreme, thus precluding any honest statistical evaluation Twelve per cent of the patients had only muscle reeducation and similar therapies, 11 per cent of the patients had no treatment of any kind This latter group consisted of mild cases that made complete recovery or had no paralysis at any time Forty-three per cent had some residual weakness or paralysis after six months to a year of treatment In most cases this paralysis was of little clinical importance, as it was so mild as not to effect function

For real clinical evaluation we have made four arbitrary groupings in relation to general function and including muscle spasm as well as paralysis

Group 1—11 per cent show no function or improvement, and require support, prognosis is poor

Group 2—11 per cent show slight improvement, and residual weakness which may require support, prognosis is fair

Group 3—19 per cent show definite improvement, require no support, prognosis is good

Group 4—59 per cent return to normal, require no support

Deformity

Deformities were not common, as most of these patients had been closely observed and corrective steps taken early Equinus deformities were present in 3 patients in a degree severe enough to require correction with wedging casts and application of braces Response in all was satisfactory Contracture of adductors of the shoulder were commonly seen in respirator cases These disappeared with treatment One patient retained a persistent adductor contracture of the shoulder at the end of the present period of observation He had not been in a respirator, nor had he had any close observation Scoliosis was noted in seven ambulatory patients In six it was very mild and was of only academic interest

Complications

It has been estimated that 400 to 500 poliomyelitis patients are treated in respirators yearly in the United States We know that patients with paralysis of the diaphragm and intercostal muscles are often saved by the respirator What happens to these patients afterwards? They form an interesting group because if the diaphragm and intercostals are paralyzed, there is also extensive paralysis often involving both lower and upper extremities We had 8 patients who spent from three days to four weeks in respirators We made three definite observations on these cases First, the paralysis was very extensive both as to degree and extent Second,

the debility and emaciation of these patients was very striking, and return to normal nutrition was a slow process, requiring from six to ten months. Third, the persistent adductor contraction in the shoulders prolongs convalescence. After our experience with frozen shoulders in respirator cases it seems only rational to insist on either a new construction of respirator, such as the Curass type, or special attention to shoulders in the respirator, such as change of arm position or occasional abduction exercises out of the respirator

Urinary retention is rather common In adults it often becomes a most annoying symptom In one of our patients a woman of 35 it lasted for two weeks. In a man of 30, it persisted for four weeks though treated with sulfadiazine, prostigmine and tidal drainage

One of our patients, aged 27, was taken sick with poliomyelitis on August 16, 1944, and notwithstanding the paralysis of the upper and lower extremities and abdominal muscles, she delivered a normal full term baby on August 27, 1944

Lateral curvatures of the spine are not common under our present treatments during the first year of poliomyelitis We have seen a bad triple curve of the functional type in a patient who had had no treatment She presented a left lumbar, right dorsal, and left cervical curve, and the spinal muscles felt lumpy She had prone packs, reeducation exercises, and convex frame at night, and was discharged in May wearing a reinforced corset. She was much improved and is continuing her exercises in the Outpatient Department Two patients had complete paralysis of the right rhomboid muscles Both developed a dorsal curve while in bed In one, the convexity was to the left In the other, the convexity was to the right This would indicate that the muscular pull or lack of pull of the larger muscles of the back is not solely responsible for the curve It is too early to prognosticate about future scoliotic development, but there are indications that close observation of all patients with abdominal muscle imbalance would be desirable.

If a recumbent patient is suddenly put on his feet, he often complains of pain in the longitudinal arch. This can be prevented by strapping the feet with adhesive tape in mild inversion and the application of inner heel wedges and scaphoid pads We have noticed ingrowing toenails frequently in patients who have long periods of bed rest, presumably from the pressure of the bed clothes on the toes The use of footboards removes this pressure and has proved effective in our present bed patients When the bed patient puts on shoes and begins weight bearing he may develop ingrowing toenails We had 5 cases which occurred in this manner which were treated successfully with wet dressings and packing We found that proper attention to shoes and shortened periods of weight bearing were adequate preventative measures

Management of Inpatients

We had 41 inpatients treated on two wards set aside for this purpose The doors to the wards and rooms were kept closed, visitors were allowed to see children once every two weeks. All visitors were masked and gowned The rooms were exposed to ultraviolet radiation Whether the management was responsible or not is not known, but we had no serious infections or colds over a period of ten months Teams of three nurses' aides were organized for packing The muscle re-education was done by two physiotherapists Daily visits were made by the house staff, and weekly rounds by the orthopedic surgeon, the director of physical medicine, the house staff, nurses, and physiotherapists The consulting staff was freely used whenever necessary The pediatrician made regular visits, the neurologist checked all doubtful cases, the internist helped with the nutrition problems, the nose and throat department was often consulted, also the genitourinary surgeon, the general surgeons, and the orthopedic staff With such a staff available, the best care of the patients is assured It is our belief that the extensive and constant nursing care and attention of the physiotherapists is probably responsible for the maximum result obtained in each individual patient.

The feeding of the patients has received special care and presents many problems We usually deal with extremely emaciated patients, many of them children and young adults who are still growing and in addition must build up muscle tissue A high calorie diet is usually supplied with special attention to the normal protein metabolism which is maintained by addition of amino acids to the diet

Outpatient Department

A properly organized outpatient clinic is essential to the proper management of patients suffering from subacute and chronic poliomyelitis It is here that general over-all supervision of, and prescription for treatment is given This clinic should be staffed by an attending orthopedic surgeon, nurse, social-service worker, and a secretary This clinic should work at all times in close cooperation with the Department of Physical Medicine, and should also have readily available consultation services. Such a clinic provides an ideal opportunity for orthopedic training of both doctors and nurses. The type of

Spinal taps were done on 81 per cent of our patients at twenty-two different hospitals Only those showing an increased leukocyte count and an elevation in protein content, as shown directly or by the Pandy test, were considered positive On this basis, the findings were positive in 77 per cent of those tested

Muscle Spasm

Muscle spasm has been present in nearly all our cases In some it has been slight and disappeared early, in others it has persisted ten months In many cases it has been the most persistent symptom The most commonly involved muscle groups have been the posterior neck muscles, the erector spinae, and the hamstrings Most of the spastic muscles will respond to hot packs, but when this has failed we have tried plaster splintage and prostigmine, orally, intramuscularly, and by iontophoresis We have tried bed rest and mobilization in the therapeutic pool We have found no specific remedy for muscle spasm However, getting a patient out of bed into a wheelchair, on his feet, even when braces and a walker must be used, seems to have better effect than long-continued bed rest In this series 76 per cent of the 158 cases reviewed had muscle spasm at the onset of disease Twenty-one of the patients still had varying degrees of spasm eight months after the acute illness

Muscle Paralysis

Of the total series, 35 per cent showed no paralysis at any time Distribution of the paralysis was found to be lower extremity, 40 per cent, upper extremity, 20 per cent, head and neck, 18 per cent, trunk, 13 per cent, extensive paralysis involving the whole body, 9 per cent In the lower extremity, the tibialis anticus, the gastrocnemius, and quadriceps are most frequently paralyzed, while in the upper extremity the deltoid is the most commonly isolated involvement, with the opponens pollicis a close second

Most of the cases recorded as "head and neck" in the table were bulbar in type of involvement There was only one patient with true extensive facial weakness Trunk involvement is often difficult to detect Abdominal weakness was seen more frequently than paralysis of the back musculature The involvement of the latter, however, was extreme in some cases

Treatment

Seventy-seven per cent of the patients in this series were treated by hot fomentations or similar methods using heat This includes treatments given in many other hospitals, clinics, and in the homes The quality, frequency, and duration of such therapy varied in the extreme, thus precluding any honest statistical evaluation Twelve per cent of the patients had only muscle reeducation and similar therapies, 11 per cent of the patients had no treatment of any kind This latter group consisted of mild cases that made complete recovery or had no paralysis at any time Forty-three per cent had some residual weakness or paralysis after six months to a year of treatment In most cases this paralysis was of little clinical importance, as it was so mild as not to effect function

For real clinical evaluation we have made four arbitrary groupings in relation to general function and including muscle spasm as well as paralysis

Group 1—11 per cent show no function or improvement, and require support, prognosis is poor

Group 2—11 per cent show slight improvement, and residual weakness which may require support, prognosis is fair

Group 3—19 per cent show definite improvement, require no support, prognosis is good

Group 4—59 per cent return to normal, require no support

Deformity

Deformities were not common, as most of these patients had been closely observed and corrective steps taken early Equinus deformities were present in 3 patients in a degree severe enough to require correction with wedging casts and application of braces Response in all was satisfactory Contracture of adductors of the shoulder were commonly seen in respirator cases These disappeared with treatment One patient retained a persistent adductor contracture of the shoulder at the end of the present period of observation He had not been in a respirator, nor had he had any close observation Scoliosis was noted in seven ambulatory patients In six it was very mild and was of only academic interest.

Complications

It has been estimated that 400 to 500 poliomyelitis patients are treated in respirators yearly in the United States We know that patients with paralysis of the diaphragm and intercostal muscles are often saved by the respirator What happens to these patients afterwards? They form an interesting group because if the diaphragm and intercostals are paralyzed, there is also extensive paralysis often involving both lower and upper extremities We had 8 patients who spent from three days to four weeks in respirators We made three definite observations on these cases First, the paralysis was very extensive both as to degree and extent Second,

moval of gravity it can function 1–T—Trace, where there is slight contraction of the muscle 0–0—Zero, no evidence of contractility of muscle fibers The National Foundation advocates the use of the ciphers instead of the letters in the records as less subject to error We have had the same technician do all muscle tests and they have been repeated about once a month during the first six months or whenever indicated

Muscle Re-education

We believe that muscle re-education is the most important part in the treatment of acute poliomyelitis patients Marked improvement is readily noted when an untreated patient is hospitalized and given daily exercises Patients treated at home with packs but without proper muscle re-education develop substitution movements which favor the stronger muscles and lead to deformities

We use three stages of muscle re-education, given by specially trained physical therapy technicians. They are carried out daily on the inpatients and every other day on the outpatients

1 *Passive Movements*—The first stage of muscle re-education is carried out with the patient in bed and consists of passive movement through normal range of all points within the limits of pain or spasm This is begun in the first few days and performed at least once daily

2 *Active or Assistive Movements*—The second stage of muscle re-education is carried out in a special exercise room where the patient is free from interruption It is composed of exercises based on four points (1) Brain impulse—maximum mental effort is essential and disturbing influences must be removed (2) Nerve impulse—the path of stimulation from brain to muscle is explained to the patient By repeated efforts it is possible to re-educate the neuromuscular impulse pattern and prevent substitute movements (3) Leverage—exercises are based on normal kinesiology of the joints and a thorough knowledge of the physiology of motion (4) Gravity—when the musculature is weak, it is encouraging to the patient to work with gravity and, by change of position as strength improves, to attempt to overcome the pull of gravity Whenever intelligence allows we teach the patient anatomy with emphasis on the origin, insertion, and action of the muscles involved They take great interest in their medical knowledge

3 *Applied Exercises*—As the inpatients progress with their muscle re-education, functional exercises are added The patient may be allowed to sit up and later stand up Then steps are attempted in a walker and later with crutches Some patients with weak shoulder-girdle muscles and good leg support do best with Canadian crutches. Patients with weak leg and hip muscles do better with crutches that come to the axilla Careful instructions in crutch walking are given Functional exercises may take the form of underwater treatment. For badly paralyzed patients who cannot sit up after six months, the therapeutic pool is essential They learn to stand and walk in the water and soon regain their morale. Occupational therapy is of great importance as functional applied exercises It is most important in upper-extremity paralysis and especially in hands with opponens weakness The younger children are usually given one hour in the afternoon for play and relaxation

Braces

One of the most difficult problems that confronts a poliomyelitis patient is the prospect of wearing braces One can hardly blame him for this because of their ugly appearance and clumsy construction Everything in medicine has progressed during the past hundred years except orthopedic braces They are still constructed of the same material and on about the same principle as in the last century They are unsightly and cumbersome, and often harmful because of pressure from the crossbars We have been experimenting with new principles and new material Encouraged by the excellent prostheses developed during the war for our amputees, we have applied some of these principles in new braces for poliomyelitis patients A well-fitting shell is constructed on a plaster mold of the patient's extremity This conforms to the individual shape with suitable joints at the knee and ankle This kind of support equalizes the pressure on the whole extremity It is much more comfortable than the old type of brace made of two vertical steel bars and crossbars at the thigh and calf This new support has the additional advantage of being constructed so as to make up for any deficiency in the size of the extremities Similar support can be made for the upper extremity When the biceps is paralyzed, the arm is useless even with a normal hand. By using a strap from a forearm shell, running back of the neck to the opposite shoulder, flexion in the elbow can be performed as in prosthetic appliances. We have been using celluloid for these braces but have experimented with various plastics. Bakelite, celastic, and vinylite hold some promise and with the enormous advance in plastics it seems rational to believe that we may soon have a strong, light, resistant, and flesh-colored plastic for this new type of brace The progress of artificial limbs offers a challenge which we must meet in order that we may be able to give the patient with a paralyzed limb at least the same chance we now give to a patient with an amputation stump

Future Needs

At the present time, in our community there are two outstanding needs for polio patients One is a poliomyelitis hospital, devoted entirely to the aftertreatment of infantile paralysis At present the majority of the patients, after the quarantine, are cared for by our orthopedic hospitals This is far from adequate and many patients have difficulties in getting accommodations This is especially true of the patients who need hospitalization They often require a long stay in the hospital, and an active surgical service cannot have its beds occupied for months and sometimes years by the same patient A poliomyelitis hospital requires special equipment, such as respirators, special gymnasium, walking facilities, therapeutic pool, recreation, etc However, such a poliomyelitis hospital needs the intimate control and guidance of an orthopedic service A complete orthopedic and consulting staff is needed. Brace shops are necessary, plaster rooms, facilities for surgery, schooling, occupational therapy, physical therapy, social service, etc Instead of duplicating many of these features a poliomyelitis hospital should be associated with an orthopedic hospital, close by and under the same management Such an institution could see a patient through his whole convalescence, new treatment could be tested, a complete rehabilitation program could be carried out, and vocational training could be offered It should also serve as a teaching hospital for doctors, nurses, and technicians

The second great need that confronts us is a camp for poliomyelitis patients After a patient has spent eight to ten months indoors he needs fresh air, sunshine, and planned recreation At present we have some facilities for sending children to summer homes, but it is mostly for custodian care, and adolescent or adult patients are not accepted The regular summer camps will not admit patients with residual paralysis, although these patients need the benefit of a camp more than anybody else

Late statistics seem to indicate that we are having more and more adolescent and adult patients. Such a camp should be near New York City, preferably by the sea, where water sports and other recreations can be practiced, and under such supervision that treatments can be carried out when necessary Such a camp can operate most of the year and will restore a poliomyelitis patient's general health, which is often neglected With such a triple combination, an active orthopedic hospital associated with a special poliomyelitis hospital or annex that has a country or a seashore branch, New York City could offer its poliomyelitis patients everything in modern therapeutics and be the world center of work in poliomyelitis

Summary

This report is a general survey of 158 patients afflicted with poliomyelitis in 1944, and treated at the Hospital for Special Surgery, New York City

A Results of treatment are as follows Group 1—11 per cent show no functional improvement, require support, prognosis poor Group 2—11 per cent show slight improvement, residual weakness which may require support, prognosis fair Group 3—19 per cent show definite improvement, no support, prognosis good Group 4—59 per cent show return to normal, no support This gives a functional return to normal of 78 per cent

B Complications included respirator contractures, bladder dysfunction, pregnancy, some skeletal deformities, and static foot disorders

C A general survey or management of both in- and outpatients recommends close cooperation between orthopedic, pediatric, neurologic, and medical staff, department of physical medicine, nursing staff, and social-service department

D Suggestion is made of the great need for a poliomyelitis hospital in close association with an active orthopedic hospital, a summer camp for poliomyelitis patients, and the development of a new type of brace

---

COMPENSATION MEDICINE

Under the title *Compensation Medicine*, a new monthly publication has been launched, devoted to "diagnosis, treatment, and rehabilitation of industrial injuries and diseases." The journal is issued under the sponsorship of an editorial council of well-known medical men, and will present in each number several original articles as well as abstracts from the literature dealing with the field of compensation medicine

The managing editor is Barnet S Fox, of 270 Broadway, New York. The new venture should prove of value to those interested in the subject

THE PROGNOSTIC VALUE OF THE SODIUM AMYTAL TEST IN HYPERTENSION MANAGED BY THORACOLUMBAR SYMPATHECTOMY

J WILLIAM HINTON, M D , and JERE W LORD JR , M D , New York City

ONE of the greatest problems in the surgical treatment of hypertensive patients is their proper selection for thoracolumbar sympathectomy A method which will estimate reliably the probable degree of postoperative fall in the blood pressure is most desirable Several tests have been proposed but the one which is most commonly used is the sodium amytal "sleep" test It is safe, simple to perform, and as will be shown below, is of moderate prognostic value. Other tests include the cold pressor, continuous caudal anesthesia, and intravenous pentothal These will be discussed briefly later

The sodium amytal test is ideally performed by having the patient in a single room and the blood-pressure observations made by a trained technician. Three grains (0.2 Gm) of sodium amytal are administered at hourly intervals for three doses, and the blood pressure is taken before the first dose and at thirty-minute intervals thereafter for four to six hours There are many factors which may alter the value of the test, some of which are (1) it may be necessary for the patient to be on the ward with its attendant distractions, (2) poor absorption of the sodium amytal from the gastrointestinal tract with associated low blood levels, (3) variation in individual tolerance to the drug, (4) changing personnel in the performance of the test The majority of the patients studied in this report have been subjected to the sodium amytal test by one highly trained technician Approximately one half of the patients, however, have been in single rooms during the test

The results show that, in general, the greater the fall in the level of the blood pressure during the sodium amytal test the better the postoperative blood-pressure result. We have divided the results of the sodium amytal test into three groups (group 1 indicates a fall of 30 or more points in the diastolic pressure, group 2, 10 to 29 points, group 3, 0 to 9 points (Table 1) The postoperative diastolic blood pressure result is measured by Smithwick's[1] classification i e , group 1 equals 30 or more points, group 2 equals 20 to 29 points, group 3 equals 10 to 19, group 4 0 to 9, and group 5 increased (Table 2)

TABLE 1 —CLASSIFICATION OF RESULTS OF SODIUM AMYTAL TESTS

Group	Diastolic Fall
1	30 or more
2	10 to 29
3	0 to 9

TABLE 2 —SMITHWICK'S CLASSIFICATION OF POSTOPERATIVE BLOOD PRESSURE RESULTS

Group	Diastolic Fall
1	30 or more
2	20 to 29
3	10 to 19
4	0 to 9
5	Increased

Ninety-four sodium amytal tests have been correlated on the above basis with the postoperative blood pressure status, and the results are shown in Table 3 Two conclusions may be drawn from the above results (1) the sodium amytal test is in general, a good index of the probable blood-pressure result following thoracolumbar sympathectomy, (2) in any given case it is without absolute prognostic accuracy In each of the three sodium-amytal test groups at least one of the patients falls into every Smithwick postoperative group

TABLE 3 —CORRELATION OF SODIUM AMYTAL TEST WITH THE POSTOPERATIVE BLOOD PRESSURE RESULT

	Smithwick's Groups					
	Total	1	2	3	4	5
Group 1 Sodium amytal test	41	30	10	4	5	2
Group 2 Sodium amytal test	45	18	6	7	9	5
Group 3 Sodium amytal test	8	1	1	1	4	1

Group 1 Sodium amytal test: 73 per cent (30 out of 41) have good postoperative blood pressure results, i.e. a diastolic fall of 20 or more points.
Group 2 Sodium amytal test: 53 per cent (24 out of 45) have good postoperative blood pressure results i.e. a diastolic fall of 20 or more points.
Group 3. Sodium amytal test. 25 per cent (2 out of 8) have good postoperative blood pressure results, i.e. a diastolic fall of 20 or more points.

We have made use of intravenous sodium pentothal[2] in a few cases preoperatively, determining the blood pressure before, during, and after a brief period (ten minutes) of unconsciousness It was soon clear that the fall during anesthesia was not as great or as consistent as in the sodium amytal test, and hence we discon-

tinued its use This is in agreement with the findings of Page and Corcoran [3] The cold-pressor test is recommended[4] as an identifier of the so-called hyper-reactor group of patients, the ones in whom the nervous mechanism is largely responsible for the hypertension in contrast to the hyporeactors or renal type We have not had sufficient experience with the test to draw any conclusion

Continuous caudal anesthesia[5] has recently been recommended as an accurate preoperative method for the prognostication of the effect of thoracolumbar sympathectomy on the blood pressure of hypertensives In the series cited, 25 patients were subjected to continuous caudal anesthesia and seven of these were operated upon Correlation in the 7 cases was extremely close Our only comment on the method is the viewpoint held by Dr Milton Peterson, professor of anesthesiology at the Post-Graduate Hospital It is his feeling that caudal anesthesia is too irregular in its performance to be of clinical value in the selection of hypertensive patients for sympathectomy

Summary

1 The sodium amytal test is a safe and simple method of measuring the sympathetic tonus of the average hypertensive patient

2 In general, it is broadly indicative of the type of postoperative blood-pressure result which will be obtained following thoracolumbar sympathectomy

3 Specifically, in any single instance the sodium amytal test may be totally inaccurate

130 East Seventy-Ninth Street

References

1 Smithwick, R H Arch Surg 49 180 (Sept) 1944
2 Peterson, M. C, Hinton, J W, Lord, J W, Jr Unpublished data
3 Page, I H, and Corcoran, A C Arterial Hypertension, The Year Book Publishers 1945, p 25–29
4 Miller, J H, and Bruger, M Am Heart J 18 329 (1939)
5 Russek, H I, Southworth, J L, Zohman, B L. J A M A 128 1225 (Aug 25) 1945

INDUSTRIAL DOCTOR PLAYS BIG ROLE IN ACCIDENT PREVENTION

Asserting that more Americans have been killed by accidents on the homefront since Pearl Harbor than have been killed in action, Carl M Peterson, M D, Secretary of the Council on Industrial Health of the American Medical Association, says that the medical profession can play a vital role in accident prevention

Dr Peterson reports in the September issue of *Hygeia*, the health magazine of the American Medical Association, that while the field of industrial health is relatively new, "certain practices have already proved their value beyond a shadow of a doubt"

"For instance," Dr Peterson said, "suitable physical examinations before employment, coupled with periodic checkup examinations, bring about remarkable reductions in industrial accidents, because it's a foregone conclusion that certain physical defects, such as faulty vision, are likely to lead toward accidents

"Everyone can readily understand that a worker who has difficulty in seeing, or whose vision is indistinct, might get hurt But, what's more, he might hurt others! Eye defects often result in improper muscular balance Suppose the operator of one of those great moving cranes used for excavation or heavy lifting were a man whose eyesight failed to judge distances accurately Serious accidents would happen, not only to him but to many others One authority on this subject refers to the condition as visual clumsiness, which in turn produces personal clumsiness, and finally accidents and injuries"

Dr Peterson said that routine eye examinations were not new to many industries, but added "Too often they are limited to simple determination of ability to see The modern standard for judgment should go further and include depth, perception, muscle balance, and color appreciation Eye defects play a much greater role in accidents than is commonly realized"

An examining physician in an industry, Dr Peterson said, keeps watch for many bodily conditions "Any minor difficulty may be the underlying cause for nervousness or absent-mindedness due to pain or loss of sleep," he pointed out "Heart disease and abnormal blood pressure have resulted in accidents or made them more severe than they might otherwise have been And with employers scraping the bottom of the employment barrel during the war, men considered unfit for work in normal times have been eagerly sought It is important that these men be placed in suitable occupations, where they will not put themselves or others in danger"

Touching on long hours and accidents, Dr Peterson said that "as the fatigue curve rises, efficiency and production fall, and accidents increase The rate of accidents rises four times as fast as the rate of output falls Then, too, the general health condition of workers and the community in which they live have a strong bearing on accidents and safety"

PROCTOSCOPY AND BARIUM COLON STUDY IN THE DIAGNOSIS OF RECTAL CONDITIONS

ISAAC SKIR, M D , Brooklyn, New York

(From the Department of Surgery of the Brooklyn Hospital)

IT IS generally agreed that the investigation of symptoms referable to the lower bowel should include a digital examination, proctosigmoidoscopy, and an x ray study of the colon For some reason or other, be it false modesty or fear of pain on the part of the patient, or the ready availability and convenience of the x-ray, it is the *latter* which is commonly used first.

This situation is by no means confined to this country Pringle, an Irish surgeon, writes "Several cases have been referred to me accompanied by a note stating that it has been found impossible to administer a barium enema and that, consequently, a diagnosis has not been made. On examination, in each case, a growth of the lower pelvic colon was easily discoverable by the ordinary time-honoured digital examination of the rectum "[1]

Experience has shown that this practice of giving x-ray precedence over digital and proctoscopic examinations has been responsible for more harm than at first seems possible

While a barium colon study may, with advantage (because of data obtained), immediately follow sigmoidoscopy, the converse is not true It sometimes takes days, even weeks, before the bowel has been cleared of barium sufficiently to permit an endoscopic examination We have seen flakes of tenaciously adherent barium cover pertinent lesions, while trauma from attempts to wipe away barium has, at times, introduced uncertainty in the interpretation of our findings

It cannot be denied that the roentgen ray is of prime importance in the detection of disease beyond the reach of the sigmoidoscope, and is without rival in the study of mobility, caliber, contractility, position, and configuration of the colon. But roentgenologists are among the first to admit that x-ray, by itself, cannot convey detailed information as to the appearance, shape, or consistency of structures in this area, nor as to the nature of intraluminal contents—data readily obtainable through digital and proctosigmoidoscopic examinations Without the aid of these steps, the x ray may be unable to distinguish between a fecal mass, a foreign body, and a growth, or between an extrinsic mass, a rectal tumor, and an inflammatory stricture, or between a spastic condition and inflammatory changes

Most important of all, a barium colon study frequently misses small, and sometimes large, tumors of the rectum and lower sigmoid [2 3] It is well recognized that polyps which appear to be benign clinically may actually show malignant changes microscopically or, at any rate, are frequently forerunners of cancer [4-7] Since the destruction of all polypi is probably our only means of preventing cancer of the rectum, and in the eradication of carcinoma in its early stages lies our best chance of curing it, the problem of detection of small growths becomes a serious matter With regard to this problem, proctosigmoidoscopy is of the greatest aid, while unsupported barium colon study is often unreliable

Case Reports

Case 1—(Unit 112399) Mrs. E. G had a large uterine mass. A barium colon study revealed an irregular deformity of the upper rectal canal and rectosigmoid giving the impression of a carcinoma. A digital examination by the intern seemed to bear it out. Nevertheless, proctoscopy was requested by the roentgenologist. One week later, following the usual preparatory enemas, it was found that proctoscopy could not be completed because of the presence of an inspissated mass of feces and barium. Another week elapsed before proctosigmoidoscopy could be performed. It failed to show any intrinsic pathology

Case 2—Mrs. R. S complained of backache and a pressing sensation in the rectum She was known to have a fibroid uterus. A barium colon study showed evidence of pressure from without, in the region of the uterus Upon laparotomy, however, an unsuspected carcinoma of the rectosigmoid was found.

Case 3—(Unit 220688) (Service of Dr A. W Martin Marino) Mrs. J S complained of pain and bleeding, following stool. These symptoms were evidently caused by an anal fissure and hemorrhoids. A routine proctoscopy detected, in addition, two polypi which had produced no symptoms and appeared to be benign. Nevertheless upon removal, one of these showed microscopic evidence of malignant change. A barium colon study had failed to reveal the presence of either growth.

Case 4—(Unit 112207) (Service of Dr A. W Martin Marino) Mrs. L. B had noticed blood in her stools for the past year A barium colon enema failed to reveal any defect or delay in the passage of the barium The sigmoid was devoid of haustrations Although the findings suggested a diagnosis of sigmoiditis, the roentgenologist insisted on a proctoscopy This, however, had already been performed, revealing a carcinoma, 2 inches in di-

Read before the quarterly meeting of the professional staff of the Brooklyn Hospital, May 14 1945.

ameter, and attached to the posterior wall, 3 inches from the anus

Case 5—Mrs J B had had an intermittent swelling of her abdomen for ten years and rectal pain for five years During the last few months she had been suffering from a progressively increasing and exhausting tenesmus Her stools were pencil-shaped and dirty red Thorough gastrointestinal x-ray studies revealed "nervous spasm" Her symptoms, she had been reassured, were due to hemorrhoids and a nervous condition Proctoscopy, however, showed a carcinoma half encircling the rectosigmoid It is of interest that, even with this information on hand, a roentgenologist was unable to detect any sign of a growth in a barium colon study

It may well be that physicians who turn to the x-ray as the first step in their search for the source of rectal complaints are usually cognizant of its limitations, and do have every intention of following up with the direct inspection of the bowel What they fail to realize, however, is that, as far as the patient is concerned, the x-ray report is final and incontrovertible, and it engenders in him a false sense of security which, in turn, leads to prolonged neglect of conditions which can ill afford delay Thus premalignant and early cancerous growths are permitted to degenerate, extend, and metastasize It is not at all uncommon for proctologists to see patients who, having symptoms all too evident of advanced cancer, bring films of the bowel taken months previously, all of which fail to show any evidence of a growth even though it is situated frequently within reach of the finger and nearly always within reach of the sigmoidoscope

And so we find that the widespread practice of making the x-ray the initial diagnostic step in the investigation of disorders of the lower bowel nearly always leads to delay, frequently to errors, and may, through a false sense of security, deprive the patient of his one chance of survival

It seems evident that digital examination and proctosigmoidoscopy should always precede rather than follow barium colon studies

985 Park Place

References

1 Pringle, S Irish J M Sc Series 6 668 (Oct) 1938
2 McSwain, B, and Beal J M Am J Sur 119 108 (Jan) 1944
3 Palmer, D Tr Am Proc Soc 182 (1940)
4 Buie, L A, and Brust, J C M Tr Am. Proc. Soc. 57 (1935)
5 Jackman, R J Proc Staff Meet, Mayo Clin 16 11 (1941)
6 Jackman R. J, and Buie, L A Surg Clin North America 903 (Aug) 1944
7 Yeomans, F C J A M A 117 2054 (Dec 13) 1941

FELLOWSHIPS IN HEALTH EDUCATION

Fellowships for one year of graduate study in health education, leading to a master's degree in Public Health, are being offered by the U S Public Health Service through funds made available by the National Foundation for Infantile Paralysis

The fellowships provide a year's study in public health, a stipend of $100 a month for the entire period of academic and field training, tuition, and travel expenses for field experience Travel to and from the university at the beginning and end of training is not included

Fellowships are effective for the academic year starting in the fall of 1946, and candidates must maintain a scholastic average of "B" to retain fellowship

Men and women eligible for application must be citizens of the United States and meet the entrance requirements of the School of Public Health of their choice In addition to a bachelor's degree from a recognized college or university, courses in the biologic and/or physical sciences, sociology, and education may be required Training in public speaking, journalism and psychology, and work experience in a related field, are desirable Veterans with necessary qualifications are encouraged to apply for fellowships The subsistence allowance for veterans, granted under the G I Bill of Rights, will be supplemented by fellowship funds to bring the stipend to $100 a month

Application forms may be obtained from the Surgeon General, U S Public Health Service, Washington 25, D C Completed forms, accompanied by two recent photographs, and official transcript of college credits, and a 500-word statement of why applicant is interested in entering the field of health education, must be in the hands of the Surgeon General by June 1, 1946 Only complete applications will be considered.

Schools of Public Health include Columbia University, Harvard University, John Hopkins University, University of California, University of Michigan, University of Minnesota, University of North Carolina, and Yale University

Persons accepting fellowships will be expected to work in the field of health education for at least two years after completion of training The fellowships are not available to employees of health departments

OCCULT MAXILLARY ANTRUM INFECTION

JOSEPH POPPER, M D , New York City

(From the Lebanon Hospital)

THIS report presents 3 cases of antrum infection in which there were no symptoms referable to the antrum, indeed no symptoms referable to the nose. This subject is therefore of peculiar interest to the general practitioner who is always the first one to be consulted. It may be noted that the usual sequence of events in the average antrum involvement is an acute coryza followed by subacute persistence of discharge which gradually becomes purulent At this stage there is increasing ache or pain on the side of the face affected and very often the pain is referred to the eye. Breathing through the affected side is more or less obstructed X ray or transillumination shows a shadow over the affected side and finding pus on irrigation confirms the diagnosis

Case Reports

Case 1 —Mrs. P W , 50 years old, a housewife, came to the office to arrange for a tonsillectomy Her chief complaint was a bad taste in the mouth and a foul odor to her breath She had had these symptoms for several months Antiseptic mouth washes gave no relief She had no difficulty in nasal breathing nor did she have any discharge She was otherwise well and her family physician suggested she might have infected tonsils to account for her complaint. Her past and family history are irrelevant.

Examination of the nose showed no free pus and no other gross pathology Her tonsils were small and no exudate was expressed. Her teeth and gums appeared normal. Transillumination of the nasal sinuses showed a marked shadow over the right antrum. Irrigation of that sinus with saline produced greenish flaky and very foul pus, indeed the odor was so foul I had to interrupt the washing and leave the room for a breath of fresh air Her symptoms were much relieved after the first washing and completely cured and the antrum clean after five more irrigations.

Case 2 —E. G , 45 years old, a housewife was referred to me by her family physician for tonsillectomy The arrangement was made over the telephone and I saw the patient for the first time in the hospital on the morning of the operation. The reason for this arrangement will be evident from the history For the past seven months she had had pain and disability in her left lower limb, during this time she spent most of her waking hours in bed, being unable to walk. For several months she had been in the Joint Disease Hospital, under the care of an orthopedic surgeon, where she received all kinds of therapy without relief For many years she had been aware of having very badly infected and large tonsils and on two occasions local tonsillectomy was attempted but had to be abandoned on account of lack of cooperation on the part of the patient. Her past history was otherwise negative She had three children.

I removed her tonsils under general anesthesia. They were markedly hypertrophied and filled with purulent exudate She continued to be disabled with pain now in both upper and lower left limbs, but limped into my office a month after operation because she thought something was not right with her throat She complained of throat irritation and a bad taste in the mouth She had no complaint about her nose She had no discharge, her breathing was free and she suffered no headache. Examination of the throat showed well healed tonsillar fossae and no pathology of gums or pharynx However, examination of the nose revealed a slight amount of pus in the right middle meatus and transilluminantion showed a definite shadow over the right maxillary antrum Irrigation of the sinus with saline solution produced foul greenish-yellow flaky purulent exudate After eight irrigations, followed by instillation of 5 per cent sodium sulfathiazole solution, the antrum was clean and the throat irritation and bad taste were gone. It is interesting to note too that during the three weeks she was under my observation the pain in her limbs gradually subsided and she was able to walk almost without any limp At this report, six months later, she is practically well

Case 3 —The patient, F F , was 60 years old and a housewife Her family and past history is irrelevant She was referred to me by a consultant internist to whom she was taken for a persistent and incessant dry cough lasting six weeks. This cough was unproductive and frequently associated with nausea and vertigo As a result of this distressing symptom she lost her appetite and considerable weight. She was suspected of having some lung involvement or even pertussis. Careful examinations, however, were all negative. She had no nasal symptoms whatever

Examination of the nose revealed a slight amount of free pus in both middle meati. The mouth and throat were negative. Transillumination showed a right antral shadow Up to this point the patient was continuously coughing from the moment she entered the office Following irrigation of the antrum the cough stopped immediately The antrum contained a small amount of mucopus and was clean the following day She improved steadily after a few treatments of the associated ethmoiditis.

To summarize, 3 cases are reported of patients with varying symptoms, with no complaint directly referable to the nose and all three having latent maxillary antrum infection

1749 Grand Concourse

Read before the Society of Alumni of Lebanon Hospital, November 13 1945.

CORRECTION

In our editorial comment on an anniversary celebration of the Richmond County Medical Society, we inadvertently designated the period of its existence as one hundred years. Our attention is now called to the fact that actually, the Society has reached the ripe old age of 140 years and that Dr Smith s interesting review of the Society's minutes covered only the first century of its activities. We desire to correct herewith this false impression conveyed by our editorial.

PARA-ESOPHAGEAL HIATAL HERNIA

A Case Manifesting Gastrointestinal and Cardiac Symptoms and Presenting Itself on X-Ray as a Mediastinal Tumor

MYRON HERMAN, M D , and EMANUEL SINGER, M D , New York City

THE HERNIATION of a portion of the stomach through an opening in the diaphragm into the chest is an entity demanding increasing attention. This is true not only because of the rising frequency with which the diagnosis is made, but also because the condition simulates disease of other organs

Just what symptoms will become manifest depends on the "amount of mechanical interference with the function of the herniated abdominal viscera, on the degree of the impairment of the normal function of the diaphragm, and on the amount of increased pressure within the thorax."

Although the resulting complex symptomatology may suggest involvement of various organs, the two systems which are generally implicated are the gastrointestinal and the cardiac

In this former category, the following mistaken diagnoses have been made carcinoma of the esophagus, cardiospasm, diverticulum of the esophagus, stricture of the esophagus, gastritis, cancer of the stomach, gastric ulcer, pylorospasm, duodenal ulcer, cholecystitis, and cholelithiasis

Harrington has found that some of the unsatisfactory results following various abdominal operative procedures, "particularly those applied to the gallbladder, stomach, or appendix result from unrecognized diaphragmatic hernias "[1]

Weinberg was apparently impressed by the numerous patients with diaphragmatic hernias who were erroneously operated upon for disease of other organs and concludes "that a hernia should be a matter of consideration in all obscure cases of abdominal and thoracic disturbances "[2]

As for the cardiac system, one of the most clinically significant diseases which the hernia may resemble is the coronary occlusion. Reported cases emphasize comparable severity and radiation of pain in both conditions An extremely important observation in this regard is made in the "notes" in the *Journal of the American Medical Association* [3] "It is impossible to say what percentage of coronary pain is caused by diaphragmatic hernias, but such a cause is sufficiently frequent to warrant the search for diaphragmatic hernia whenever possible."

The following case of a diaphragmatic hernia is presented because it suggests involvement of both the gastrointestinal and cardiac systems An additional point of interest and a rather uncommon finding is that this hernia is visualized on the teleoroentgenogram as a large density, suggesting a mediastinal tumor

Report of Case

The patient, S C , a 53-year-old white man, was admitted to the hospital for treatment of a minimal pulmonary tuberculous lesion and for further observation of a "recent coronary occlusion "

Past history revealed that the patient was well until 19 years of age At that time, he experienced attacks of regurgitation after a hearty meal This regurgitation occurred practically once a day and lasted until most of the ingested food was returned It was effortless and unaccompanied by other symptoms These "attacks" would persist for three months, abruptly cease for a similar period of time and then recur again

Aberrant personality changes were held responsible for these episodes When the patient married at the age of 35, the attacks became only occasional and mild and he enjoyed moderate good health until he was 50 years old At that time, he began to experience nonradiating retrosternal pain as well as *anterior right chest pain upon exertion This disappeared* with rest The symptoms continued for approximately two years Suddenly one day the patient awoke with sharp pains in the fingertips of his right hand which radiated up the arm to the shoulder There was no concomitant precordial discomfort

An electrocardiogram was taken and a coronary occlusion was diagnosed The patient was then put to bed for three months A routine x-ray taken during this period revealed a minimal tuberculous lung lesion and the patient was transferred to our charge for further observation and care of his pulmonary as well as cardiac conditions

The physical examination revealed a well-nourished and well-developed individual in no apparent pain or distress The lung examination was entirely normal The percussion note was resonant, there were normal vesicular breath sounds and no rales were present

Heart examination showed that the point of maximum intensity was in the fifth left intercostal space inside the midclavicular line No thrills or murmurs were present There was a regular sinus rhythm Ventricular rate equalled the pulse rate at 82, blood pressure was 140/80 The remainder of the examination was noncontributory

An electrocardiogram taken shortly after admission in April, 1943 (Fig 1), shows an inversion of the T wave in lead IV A final cardiogram October 1943 (Fig 2), shows a return of the T wave to the upright position Several electrocardiograms taken in the interim are similar to the first tracing This series was submitted to Dr Janet Travell[4] who concluded that "the only significant abnormality seems to be the partial inversion of the T wave in lead IV in the first tracings, with return of T4 to the upright position in the last tracing This seems to represent a serial change of some sort The transient changes in the T wave in lead III are of no special significance If this were a case of coronary occlusion, presumably with an anterior wall infarct, it would be remarkable to have such serial changes in lead IV without any concomitant changes in the T wave in lead I Bizarre changes in the T waves can be produced by displacement and rotation of the heart It seems likely to me that the electrocardiographic changes are the result of the herniation of the stomach rather than of intrinsic cardiac pathology "

An admission chest teleoroentgenogram (Fig 3) reveals minimal scattered productive infiltrations in

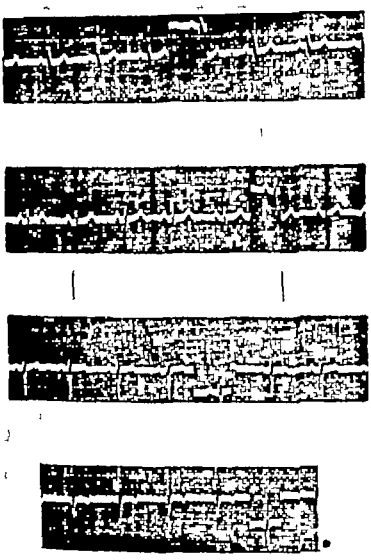


FIG 1 Admission electrocardiogram shows an inversion of the T wave in lead IV

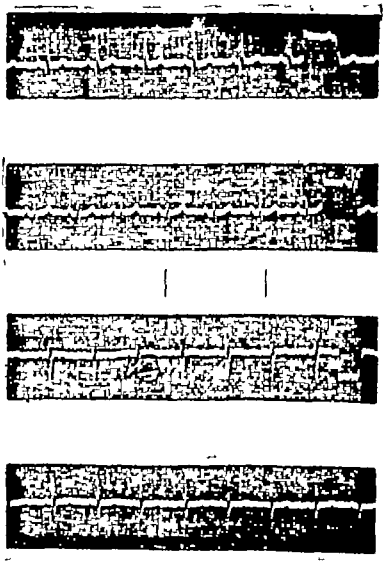


FIG 2 A final electrocardiogram six months later reveals a return of the T wave to the upright position in lead IV There has been a serial change in the tracing as contrasted to Fig 1

the upper portion of both lung fields. An old healed primary complex can be seen in the right lower lung field. A rounded density is visualized in the lower thoracic region extending from the ninth to the twelfth dorsal vertebra. This protrudes on both sides of the spine and with the cardiac outline forms a double mediastinal shadow

The two most likely diagnoses which came up for consideration were

(1) Potts disease of the spine because there was tuberculosis elsewhere (lungs)

(2) Diaphragmatic hernia because of the history of previous gastric symptoms.

A barium meal clearly illustrates that the mass in the lower mediastinum is due to the herniation of a large portion of stomach into the chest cavity (Fig. 4) An oblique view demonstrates that this herniation is in a para-esophageal position (Fig 5)

X-rays of the spine revealed no abnormality of any of the vertebra.

In an effort to reduce the hernia, a pneumoperitoneum was performed. This was done because of the observation that following pneumoperitoneum for various lung conditions, the stomach and other abdominal viscera have a tendency to be displaced downward toward the pelvis. Figure 6 disclosed air beneath both diaphragms and air in the herniated portion of the stomach Apparently, the pneumoperitoneum succeeded in causing a downward displacement of the remainder of the stomach, and in so doing permitted the food responsible for producing the tumor-like density on x-ray to gra

the body of the stomach The herniation, however was not reduced into the abdominal cavity, which indicated probable intrathoracic adhesions anchoring the hernia in the chest

The patient left the hospital shortly thereafter Follow-up reports state that occasional regurgitation is present but cardiac symptoms have entirely disappeared.

Discussion

The esophageal hiatus hernia, in the adult, is the most common kind of herniation occurring through the diaphragm Although the stomach usually is the only abdominal viscus involved in the hernia, on some occasions the colon, omentum, and even the spleen have been found in the hernial sac. Hurst[3] believes that abnormal laxness of the tissues surrounding the esophagus as it passes through the diaphragmatic opening creates an area of weakness which is susceptible to varying amounts of intra-abdominal pressure and is mainly responsible for the development of a hernia Akerlund[4] considers age accompanied by atrophic changes as playing the leading role and judges the condition so prevalent in older people as to be almost physiologic.

Weinberg[5] likens the esophageal hiatus hernia to the indirect inguinal hernia "in [illegible]th are due to a congenital weakness, but [illegible] their appearance until youth or

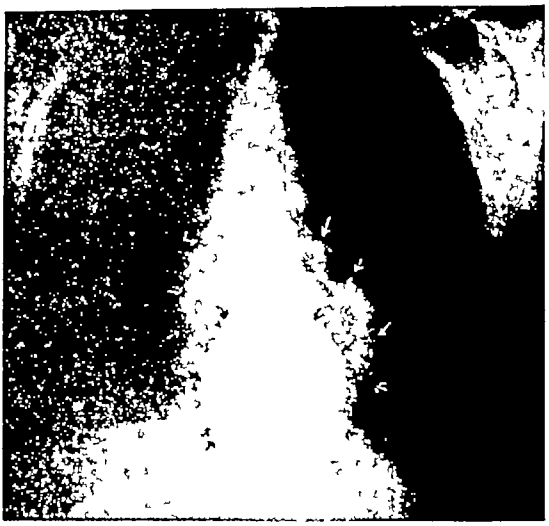


FIG 3 A double mediastinal shadow is delineated by arrows The white arrows outline the heart contour, the black, a mediastinal density The tumefaction was thought to be a portion of his stomach which had herniated into the thorax

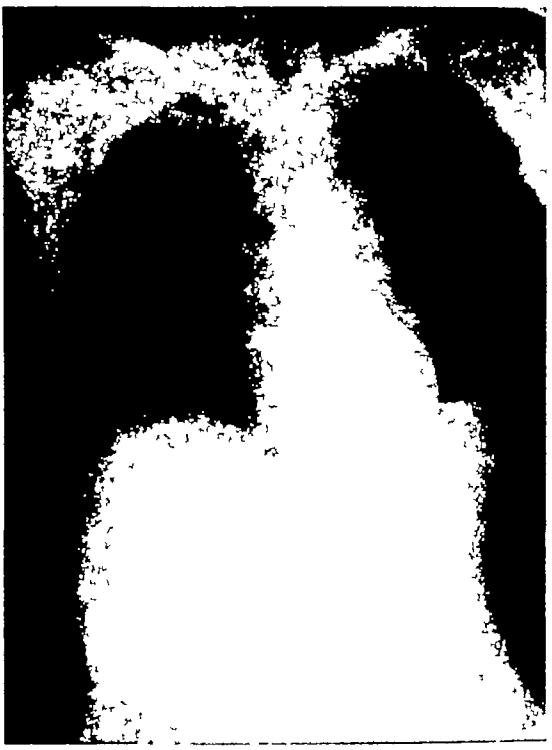


FIG 4 After a barium meal X-ray shows a large segment of stomach which has herniated into the chest cavity

An interesting observation is disclosed by Harrington[1] after examining the esophageal hiatus in the course of 500 abdominal operations In 65 per cent of cases the diaphragm was closed snugly around the esophagus and there was no appreciable space between the two structures In the remaining 35 per cent of cases one or more fingers could be placed between the esophagus and the margin of the diaphragmatic opening An occasional small hernia was found in this latter group The above author is convinced that the hernias are "congenital" For all practical purposes it is a matter of not too vital conjecture whether or not a hernia is congenital or acquired

Chief among the abdominal symptoms are pain, vomiting, constipation, and distension. In the present case the outstanding complaint from the age of 19 to 35 (16 years) was regurgitation of food This occurred after a large meal once a day, was effortless, and continued until most of the meal was returned.

Apparently, this effect was due to overdistension by food of the constricted portion of the stomach As Ornstein[8] has pointed out, a raised intragastric pressure, greater than the strength of the sphincter, will cause the sphincter to open and the contents of the viscus to be expelled

There can be little doubt that the herniation existed at the age of 19 and has persisted up to the date of this writing

The pathogenesis of the chest pain, simulating a coronary occlusion in diaphragmatic hernia, is not definitely known One explanation is that "it is really due to reflex coronary constriction"[3] Hyatt believes, however, that the symptoms are produced or aggravated by any increase in intra-abdominal pressure such as leaning forward, lying down, straining or wearing a tight abdominal garment He has observed the classical precordial distress which radiated to the left side of the neck, the left shoulder, and down the left arm

Although the occurrence of a coronary occlusion in the current case cannot with certainty be excluded as having taken place, the suggestion of the cardiologist, Dr Travell, is convincing that it would be remarkable "to have such serial changes (T waves in first and last electrocardiogram) in lead IV without any concomitant changes in the T wave in lead I and would, therefore, rule against the diagnosis of intrinsic cardiac pathology

The appearance of a mediastinal tumor on x-ray is due to the presence of food in the herniated gastric pouch As soon as a pneumoperitoneum was induced, permitting the food to drop into the body of the stomach, the density disappeared and in its stead an air bubble was visualized. Why food should remain in the hernia is explained on a purely mechanical basis, namely, the size of the opening between the hernial sac and the rest of the stomach The greater the constriction, the less opportunity for the free passage of food from the one segment to the other

Hedbloom[9] reports that 33 per cent of large diaphragmatic hernias strangulate, and therefore favors surgical intervention in this group Meakins[10] states that the treatment depends entirely upon the frequency and severity of the symptoms. The majority of cases require no treatment, but if the condition is sufficiently troublesome, operative repair may be attempted



FIG. 5 Oblique view reveals that the herniated stomach present in the chest (see Fig. 4) is in a para esophageal position

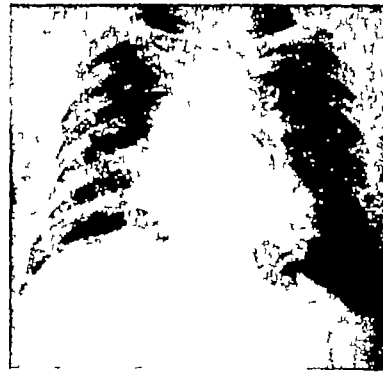


FIG 6 A pneumoperitoneum is present. Air is present beneath both diaphragms The mediastinal density is no longer visualized.

In the current case, the present symptoms were not annoying enough to warrant a major surgical operation. However we were desirous of reducing the hernia and therefore instituted pneumoperitoneum. Although our ultimate aim was not achieved in this instance, the following observations suggest that the procedure may be a valuable one

1 Because the gas did not succeed in dislodging the herniation out of the chest cavity, it is fair to assume that intrathoracic adhesions prevented this. Operation if it is later deemed necessary should therefore be done through a thoracic approach instead of an abdominal one.

2. Through pneumoperitoneum the easy passage of food from the hernial pouch to the body of the stomach was made possible.

3 It is conceivable that hernias which are not adherent to any thoracic structures may be entirely reduced by the downward displacement of abdominal viscera resulting from a pneumoperitoneum

2 The cardiac diagnosis was that of a coronary occlusion Electrocardiographic changes were suggestive but were not consistent with that of myocardial damage

3 Routine chest x ray revealed the hernia as a mediastinal tumor

4. Pneumoperitoneum was performed in an effort to reduce the hernia. Although this procedure failed in the current instance because of intra thoracic adhesions, the possibility of its being effective in nonadherent cases is promising.

969 Park Avenue 1112 Park Avenue

Summary

1 A case of a para-esophageal hiatal hernia is presented which has produced symptoms referable to the gastrointestinal as well as to the cardiac systems.

References

1 Harrington, Stuart W: J A.M.A 101: 987 (1933)
2 Weinberg Joseph Internat. Abstr of Surg. 72 445 (1941)
3 Queries and Minor Notes J.A.M.A. 125 310 (Oct. 2) 1943.
4 Personal Communication: Travell Janet, M D
5. Hurst J.A M.A 102: 582 (Feb. 24) 1934
6. Akerlund H. Ottnell H and Kay E.: Acta. radiol. 6: 3 (1938)
7. Edsterman, G and Balfour Donald: The Stomach and Duodenum W B Saunders and Co 1936 p 689
8 Ornstein George G: Quart Bull. Sea View Hosp 3: 238 (1937-1938)
9 Hedbloom C. J.A.M.A. 85 947 (1925)
10. Meakins J ractice of Medicine (3rd ed) St. Louis C. V Mosby and Co. 1940.

CORRECTION NOTICE

We have been asked to make the following correction in the article entitled "Pregnancy Following Treatment with Male Sex Hormone in Sterility Due to Functional Bleeding by Dr Arthur F Simon of New York City, which appeared in the April 1 issue of the JOURNAL page 743 The second line in the second paragraph is corrected to read "Thirteen years before this the right *tube* had been removed for an ectopic pregnancy the convalescence was complicated by an embolism of the lung."

OVARIAN CYST IN THE CONTENT OF INGUINAL HERNIAL SAC

WILLIAM J FUSARO, M D , Brooklyn, New York

(From the Norwegian Hospital)

HERNIA of the ovary is not a common occurrence Donald,[1] in 1940, while reporting a case of congenital ectopia of ovary and fallopian tube in the labium majus, stated that "Hernia of the ovary is rare, and 95 per cent of ovarian hernias are inguinal" Mayer and Templeton,[2] in 1941, reporting a case of inguinal ectopia of the ovary and fallopian tube in an infant, reviewed 195 such cases from the literature, excluding simple ovarian herniae McMillan,[3] in 1942, while reporting a case containing gonadal structures on each side of a bilateral indirect inguinal hernia, stated that Watson (1938), in reviewing the literature, had gathered 219 cases of hernia of the adnexa and 181 cases of hernia of the ovary, and that the earliest report of a tubo-ovarian hernia was that of Soranus, about 97 A D Kershner and Shapiro,[4] in 1943, reported 3 cases of multilocular serous cysts of the round ligament simulating incarcerated herniae Berger,[5] in 1944, reported a case of a broad ligament cyst in a strangulated hernia

Ovarian hernia and tubo-ovarian ectopia are most common in children under two years of age It is agreed by all writers that they are congenital anomalies Ovarian hernia is also found in the older age groups, where, because of intra-abdominal pressure by conditions such as pregnancy, adhesions, etc , the condition is aggravated.

The persistence of the canal of Nuck (which normally becomes obliterated toward the end of the eighth month of intrauterine life) is the causative factor in ovarian hernia When the gubernaculum of the ovary does not become attached to the cornua of the uterus, it is possible for the gubernaculum, and the ovary with it, to be drawn into the inguinal canal or the labium majus In cases of true ectopia, the tube is also drawn down with the ovary The ovary may become inflamed, undergoing cystic degeneration, or it may become adherent to the sac wall.[6]

In children, ovarian hernia should be suspected when examination reveals a small hard, rounded mass, reducible and not tender, in the inguinal canal or labium majus, which later becomes irreducible and tender After puberty, ovarian hernia should be suspected when a patient complains of a mass in the groin which increases in size and discomfort with the menses On pelvic examination, the uterus is displaced toward the involved side and movement of the uterus results in movement of the ovary in the inguinal canal.

Strangulation and torsion of the ovarian pedicle are frequent complications of ovarian hernia. There may also be an accompanying salpingitis or tubal ectopic pregnancy Sometimes the ovary undergoes malignant changes, or else the hernial sac may also contain the uterus, omentum or intestines

The treatment of choice for ovarian hernia is early surgical intervention, using a Bassini type of repair, with replacement of the ovary wherever possible, depending on the presence or absence of pathology

Case Report

L S , a 48-year-old white, widowed nurse, was admitted to the Norwegian Hospital on April 12, 1944, complaining of a mass in the right inguinal region for the past five or six days which was larger than usual and was reducible at times · The mass was tender and caused a dull ache Patient had had a hernia for over five years, but this was the first time that it had caused her any inconvenience There was no history of nausea, vomiting, or urinary disturbances She had had an appendectomy twenty years ago, a hysterectomy ten and a half years ago, and a thyroidectomy ten years ago

Examination revealed a mass about 2½ by 2 by 2 inches over the right inguinal canal which was not reducible, there was a definite impulse on coughing The mass was somewhat tender There were firm McBurney and suprapubic midline scars No costovertebral angle tenderness was present There were many superficial varicosities over the lower extremities and a small ulcer on the medial aspect of the right ankle

At operation, on April 13, 1944, under spinal novocaine anesthesia (200 mg) supplemented by Pantopon, one-third of a grain after one hour, and gas-oxygen fifteen minutes later, a direct inguinal hernia about 2½ by 2 by 2 inches through the inguinal canal and into the labia majora was found The contents of the sac consisted of a small piece of omentum and an ovarian cyst, also about 2½ by 2 by 2 inches Intra-abdominally, on the right side, was an ovarian cyst about the same size as above connected by a narrowed cystic cord to the ovarian cyst which was in the hernial sac On the left side there was another cyst about the same size involving the left ovary There were extremely dense firm adhesions between the ovarian cysts, the cervical stump, and the urinary bladder

On opening the hernial sac, a large amount of straw-colored fluid poured forth It had no urinary odor The palpating finger through the sac seemed to pass into a closed cavity not unlike the bladder To be certain it was not a diverticulum or herniation of the bladder, methylene blue was instilled into the bladder through a urethral catheter, but none was observed to enter the sac It was decided that we were dealing with an ovarian cyst The sac was ligated at the very base and transfixed under the internal oblique muscle The hernia was repaired by a modified Bassini operation

A low midline incision was then made and the abdomen opened Dense adhesive bands were carefully severed and after tedious dissection, both ovaries and cysts, as described, were resected All raw edges were peritonealized and sutured to the old cervical stump

It should be noted that failure to do a vaginal examination caused the difficulty of hurrying the operation and having to supplement the spinal anesthesia with gas-oxygen and Pantopon Had the pelvic examination been done, an accurate complete diagnosis would have been made and adequate measures taken to prepare for a longer operation, e g , fractional spinal, more detailed survey of the

patient's physiologic status preoperatively and the preparation of adequate measures (blood, plasma, etc.) if her status had been poor Fortunately, this patient's condition, in spite of age was good and she withstood the operation very well, no blood or plasma having to be rushed to her aid.

Pathologic Report.—The specimen consisted of a moderately soft oval mass 5 by 3 by 0 5 cm. On section, the tissue was yellowish-red and brown, apparently ovarian tissue. The specimen also consisted of two irregular flattened masses of greyish brown tissue, apparently opened cyst linings smooth and about 1 cm. in thickness There was also a cyst 3 by 3 by 1 5 cm., containing clear fluid

Microscopic examination showed thick walled blood vessels in dense fibrous tissue with scattered collections of round cells. Section of ovaries showed numerous hemorrhagic cysts and simple cysts.

Pathologic Diagnosis—Hernial sac, polycystic ovaries.

The patient made an uneventful recovery and both wounds healed by primary union She was discharged nine days after operation to a convalescent home for further care. She has been well ever since and has been engaged in her nursing duties at the hospital since eight weeks following her operation.

Summary

1 A brief summary of the literature regarding incidence and etiology of ovarian hernia is given.

2 A case of ovarian cyst in an inguinal hernial sac, with part of the cyst intra abdominal, and ovarian cyst also on opposite side, is presented.

3 Caution to never operate for inguinal hernia in females without pelvic examination is stressed.

References

1 Donald, D C.: Am. J Surg 47: 149 (Jan.) 1940
2 Mayer V., and Templeton F G Arch. Surg. 43: 307 (Sept.) 1941
3 McMillan, W M Ann. Surg. 116: 266 (Aug.) 1942.
4 Kershner D and Shapiro A L. Ann. Surg 117: 216 (Feb.) 1943
5 Berger K. N : Brit. Med J 2: 435 (Sept. 30) 1944
6 Iason A. H. Hernia Blakiston Philadelphia 1941 p. 1101

A PROTEST FROM PENNSYLVANIA ON THE E.M.I.C PLAN

On January 27 1940 at a called meeting of the Commission on Maternal Welfare of the Medical Society of the State of Pennsylvania, the following Resolution was unanimously adopted

That the Commission on Maternal Welfare of the Pennsylvania State Medical Society is unanimously opposed to any legislation which will perpetuate the present E.M.I.C plan or any legislation which shall set up any similar plan for Maternal and Child Welfare.

This objection is based on the following facts

1 There exists no emergency now and there is no public need for any such legislation

2. Any such program will continue to be solely under the control of the Children's Bureau (or similar bureau) of the Department of Labor and will be centralized in Washington D C and not under the direct control of competently trained physicians.

3. The standards of obstetric care have not improved under the E.M I C plan and cannot be improved by such centralization.

4. The E.M.I.C plan or any similar plan now under consideration (as the Pepper Bill or the Wagner Murray Dingell Bill) sets up only a minimum standard of Maternal Care and at the level of the general practitioner

5 Adequate maternal care requires a maximum standard of care and this is not obtained or even approached in the requirements of the present E.M.I.C plan or the proposed legislation of maternal care as embodied in the Wagner Murray-Dingell Bill.

6 The full and thorough training of future obstetricians has been and will continue to be hampered and interfered with by such legislation. This restriction is felt not only in our medical schools, but also in our recognized, accepted, or approved hospitals.

7 The medical profession has insisted on adequate maternal care for all expectant mothers. Adequate care denotes maximum care during pregnancy at delivery and for a definite period after delivery The present E.M I C plan, or the proposed legislation, has concentrated on a minimum of care for before delivery *only*, disregarding entirely the very important phases of the problem, viz during delivery and through the period directly and for six to eight weeks after delivery (other than a six weeks' examination) These are phases in which the accidents and mismanagements make their appearance. No present (E.M I C) or proposed legislation recognizes these two important phases of maternal care, hence the whole plan is full of danger Maternal and child health depends on all these phases not on one phase alone with total disregard of one or both of the other two

All the above factors lead definitely to a lowering of adequate or maximum maternal care standards which the medical profession for the past twenty years has been teaching and practicing in an effort at reducing maternal mortality, which has been accomplished by the profession's efforts. The medical profession through its own organizations has striven to give adequate maternal care to all expectant mothers and the present E.M.I C plan, or the proposed legislation, sets up only a minimum standard of maternal care. All such legislation, in our professional opinion, eventually will lead to an increase rather than a decrease in maternal mortality, principally because the safeguards are removed and the standards of obstetric care are lowered to a degree below that which we definitely know to be maximum and necessary as adequate

Department of Medical Care Insurance

CONDUCTED BY GEORGE P FARRELL, DIRECTOR

The National Health Program

THE following is the action of the House of Delegates of the American Medical Association, taken December 5, 1945, covering the development of a specific national health program with emphasis on a nation-wide organization of locally administered prepayment medical plans sponsored by medical societies

The Advisory Committee appointed by the Council on Medical Service and Public Relations of the American Medical Association, met in Toledo, December 16, 1945, at which time recommendations were made that steps be taken by the Council on Medical Service and Public Relations to obtain the cooperation of existing prepayment medical-care plans for the purpose of coordinating their activities, and to obtain information, data, and statistics, and to make the Council on Medical Service and Public Relations the central source of information and the spokesman regarding the prepayment medical plan movement The recommendations were as follows

(*a*) A letter to the plans now in operation explaining the program of the Council and asking for specific information and data as a preliminary report, and requesting suggestions as to future regular reports

(*b*) Release of a monthly news letter on prepayment plans' activities to which all plans be invited to submit news items and articles

The establishment of a page or more, as necessary, in the *Journal of the American Medical Association* to set forth pertinent and interesting information of the prepayment medical plans

(*c*) The establishment of a public relations and press division of the Council on Medical Service and Public Relations, to supply the national press with specific items and stories concerning the various plans for prepayment care, both on national and local levels, to prepare literature, speeches, etc , for representatives on the Council.

(*d*) Publication of an official roster of medical society sponsored and approved plans, including pertinent information on each

(*e*) The adoption of a common symbol or trademark for use of the medical societies' sponsored and approved plans

(*f*) The establishment of an Advisory Service within the Council on Medical Service and Public Relations to provide speakers and technical advisors, in relation to matters of organization and administration for county and state medical societies in the formation of plans Such speakers and advisors to be designated by the Council on Medical Service and Public Relations

(*g*) To develop and recommend means for local medical care plans to cooperate with the Veterans Administration, to provide care for veterans with service-connected disabilities and such other care as they may be entitled to, either on the basis of prepayment or cost plus arrangements, to the end that the veteran may have free choice of physician in his home community

(*h*) To encourage and assist local plans in development of arrangements for care of indigents and others entitled to public assistance, to provide adequate care of good quality for such persons, with free choice of physician

It was also recommended that the Council on Medical Service and Public Relations be authorized to proceed immediately with the organization of a nonprofit national voluntary health association

On February 12, 1946, a meeting of the officers of the Medical Service Plans Council of America was called, with Mr Jay Ketchum, Executive President, Michigan Medical Service, acting as chairman At this meeting, held in conjunction with the Council on Medical Service and Public Relations of the American Medical Association, the following action was taken

The name of Medical Service Plans Council of America was changed to Associated Medical Care Plans, Inc , the work of this new corporation to be coordinated closely with the activities of the Council on Medical Service and Public Relations of the American Medical Association The following officers were nominated at this meeting, as well as six commissioners Dr Frank L Feierabend, Kansas City, president, Mr William Bowman, of the Colorado Physician's Service, vice-president, Mr Jay C Ketchum, executive vice-president of Michigan Medical Service, corresponding secretary, and Dr Norman Scott, medical director, Medical Service Administration of New Jersey, treasurer, commissioners for a period of two years Dr Herbert H Bauckus, New York, Dr Arthur J Offerman, Nebraska, and Dr Howard Schriever, Ohio, commissioners for a period of one year Mr Leslie Perry, executive director, Medical Service Association of Pennsylvania, Mr Willard C Marshall, general manager, Oregon Physician's Service, and Mr Edwin M Kingery, executive director, Iowa Medical Service

The purpose of this new corporation (Article II, Constitution and Bylaws of Associated Medical Care Plans, Inc) is "The corporation shall seek mutual joint action on a national scale by all voluntary prepayment medical-care plans

"It shall seek to develop this voluntary movement in such manner as to protect the public welfare and wholly safeguard the high quality of medical care achieved by the profession in the United States and Canada

"It shall seek to develop the autonomy and rights of local communities to evolve their programs according to local needs and practices, striving at the same time, to coordinate their methods into as uniform a national pattern as possible

"The Associated Medical Care Plans shall sponsor cooperative and working relationships with medical and allied health groups whose activities in the voluntary field coincide with the broad specific purpose of this organization "

The Board of Trustees of the American Medical Association has established, under the Council on Medical Service and Public Relations, a Division of Prepayment Medical Care Plans, with a director and the necessary administrative staff It is recommended that the Council on Medical Service and Public Relations appoint an advisory committee representing medical-care plans and other associa-

tions, and consisting of five members appointed for one year It is also suggested that the following comprise the committee Mr Jay C Ketchum, Dr Frank L Fclerabend, Dr Herbert H Bauckus, Mr William Bowman, and Mr Charles Crownhart.

The Director of the Division of Prepayment Medical Care Plans, with the assistance and cooperation of the Advisory Committee the State Medical Societies, and the Association of Medical Care Plans, Inc, shall be available to assist in developing new plans and increasing enrollment in existing plans.

The Board of Trustees of the American Medical Association believes that responsibility for the development of medical-care plans rests with state and county medical societies.

MEDICAI SURPLUS PROPERTY

To the Editor —For your information the following: Being on terminal leave after five years of active duty and in need of equipment for my office, I took the *Journal of the American Medical Association* at its word and very optimistically made a visit to the Los Angeles branches of the Smaller War Plants Corporation, the War Assets Corporation, the Office of Surplus Property RFC et al. with the following results

Page 282 of the *Journal* for February 2 gave the regional office as Pacific Mutual Building Los Angeles. Arrival there disclosed a palatial setup with high powered appearing executives, as far as the eye could reach, ensconced behind heavy plate glass and mahogany They could be seen only by appointment, I was informed by one of the young lady buffers holding forth at the mahogany barrier On learning my business however, she informed me that the *Journal* was 100 per cent wrong and that it would be necessary for me to go to another building in another part of town which specialized in surplus medical equipment. This building was situated on Seventh Street near Los Angeles Avenue.

This information was a *lift* because that was just what I was looking for, the boys who specialized in medical equipment, just like the *Journal* said.

Now this office was a letdown after viewing the splendor of the other one, but there were long lines of veterans waiting to be seen and, I thought, now we are getting some place. As I got closer to the front of the line, though, my spirits sagged as I noticed those turned away from the desk sadly shaking their heads and muttering to themselves as they filed past

I consoled myself with the thought that these poor misguided unfortunates were no doubt in the wrong place trying to buy silly things like locomotives, amphibious adding machines and bull dozers they should know that they ought to be up at the swank joint in the Pacific Mutual Building. I was now all goose pimples, I was only third man from the front, which gave me a chance to observe the gal behind the counter She looked harassed and bedraggled, but it was almost noon and no doubt the poor girl was weak from hunger But when my turn came she was still breathing, so I took a chance

Now I hate to tell you this, Mr Editor, but this gal said she didn't know where the *Journal* got its information, but there was no such thing as a listing of surplus medical equipment and, what's more, she doubted if there ever would be one. In spite of her weakened condition she was not unsympathetic and she lowered her voice to tell me that this was the way it always was and so I gathered that it was just the same old run around being given veterans everywhere. She did suggest that I could return that afternoon when a group class would be held on how to make an application and I could then apply for the items I might be interested in Then some day if they ever got those items they would notify me within the next few months.

I started to say "how the h— can I make application when I don't know what you have for sale," but I thought better of it and decided to go back to the plush carpeted office in the Pacific Mutual Building where the girls were better looking, and buy myself a tank or a small used destroyer at least.

JAY G WANNER, Lieut Col M C A U S
—*J A M A March 9, 1948*

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY TO HOLD ORAL AND PATHOLOGY EXAMS

The general oral and pathology examinations (Part II) for all candidates will be conducted at Chicago, Illinois, by the entire Board from Monday, May 6, through Saturday May 11, 1946 The Palmer House in Chicago will be the headquarters for the board. Formal notice of the exact time of each candidate's examination will be sent him several weeks in advance of the examination dates Hotel reservations may be made by writing direct to the Palmer House.

Candidates for *re-examination* in Part II must make written application to the Secretary's Office, Dr Paul Titus 1015 Highland Building Pittsburgh 6, Pennsylvania.

Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL *The members of the committee are Oliver W H Mitchell, M D , Chairman (428 Greenwood Place, Syracuse), George Baehr, M D , and Charles D Post, M D*

Nassau County Afternoon Lectures

THE Nassau County Medical Society Tuesday afternoon lectures began on May 7 with Dr Emanuel Appelbaum, chief of the meningitis division, bureau of laboratories, City of New York Department of Health, speaking on "Meningitis"*

The following Tuesday, "Management of Peripheral Vascular Diseases" was discussed by Dr A. Wilbur Duryee

He is associate clinical professor of medicine, College of Physicians and Surgeons, Columbia University

Dr Edward F Hartung, assistant clinical professor of medicine, College of Physicians and Surgeons, Columbia University, will discuss "The Diagnosis and Treatment of Low Back Pain," on May 21

"Tuberculosis," presented by Dr James C Walsh, superintendent of Nassau County Sanatorium, Farmingdale, is the subject of the lecture for May 28 *

Sullivan County Hears Obstetricians

DR. JAMES K QUIGLEY, consultant in obstetrics and gynecology, University Rochester School of Medicine and Dentistry, will lecture on "Practical Everyday Obstetrics" at the Monticello Hospital, Monticello, on May 15

An illustrated lecture with lantern slides on operative obstetrics will be given at the home of Dr Harry Golembe, in Liberty, on May 22 Dr Milton G Potter, of Buffalo, will be the speaker

The series began on April 24 with "Pregnancy and the Rh Factor," by Dr Raymond J Pierri, professor of clinical obstetrics, Syracuse University College of Medicine, and Dr Robert G Schwartz, instructor in clinical pediatrics, Syracuse University College of Medicine

Dr Ward L Ekas discussed on May 8 "The Hemorrhagic States of Pregnancy" He is assistant professor of obstetrics and gynecology at the University of Rochester School of Medicine and Dentistry *

Treatment of Diabetes

DR GEORGE E ANDERSON, clinical professor of medicine, Long Island College of Medicine, discussed "Diabetes Mellitus—Its Modern Interpretation and Treatment" at a meeting of the Schenectady County Medical Society on May 7 in the Medical Library of Ellis Hospital

Dr Pfeffer Speaks to Oswego Physicians

A LECTURE on "Neuropsychiatric Aspects of Arteriosclerosis and Aging" was given by Dr Arnold Z Pfeffer, assistant visiting neuropsychiatrist, Bellevue Hospital, on May 8 at a meeting of the Oswego County Medical Society held at the Fulton Club in Fulton

Cortland County Lecture on Diabetes

DR GEORGE E ANDERSON, clinical professor of medicine, Long Island College of Medicine, will give a lecture to the Cortland County Society on May 17 at 8 30 P M in the staff room of the Cortland County Hospital His subject will be "Diabetes Mellitus"

Tompkins County Holds Discussion of Plasma Therapy

"PLASMA Therapy, Whole Blood Transfusion, and the Use of Blood Substitutes and Derivatives" will be the subject of a lecture to be given by Dr Samuel Standard, assistant professor of surgery, and lecturer in physiology at New York University College of Medicine The lecture will be at the Tompkins County Memorial Hospital in Ithaca on May 20 at 8 30 P M *

Cardiac Arrhythmias

DR. WALTER W STREET, professor of clinical medicine, Syracuse University College of Medicine, spoke to the Seneca County Medical Society on May 9

His subject was on "Clinical Diagnosis and Treatment of Cardiac Arrhythmias"

* This instruction has been arranged by the Medical Society of the State of New York in cooperation with the New York State Department of Health.

Medical News

President Truman Heads New Foundation to Combat Arthritis

WITH President Harry S Truman as its Honorary Chairman, a new national foundation to combat arthritis has been formed. Mr Louis Kranitz, of St. Joseph Missouri, chairman of the National Campaign Committee declares that two and one-half million dollars is the goal being sought for the establishment of the National Arthritis Research Foundation, with its main buildings to be located in Hot Springs National Park, Arkansas.

The Foundation is being established as a national and independent center for studying the causes and treatment of rheumatic diseases.

The origin of the Foundation was described by Mr Louis Harrison, vice-president of the Leo N Levi Memorial Hospital, of Hot Springs, Arkansas He said that the hospital, a national and nonsectarian institution devoted to the free care of arthritic victims, had been contemplating the development of a research wing but it had been persuaded by medical authorities to abandon its own plans in favor of assisting in the creation of a national foundation

Endorsements of this national medical project have been received from United States Surgeon General Thomas Parran and Dr Morris Fishbein, Editor of the *Journal of the American Medical Association*, both sponsors of the Foundation. He added that complete control of research will be placed in the hands of a Medical Advisory Board made up of outstanding specialists from all over the country

Postgraduate Courses Open to Medical Veterans at New York University

FOUR hundred medical veterans, one third of whom are alumni, have been enrolled in the Post-Graduate Division of New York University College of Medicine that was organized last September

The postgraduate courses are taught in the New York University divisions of Bellevue Hospital or at other hospitals affiliated with the university It is expected that a peak registration of 500 or more discharged medical officers will be reached this year

The majority of returning alumni, Dr Clarence de la Chapelle, director of the Post-Graduate Division, said, seek hospital appointments, especially residencies. All cannot be placed in the University's divisions of Bellevue or in Lenox Hill Beth Israel, French, or Goldwater Memorial hospitals, all of which are affiliated with the College of Medicine, and it has been necessary to refer many applicants to other hospitals throughout the country

Refresher courses, of which the general review course is completely booked until July 1, are mainly channeled through the Fourth Medical Division of Bellevue Hospital, which became affiliated with the Medical College more than a year ago

The review type course is intended for officers who have been or will be entering general practice and who may be unable to continue in their fields while in military service. These courses, which include practically every branch of medicine range from two weeks to a year in duration. To accommodate officers who seek admission at various times as they are released from service, the courses are in continuous operation and may be started at frequent intervals The schedule is so arranged that a physician may review only one or two subjects or a larger number, if he desires, without waiting long periods between courses.

A second group of courses is designed for physicians whose postgraduate training was interrupted and who wish to complete requirements for certification by the specialty boards, also for those who have completed an internship or part or all of a residency These courses vary in length from one to three years and include the basic sciences as an integral part of the training

Most important from the point of view of the nation's future medical care according to Dr de la Chapelle, are members of the intern group whose medical education and internship were curtailed by the accelerated wartime program and who received too little medical training. It is planned to give this group a year or so in a hospital as interns or externs to prepare for practice or possibly a residency

Specialties which alumni in the armed forces expressed a desire to study were in order of preference internal medicine, surgery, obstetrics and gynecology, pediatrics, pathology, radiology neuropsychiatry, ophthalmology, orthopedic surgery, dermatology and syphilology, and urology

This program of retraining courses and postgraduate studies has been made possible by a grant of $50 000 a year, for three years from the W K Kellogg Foundation.

Columbia to Aid Ex Army M.D 's

COLUMBIA University's Faculty of Medicine has expanded its facilities to provide a two to six months reorientation program to aid medical officers released from the armed services. The program is limited to graduates of the College of Physicians and Surgeons or former residents in affiliated hospitals.

It is designed for those who desire a longer clinical experience than is provided by refresher courses.

County News

Chemung County

Dr Ernest E Whipple and Dr Alexander S Dowling have become associated in the practice of medicine and surgery at Dr Whipple's clinic office in Corning

Dr Whipple has been a practicing physician in Corning for many years, having established an office in this community in 1911 Previous to this, he had practiced for three years in Allegheny County following his graduation from the University of Maryland Medical School in 1908 He was one of the senior surgeons at the local hospital and was a former president of the medical and surgical staff at the hospital

Dr Dowling was graduated from the Harvard Medical School in 1930 After several years of postgraduate work in Boston and Cleveland Hospitals, he established an office in Corning for the practice of medicine and continued his practice there until volunteering for service in the U S Naval Reserve in June, 1942 He was recently returned to inactive duty after serving for three and a half years in the naval service *

• • •

Dr John P Murphy has assumed temporary charge of the Elmira Health Center

The Health Center post has been vacant since the death January 21 of Dr Stewart S Piper

Columbia County

Dr Sue Thompson Gould, who has been Acting Commissioner of the Columbia County Department of Health has been appointed Commissioner Dr Gould's appointment followed the resignation of Dr W L J McDonald, County Health Commissioner Dr Gould will serve for a six year term

She is the first woman in the history of New York State to be named commissioner of a county health department

Dr Gould was recently elected to Fellowship of the American Public Health Association She is a member of the New York State Medical Society, the Columbia County Medical Society, and is a director of the American School Health Association

Dr McDonald has been serving in the Army and now intends to take a course at John Hopkins, Baltimore, Maryland He assumed the duties of Commissionership April 1, 1940 Dr Gould was named acting commissioner during Dr McDonald's war service and began her duties with the department December 15, 1942

• •

Dr Leon J Shank, of Kinderhook, has resigned as a member of the Columbia County Board of Health. Dr Shank's term had another year to run

• • •

Dr Clark Green Rossman has retired after forty-seven years of service to thousands of Columbia County and area residents as physician and surgeon. Dr Rossman will continue to serve the city as Commissioner of Public Works

Dr Rossman obtained his M D in the College of Physicians and Surgeons, Columbia University He served internships at the Knickerbocker, Sloane Maternity, Vanderbilt Clinic, and Roosevelt hospitals He was also resident surgeon at Knickerbocker Hospital and acting resident physician at Sloane He came to Hudson from New York in 1899 and opened an office for general practice

As he retires from his work as physician and surgeon, Dr Rossman takes with him the thanks and appreciation of thousands he has guided to health and happiness His outstanding eminence and success during all his years of practice here have gained for Dr Rossman the admiration and respect of the general community and he will have their best wishes for a well-earned rest

• • •

At the eighth annual Distinguished Service Award banquet held in January in Hudson, Dr John L Edwards, well-known Hudson physician, was honored by the Junior Chamber of Commerce for service to the community

In presenting the key, symbolic of outstanding leadership in civic affairs, to Dr Edwards, John N McLaren, toastmaster, said the award was being given "For your high observation of the ideals expressed in the Hippocratic oath, for your unfailing and constant devotion to your profession at the great sacrifice of your own personal comforts and convenience, for your services as principal protagonist for the Columbia Memorial Hospital fund, and for your past and present devotion to community service as exemplified by your acts of service"

Dr Edwards was graduated in 1912 from Albany Medical College He then served an internship at the Albany Hospital until 1916 when he established a practice in Hudson He served in France and England with the Medical Corps during World War I *

Delaware County

Dr Doreen Corke closed her office in Hobart on March 1 and on April 1 entered Franklin Square Hospital at Baltimore, Maryland, where she will spend fifteen months studying obstetrics and gynecology *

• • •

Dr William Wayne Manson, veteran of World War II has opened an office in Sidney *

Dutchess County

Dr L W Stoller, of Red Hook, has opened an office in Poughkeepsie

Dr Stoller, who is a veteran of World War II, having served in Europe with the Third Auxiliary Surgical group of the First Army, practiced in Red Hook for ten years prior to his entrance into military duties

He is a graduate of Harvard Medical School, 1928 He served his internship in Harper Hospital and Women's Hospital in Detroit, a surgical fellowship at the Lahey Clinic in Boston, and is an assistant attending surgeon on the staff at Vassar Hospital *

• • •

Dr Henry Bokofsky, resident physician at Potts Memorial Institute, Livingston, has opened an office for the practice of internal medicine and treatment of diseases of the chest in Livingston and the surrounding territory

Dr Bokofsky served his internship at Grasslands Hospital, Valhalla, and had four years of chest experience there. He also practiced for two years in Broome County, where he specialized in diseases of the chest.

Dr Bokofsky studied medicine at the University of Basle Switzerland, after premedical training at New York University *

Dr Forrest J Lancaster of Lexington, North Carolina, who was recently separated from the Army has purchased a combination home and office of the late Dr Daniel R. Robert at New Lebanon Center and has begun practice there.*

Dr LeRoy Holbert of Kinderhook, has established his office there and started practice in February *

Dr Harold C Rosenthal has resumed private practice in Poughkeepsie following expiration of terminal leave from the U.S Army in which he served as captain and finally major and saw service in the Alaskan, mid Pacific, and Philippine theaters of operations.

For his work at Attu, during the time U S forces were re-winning that Artic outpost from the Japanese, Dr Rosenthal, received a commendation from Lieut. Gen Simon Bolivar Buckner

Dr Rosenthal now is doing postgraduate work in urology at New York University

He also received a commendation for his outstanding genitourinary work while attached to the 219th General Hospital in Hawaii, which he joined after completing his Alaskan tour of duty He was in the Philippines with the 40th General Hospital when the Luzon campaign was terminated.*

Dr Lewis H Marks, of Poughkeepsie, senior attending obstetrician at Vassar Brothers Hospital, received an honorary degree from the University of Toronto recently

The local physician received the degree of "M.D Toronto" from the university where he received his medical training and in recognition of his completion of 50 years' practice.

A practicing physician here since 1901, Dr Marks has been a general practitioner all that time, but has specialized in obstetrics. He has been a member of the staff of Vassar Hospital since 1918, and has been an attending obstetrician during most of his service there *

Dr Frederick Heath and Dr James Toomey discussed "Newer Uses of Prostigmine" at the March meeting of the County Society Dr Frederick E. Elliott, of United Medical Service, was present to discuss and answer questions on the service.

Erie County

Dr Dwight E Harken, of Boston, addressed the February meeting of the Erie County Medical Society His talk on applications of wartime thoracic and cardiac surgery to civilian practice was illustrated with motion pictures and slides.*

Judge Daniel J Kenefick has been named chairman of the Friends of Medical Research in Erie County The group is part of a state-wide organization sponsored jointly by the Medical Society of the State of New York and the New York Academy of Medicine.*

Dr Thomas R. Noonan, of Buffalo was recently appointed professor of physiology in the University of Buffalo School of Medicine. Dr Kenneth J Armon, orthopedic surgeon, has also been named to the faculty there. Other appointments made were Dr Richard W Baetz, instructor in obstetrics and gynecology, Dr William F Boswick, assistant professor of neurological surgery, Dr Norman G Rausch, assistant in dermatology and syphilology, Dr Paul R. Swanson, Dr George Ubel Dr Elmer H Bickle, Dr Carl Faso, assistants in medicine, and Dr Vincent D Moran, assistant in orthopedics.

Several promotions were also announced at this time They are Dr John C Brady, Dr John Burke, Dr Louis C Kress, from associate to assistant professor of surgery, Dr Roswell K Brown, from assistant to associate in surgery, Dr Winfield L. Butsch, from instructor to assistant professor of surgery, Dr Joseph E. Macmanus, from instructor to associate in surgery, and Dr Frederick G Stoesser, from assistant to instructor in surgery

Essex County

Dr Daniel H. Webster, of Plattsburgh, formerly of Dannemora, established his practice at Au Sable Forks upon his return from the Philippines. At Au Sable Forks he is associated with Dr G J Culver

Dr Webster received his medical degree from Syracuse University *

Franklin County

Dr R. G Perkins, of Malone, has been re-elected director of the New York State Division of the American Cancer Society He was chosen to serve again in this capacity, at a reorganization meeting of the New York State Committee of the ACS held in Syracuse February 7

This recognition of Dr Perkins comes on the heels of another honor accorded him this year The current edition of *Who's Important in Medicine* carries a lengthy sketch of the career of the Malone doctor who is also recognized, and has been for some years by the publishers of *Who's Who in New York State*

According to the former publication, Dr Perkins was awarded his M D in 1911 by Syracuse University and in 1911 and 1912 interned in surgery at St. Luke's Hospital in Utica.

Next he is listed as taking postgraduate work at the London School of Tropical Diseases and work in ophthalmoscope and eye surgery at the Moorefield Eye Hospital in London. In 1914 he worked with clinical medicine and skin diseases at the Netherlands Indies Medical School and Hospital, Batavia, Java, and in 1915 returned to the States as assistant to Dr C T Granger in Rochester, Minn. That same year he supervised the building of the Mission Hospital of 70 beds in Buitenzorge, Java, and served as superintendent and surgeon there until 1924

He has done postgraduate work at the Post Graduate School (Cystoscopy) in New York City and assisted Dr Grant C. Madill, of Ogdensburg for a year He has also had postgraduate work in x-ray at the New York Clinic and has served as surgical consultant to Potsdam and Massena hospitals

At present he is a member of the surgical staff at the Alice Hyde Hospital where he has been chief since 1942, and at the same time has maintained private practice *

• • •

Lieut Col Marshall Kissane, of Malone, chief of the amputation division at Lawson General Hospital in Atlanta, Georgia, recently was promoted to lieutenant-colonel

Lieut Col Kissane has been serving with the Army Medical Corps for over five years *

Fulton County

Fulton County physicians, formerly with the armed forces, who have recently resumed their private practice include the following Dr William H Raymond, Dr John S Clemons, Dr John Ford, and Dr John H Larrabee, all of Gloversville

Herkimer County

Dr George A. Burgin, of Little Falls, has been elected delegate to the Medical Society of the State of New York meeting by the Herkimer County Medical Society

Chosen as alternate was Dr Fred C Sabin, Little Falls Two new members were accepted, Dr Ernest Enzien, Frankfort, and Dr Michael Palamar, Little Falls

Dr Joseph Conrad, of Little Falls, read a paper on tropical diseases Dr Conrad who is on terminal leave from the army, spent many months in the South Pacific during the war He is first vice-president of the county society *

Jefferson County

The Jefferson County Friends of Medical Research, an organization which will conduct an educational campaign within this county concerning the benefits from animal research, was formed in February *

• • •

Dr Joseph R. Recupero, of Brooklyn, has opened a practice in Redwood He served as major in the Medical Corps of the Army, entering the service six years ago and spending a great deal of his time overseas in an English hospital.

Dr Recupero is a graduate of Long Island College of Medicine, class of 1939, and interned at Mary Immaculate Hospital, Jamaica, L I , and Walter Reed General Hospital, Washington, D C *

Kings County

The stated March meeting of the County Medical Society and the Academy of Medicine of Brooklyn consisted of two lectures "Social and Environmental Factors in the Provision of Medical Care" was discussed by Dr Samuel C Harvey, professor of surgery, Yale University, and "The Role of the Medical Social Worker in the Provision of Medical Care," was the subject of a talk by Miss Elizabeth P Rice, director, Medical Social Service, New Haven Hospital, New Haven, Connecticut

• • •

Honors delayed by the war were given four past presidents of the Kings County Medical Society at a dinner in February

The society voted an annual dinner honoring the retiring president in 1941, but discontinued the practice during the war

Accordingly, the dinner was given for Dr William C Meagher, Dr John J Gainey, Dr Leo Schwartz, and Dr Joseph Tenopyr, all presidents since that date They were given medals and scrolls

Dr Morris Fishbein, editor of the *Journal of the American Medical Association* spoke

The dinner committee included Dr Ignatius P A Byrne, chairman, Dr Charles F McCarty, secretary, and Dr John Brinkman, Dr C P Chairamonte, Dr Leo Drexler, Dr Thurman P Givan, president of the society, Dr Abraham Koplovitz, Dr John J Masterson, and Dr Abraham D Segal

•

A former Brooklyn doctor, Capt Leonard R. Rubin, now of Laurence, credited with the development of a new skin grafting technic which has greatly advanced the successful treatment of burns, was recently awarded the Legion of Merit at Dibble General Hospital in California

Captain Rubin interned at Kings County Hospital and served overseas with the 37th General Hospital, which was affiliated with Kings County

The technic, known as the "Gum Acacia Method," was developed in the Mediterranean Theater where Captain Rubin served as chief of the plastic and maxillo-facial section of the unit from 1943 to 1945 Army doctors characterize it as "exceptionally ingenious "

As a result of its development, it was pointed out, many wounded soldiers who would ordinarily have been greatly disfigured, have undergone plastic surgery with infinitely greater success The technic is particularly desirable in cases where there has been severe tissue loss *

• • • •

Dr John Caffey, head of the children's x-ray department at Presbyterian Hospital, addressed members of the Brooklyn Academy of Pediatrics at their February meeting in the Hotel Granada. Dr Caffey's topic was "X-Ray Diagnosis of Intestinal Ailments in Newborn Infants "

• • •

The joint committee on postgraduate education of the Medical Society of the County of Kings and the Long Island College of Medicine recently sponsored a seminar in basic and clinical ophthalmology It was given by the Department of Ophthalmology, Long Island College of Medicine, with the participation of the Brooklyn Eye and Ear Hospital, during the week of March 25

The subjects were "Basic Visual Field Studies," by John N Evans, and/or "Uncommon Background Changes," by Dr Ralph I Lloyd, "Basic Embryology of the Eye—Review with Moving Pictures," by Dr George H Paff, "Classical Ophthalmic Pathology (Tissues)," by Dr Arnold DeVeer, and "Basic Visual Physiology," by Dr Joseph Mandelbaum.

Lewis County

The Lewis County Medical Society and the Nurses Organization arranged to have Dr J G Hiss, of Syracuse, give a lecture on rheumatic fever, in Lowville, on April 2 Lantern slides were also shown This lecture was arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York with the cooperation of the New York State Department of Health.

Members of the medical societies of Jefferson and St. Lawrence counties were invited to attend

Livingston County

Maj Homer T Bull, of Geneseo a member of the Army Medical Corps since December, 1942, was honorably discharged in January

A graduate of the University of Toronto Medical School, where he received his M B and M D degrees in 1927, Major Bull was called to active duty in January, 1943

Before entering the Service, he was a member and past-president of the Livingston County Medical Society, and held memberships in the American Medical Association New York State Medical Society, American Heart Association, and Southern Medical Association. Following a stay in Florida, the Major intends to pursue a three months' concentrated course in the recent advances in internal medicine, obstetrics, and surgery at Tulane University Graduate School of Medicine, New Orleans, La.

Major Bull expects to return to his former practice in Geneseo about the first of June.

Dr Kenneth T Rowe, of Dansville, has turned his private practice over to an Army veteran resigned his position of Dansville village health officer and has opened an office in Hornell to specialize in urology

Dr Rowe turned over his practice after eleven years here to Dr Victor M Breen who was discharged from the Army in February

A native of Long Island, Dr Breen studied at Buffalo School of Medicine and interned at Buffalo City Meyer Memorial Hospital. He was assistant resident physician in pathology there when called into service in July, 1941

He held the rank of lieutenant colonel when placed on terminal leave.*

Madison County

Dr Henry Dana Fearon, formerly of Oneida and Dr George E. Thibault, of Chittenango have returned home after serving in the armed forces. Dr Fearon was a commander in the Naval Medical Corps, and has resumed his practice in Brooklyn. Dr Thibault, who served with the Army Air Forces, has opened his practice in Chittenango

Four lectures were given in the month of March for members of the County Medical Society On March 7, Dr Edward G Hughes, professor of obstetrics at Syracuse University College of Medicine spoke on "Caudal Anesthesia in Obstetrics", on March 14, Dr Richard S Gubner, assistant medical director of the Equitable Life Insurance Society of the United States discussed "New Concepts and Therapy of Hypertension." The closing lectures were on preventive orthopedics and carcinoma of the colon and rectum, the former given by Dr Roscoe D Severance associate professor of orthopedic surgery, Syracuse University College of Medicine and the latter by Dr Frederick S Wetherell, professor of clinical surgery at Syracuse, University College of Medicine.

Monroe County

County physicians who have returned from service with the armed forces include Drs Charles W Furtherer, William L. Madden, Eugene F Melaville, Allan A. Fisher, Hugh E. Pfluke George F Bantleon, Harry A Hanson, Edward A Stern, E. B Soble Edward W Douglas Joseph M Melo, Ralph Lingeman, Eugene Vernou, Charles C. Thomas, James F Conner, Vincent A. Renzi, B L. Tomasolli, Joseph Rock, Plumpton Guptill David F McGarvey, James P Conti, Burtis B Breese, George Taplin, Jerome Syverton, Harrison Ward, Santo F Brancato, Andrew Kerr Jr, J William Quinlan, of Rochester, and Dr Charles F Gay, of Brockport, and Dr Donald Bovet, of Marion.

Montgomery County

Resolutions on the deaths of Dr James B Conant and Dr David Wilson were adopted at a recent meeting of the Medical Society of the County of Montgomery held at the Elks Club Following the business session, Dr Avery Sarno, Johnstown gave a talk on cardiac irregularities illustrated with slides.*

Two Amsterdam physicians, formerly with the Army Medical Corps, have reopened their offices there They are Dr Andrew A. Casano and Dr George C Ferguson. Dr Leonard M McGuigan and Dr Rene H Juchli, also formerly with the Medical Corps, and residents of Amsterdam, have opened a joint office in Amsterdam.

Nassau County

The Nassau County Medical Society marked the completion of twenty-five years of active service to Nassau County at a dinner dance held at the Garden City Hotel in February

The Nassau County Medical Society came into being through a certificate of incorporation which was obtained January 6 1921

In the years which have followed, the Medical Society has achieved many of its objectives One of the most outstanding was the establishment in 1928 of the Nassau County Cancer Committee.

The Nassau County Tumor Clinic was organized by members of the Medical Society in 1933 and its work was carried on at the Nassau County Sanatorium in Farmingdale for several years until space was provided at the new Meadowbrook Hospital in Uniondale.

An active campaign was also promulgated by the Medical Society for a county hospital in the years which preceded the building of Meadowbrook It was due mainly to the efforts of members of the Medical Society that the proposition was finally presented to the voters for a decision in November, 1930, and approved by Nassau County people.

The establishment of a county health department, to replace the 68 or more local health officers and their staffs, was advocated by the Medical Society for many years before it was accomplished as a means of securing more uniform health requirements, standards and administration.

The Medical Society also cooperated with the temporary emergency relief administration in the care of the indigent and later, when this work was taken over by the county welfare department, the Medical Society set up a schedule for the care of the county's indigent people.

During the war 200 doctors went into the service from the membership of 510 in the Nassau County Medical Society and the remaining doctors not only carried on with their increased load of work, but also gave time to the civilian protection units in each area.*

Six Nassau county physicians have completed their participation in a campaign of the New York University College of Medicine alumni to raise funds for the construction of Alumni Hall, the auditorium of the university's $15,000,000 section of the New York University-Bellevue Medical Center, which will be erected in the Bellevue Hospital area

A check for $575,000, representing contributions by the Medical College Alumni during the campaign, was presented to Dr Harry Woodburn Chase, chancellor of the University, by Harvey C Williamson, president of the Alumni Association, at the recent annual alumni dinner

Nassau physicians who took part in the fund-raising campaign are Dr Austin B Johnson, Cedarhurst, Dr M Newton Jasper, Rockville Centre, cochairman of the Nassau-Metropolitan Committee, Dr Eugene Calvelli, Port Washington, Dr Robert Bogue, Lynbrook, Dr A. Walter Freireich, Malverne, and Dr Harold S Rubin, Hempstead

• • •

The following physicians announce that they are now associated in the form of a medical group with offices at the Hampton Clinic, located at the foot of Herrick Road on Old Town Road, Southampton Drs William C T Gaynor, David H Hallock, Edwin H Heller, and Herman Rubler

The group has been established in accordance with the principles of progressive medicine in order to furnish the community with as complete medical care as possible for the diagnosis and treatment of medical and surgical conditions on a twenty-four hour basis *

• • •

The following physicians have been discharged from the service and have resumed their practice in Nassau County Dr Kenneth B Lewis, of Rockville Centre, Dr Archie Harris, of Rockville Centre, Dr Sidney M Glasser, of Hempstead, Dr Louis Bush, of Baldwin, Dr Andrew W Lawrence, of Sea Cliff, Dr Harry Weintraub, of Rockville Centre, Dr Frank C Nichols, of Sea Cliff, Dr Louis Dandson, of Williston Park, Dr Frank Varmus, of Rockville Centre, Dr Ralph P Stevens, formerly of Greene County, who is opening an office in Baldwin, and Dr Albert H Meyer, formerly of Brooklyn, who is opening an office in Great Neck.

New York County

Col Currier McEwen, after more than two and a half years of military service, has resumed his duties as dean of the New York University College of Medicine Granted a leave of absence by the University for military service, he entered active duty May 6, 1943, and returned with the Bronze Star and the Legion of Merit, having participated in the Brittany invasion, subsequently becoming chief consultant in medicine with the headquarters of the European Theater of Operations He became responsible for the standards of medical care and travelled widely over the European continent Colonel McEwen remains in the Medical Corps Reserve with his wartime rank

• • •

Col. Bruce P Webster, U S A., of New York City, for exceptionally meritorious conduct in the performance of outstanding services in the Southwest Pacific Area, from September 16, 1944, to October 15, 1945, was awarded the Legion of Merit with the following citation "As Surgeon, Replacement Command, United States Army Forces in the Far East, Colonel Webster developed the Medical Service within the Replacement Command into an outstanding agency, and in addition, planned and executed the expeditious processing and assignment of incoming Medical Department personnel Subsequently, as Director of the Control Division, Chief Surgeon's Office, General Headquarters, United States Army Forces, Pacific, he was highly successful in initiating and supervising effective measures for the control of venereal disease, care of liberated prisoners of war, and medical training of amphibious troops As Senior Representative, he displayed unusual resourcefulness in establishing an echelon of the Chief Surgeon's office in Japan and in devising policies for the expeditious recovery, hospitalization, evacuation, and processing of liberated prisoner of war patients Through his ceaseless effort, extensive professional skill, and devotion to duty, Colonel Webster made a distinct contribution to the success of Medical Services in the Southwest Pacific Area"

Doctor Webster has returned to practice in Manhattan

• • •

Comdr George H O'Kane, of New York City, was awarded a special commendation ribbon for meritorious service with the Pacific Fleet in a ceremony at the Brooklyn Naval Hospital on March 21, 1946

Dr O'Kane has been on leave of absence since 1942 from the staffs of Columbia University-Presbyterian Hospital Medical Center and Post-Graduate Hospital in the City of New York He expects to return to civilian practice in May

• • •

Dr Robert P Worden, formerly of Auburn, has been granted an honorable discharge from the Army Medical Corps and has returned to his duties at Lennox Hill Hospital, New York City Dr Worden, who was promoted to the rank of major, was wounded last spring at Minlinas Since last August, until recently, he was a patient at Rhoads General Hospital, Utica *

• • •

Lieut Comdr William J Doyle, of the Navy Medical Corps, is on terminal leave after nearly four years' service in the Navy

After his discharge, Dr Doyle will reside in New York with his wife, known professionally as Dr Anita Figueredo He will resume his postgraduate study in pediatrics, which was interrupted when he entered the Navy *

• • •

On March 2, 1946, Comdr Philip Kramin was released to inactive duty after serving thirty-four months in the United States Navy, in the American and Asiatic-Pacific Theaters of War

Dr Kramin is returning to private practice in New York City

* Asterisk indicates that item is from a local newspaper

Necrology

Gustavus A. Almfelt, M.D., of New York City, died on April 13 at the age of 74 Dr Almfelt was a dietetic specialist. He was graduated from the Hahnemann Medical College and Hospital in Chicago in 1905 He was secretary and treasurer of the National Society of Physical Therapy, a branch of the American Institute of Homeopathy

Albert R. Ellison, M.D., of Buffalo, died on April 5 at the age of 54 He was graduated from the University of Buffalo Medical School in 1917 Dr Ellison served for a time as medical examiner for the Pennsylvania Railroad, chief physician for the Dunlop Tire and Rubber Corporation, and had been on the surgical staff of Buffalo s Deaconness Hospital.

Joseph E. Engelson, M.D ,died on March 17 at the age of 64 He was with the Mutual Life Insurance Company for nineteen years In 1906 Dr Engelson was graduated from the College of Physicians and Surgeons, Columbia University Afterward he was on the medical staffs of Roosevelt and St. Luke s Hospitals.

In World War I he was a captain in the Army Medical Corps, serving with Mobile Hospital No 2 He was a member of the Medical Society of the State of New York

Samuel Lloyd Fisher, M.D , died on March 31, in Brooklyn. He was 67 years old. Dr Fisher was a member of the American Medical Association, the Medical Society of the State of New York, and a fellow of the American College of Surgeons He was graduated from Jefferson Medical School in the class of 1907

William E. Goulin, M.D , of Bellmore Long Island, died on April 5 Dr Goulin was graduated in the class of 1928 from Tufts Medical College, and was a member of the Medical Society of the State of New York and the American Medical Association He was 42 years old

Edwin Maurice Griffith, M.D., of Chadwicks, died on March 14 at the age of 69 He was graduated from Albany Medical College in 1903 and was a member of the staff of Faxton Hospital, on the board of the Oneida County Hospital, and a member of the Medical Society of the State of New York.

Hal W Hammond, M D., of Franklinville, died on March 19 at the age of 63 He had been coroner for Cattaraugus County for the last twenty years, and a member of the Medical Society of the State of New York, and the American Medical Association He was graduated from Buffalo Medical School in 1904

Theodore I. Jacobus, M.D., of New York, died at the age of 72 on March 30 He was a graduate of the College of Physicians and Surgeons of Columbia University

Nathan M Humphrey, M.D , of Rochester, died on March 11 at the age of 83 He was graduated from the Hahnemann Medical College, Philadelphia, in 1889

William Z. Jerome, M.D., of New York, died on April 1 He was director of the nose, throat, and ear departments at the Mother Cabrini Memorial Hospital, and St. Elizabeth Hospital, and was adjunct professor at Polyclinic Medical School. He served as president of the Audubon Medical Society was a member of the American Academy of Otolaryngology the American Medical Association, and the Medical Society of the State of New York. Dr Jerome was graduated from Cornell Medical College in 1903.

Hugh C Murphy, M D , of Eastport, died on March 8 He was graduated in 1937 from Cornell University Medical College Dr Murphy was 44 years old

James N Murphy, M D , of Mount Vernon, died on March 21 at the age of 72. Dr Murphy was graduated in 1907 from Bellevue Medical College. During the first World War, Dr Murphy was a captain in the Army Medical Corps. He was a member of the New York County Medical Society, Medical Society of the State of New York, and the American Medical Association

Patrick J Murray, M D., retired chief surgeon of the Police Department, died in Brooklyn on April 2 He was 76 years old He was graduated from Bellevue Medical College in the class of 1895

George A. Schnepel, M.D , of New York, died on March 12 He was a graduate of the College of Physicians and Surgeons of Columbia University in the class of 1903 During his career he was adjunct professor of gastroenterology and assistant gastroenterologist at the New York Polyclinic Medical School and Hospital Until his illness, Dr Schnepel was connected with the Lutheran Hospital. He was a member of the American Medical Association.

Burton T Simpson, M.D., of Buffalo, died on March 5 Until 1914, he was director of the New York State Institute for the study of malignant diseases. He was graduated with the class of 1903 from Buffalo Medical College.

Wilbur W Stearns, M D., of Yonkers was 55 at the time of his death on March 22 In 1915, he was graduated from the College of Physicians and Surgeons, Columbia University Dr Stearns was director of the obstetric service at St. John s Riverside Hospital. He was a past president of the Practitioners Club of Yonkers and was a member of the Yonkers Academy of Medicine, the American Medical Association, and the Westchester County Medical Society

William Steinach, M.D., of New York, died on February 26 at the age of 75 He was graduated in 1894 from the College of Physicians and Surgeons, Columbia University, winning the Harsen Prize He was an attending neurologist at City Hospital from 1913 to 1935 and consulting neurologist since 1935 From 1896 to 1899 he was assistant physician at Willard State Hospital for the Insane. Dr Steinach had been an assistant alienist at Bellevue Hospital, a lecturer at New York University, served as a member of the Psychiatric Unit of the United States Surgeon General s Office and was a selective service examiner during the recent war He was a member of the New York Academy of Medicine, the New York Neurological Society, the American Medical Association, and New York County and State medical societies.

Joseph N Wickham, M.D , of Flushing, died on April 7 at the age of 66 He was graduated from the College of Physicians and Surgeons at Columbia University in 1903 Dr Wickham was first assistant surgeon at Flushing Hospital in 1912, and prior to his retirement, served as attending surgeon He was a member of both the Queens County Medical Society and the Queens Borough Surgical Society

William Yarm, M.D , of Brooklyn, died on April 2. He was 58 He was formerly a member of the Cardiac Clinic of Cumberland Hospital and an attending physician at the Kingston Avenue Hospital. He received his medical degree from Cornell Medical School in 1909

Hospital News

Veteran Doctors Aid Medical Center

AN INFLUX of doctors and nurses released by the armed forces, the acquisition of the New York Orthopedic Dispensary and Hospital, the opening of a free Veteran's Rehabilitation Clinic, and continuing research work in various fields of medicine made 1945 a notable year for the Columbia-Presbyterian Medical Center, according to the annual report released in April

The war took 460 doctors and 354 nurses from the Medical Center, Mr Cooper said

Up to April 275 doctors and about 80 nurses had returned from war service

Addition of the Orthopedic Hospital to the Medical Center during the year boosted the center to first place in size among voluntary hospitals in New York, with a total of 1,404 beds

The Orthopedic Hospital, with 142 beds, will remain at 420 East Fifty-ninth Street until accommodations are provided for it at the Medical Center

A total of 27,442 hospitalized persons received 410,548 days of care during 1945, while 65,220 others were treated in 381,716 visits to the outpatient department, according to the report This total is slightly below that for 1944

The Veterans' Rehabilitation Clinic, established at the Vanderbilt Clinic last November to handle neuropsychiatric cases, met with "heartening response," Mr Cooper reported Up to December 31, 1945, 102 veterans attended the clinic, which is open each Wednesday night The number has been growing during the first three months of 1946

More than 35 research projects were in operation at the Center during 1945, including many in conjunction with the Army, the Navy, and the Office of Scientific Research and Development

Blue Cross Plan Gains 423,474 Members

ONE out of every four persons in greater New York is now enrolled in the Associated Hospital Service's Blue Cross Plan for hospitalization services, it was disclosed in the annual report of the Blue Cross, released in April

A total of 423,474 persons enrolled in the plan during the last year, bringing the overall enrollment to 2,226,523 Most of the increase was attributed in the report to more than 1,700 employers who arranged to pay for all or part of the subscription costs for their employees and inclusion of the service in the welfare programs of some unions

During the year 173,638 persons were hospitalized under the service, and their hospitalization costs amounted to $12,015,911 Ninety-two per cent of those who received care in semiprivate wards in 250 member hospitals, with the exception of maternity cases, had their hospital bills paid in full, according to the report

Childbirth and other obstetric cases represented more than 18 per cent of the total number of Blue Cross subscribers hospitalized in 1945

On the average the Blue Cross subscriber is hospitalized for a shorter time than the nonsubscriber, the report revealed

In outlining plans for continued expansion of service during 1946, Mr Louis Pink expressed the hope that the Federal and city governments would "join the State of New York and more than 400,000 employers throughout the country who are now making Blue Cross available to their employees by deducting subscription charges from their salaries"

4 of 7 Hospitals for Veterans in State Approved

FINAL approval of four of the seven new veterans' hospitals to be built in New York State at an estimated cost of $58,190,667 has been reported by O A Gottschalk, deputy Veterans Administration administrator for New York

The fully approved hospitals, for which funds have been appropriated, are those to be constructed at Fort Hamilton, Brooklyn, and at Albany, Buffalo, and Peekskill

There are already eight veterans' hospitals in New York State The new construction program is part of the biggest national hospital building project in history, to cost $448,000,000

Malcolm Head, assistant director of construction and supply for the New York region, said several sites have been proposed for the New York City Hospital but none was approved

Mr Head said bids soon will be called for covering demolition of thirty-seven temporary Army barracks at Fort Hamilton to clear the site for the Brooklyn hospital The project there will be typical of the proposed hospitals, including one large hospital unit and separate buildings containing wards, theaters, workshops, power plants, laundries and gymnasia

The two hospitals at Peekskill will be for neuropsychiatric cases The others will be general medical and surgical hospitals

Newsy Notes

Capt Solomon Sherry, alumnus of New York University College of Medicine and staff member of Bellevue Hospital, received a special award from the United States Typhus Commission at New York University College of Medicine graduation exercises in March at University Heights

A medal, with a citation, was presented to Dr Sherry by Capt John W Wieler, commanding officer of the Service Command Unit, Army Specialized Training Advanced Program, at the University's College of Medicine

Dr Sam Parker, alienist in the Department of Hospitals since 1929, has been appointed director of psychiatry in charge of all psychiatric services in the Department of Hospitals

Dr Parker will also continue as director of the psychiatric services at Kings County Hospital

Thirty-five friends and associates of the late Dr Mills Sturtevant, who founded the gastroenterology clinic of New York University College of Medicine in 1926, decided on April 17 to raise $100,000 to build, equip, and endow a new stomach clinic in his memory

The new clinic will be part of the New York University Bellevue Medical Center in the Bellevue area.

Dr Arthur M. Wright, former chairman of the College of Medicine Department of Surgery and chief of the Third Surgical Division of Bellevue Hospital, was appointed general chairman of their campaign Dr Max P Cowett an associate of Dr Sturtevant at the time the clinic was established, will be vice-chairman

Dr Sturtevant was on the New York University medical staff from 1913 until his death in 1945 and chief of the gastroenterology clinic until 1938

A gift of $1,000 has been presented to New York University College of Medicine from the board of trustees of Beth Israel Hospital, to establish in the name of their hospital a founders seat in Alumni Hall, the auditorium of the proposed New York University Bellevue Medical Center

The teaching affiliation between the New York University College of Medicine and Beth Israel Hospital, interrupted by the war has been resumed on a more extensive scale. Not only will undergraduate teaching again be carried out in various departments of the Hospital under the sponsorship of the University, but postgraduate courses will also be instituted in order to meet the increased demands for such courses. An opportunity will thus be afforded to many returning medical officers to complete their medical training and education which were curtailed as a result of the accelerated courses at medical school and the accelerated hospital internships. Short review courses, lectures, clinics and demonstrations have also been established for those physicians whose time is limited and who are desirous of refreshing in the various fields of medicine and surgery Dr William Goldring, associate professor of medicine, will act as liason between the medical college and the hospital

Plans are under consideration by the Medical Board of Beth Israel Hospital for a comprehensive educational program for resident physicians and fellows, who will be eligible for additional training in the basic sciences at the medical school Many members of the Beth Israel Hospital Staff are already on the faculty of the New York University College of Medicine, and with the further development of this affiliated teaching program, it is anticipated that this number will increase during the coming year

The Board of Directors of the New York Eye and Ear Infirmary, oldest hospital of its kind in North America, voted recently to join the New York University-Bellevue Medical Center project planned for the Bellevue area

The New York Eye and Ear Infirmary will retain its identity under the new arrangement but will occupy a section of the new University Hospital when completed. The Infirmary is now housed in a half-century-old building at Second Avenue and Thirteenth Street

The Woman's Hospital, at Amsterdam Avenue and 110th Street, making its first public appeal for funds in ninety-one years as a center for treatment of women's diseases, began on April 1, a campaign for $100,000 to help meet increased expenses.*

A campaign for $300,000 to increase the capacity of Hillside Hospital, Queens, from 88 beds to 200 began in March The institution cares for curable cases of mental illness. The drive will close on June 6 with a dinner in the Hotel Waldorf Astoria *

Dedicated to the prevention of cancer and its detection in early stages, the Queens General Cancer Prevention Clinic was opened in May in Queens General Hospital.

The new service, which will be free, will provide treatment to eradicate conditions which may lead to cancer, and for cancer which is detected early No cancer cases already diagnosed will be accepted Statistical studies of scientific facts accumulated at the clinic will be made from time to time *

The founding of Nassau Hospital in Mineola in 1896 will be celebrated the week of May 19 with the observance of National Hospital Day, it has been announced by George L. Davis, executive director of the hospital

The fiftieth anniversary program will be inaugurated with a vesper service at the Cathedral of the Incarnation, Garden City, May 19 when the annual American Red Cross memorial service in honor of Florence Nightingale will also be held.

Exhibits of the work of the various departments of the hospital will be open to the public in the auditorium on the hospital grounds May 22 and 23 A play with a hospital setting also will be given by the staff and personnel at Mineola High School May 22.*

Tentative plans for a 50-bed addition to the Norwich Hospital submitted by George Bain Cummings and Charles Conrad, architects of Binghamton, were presented at the regular meeting of the board of directors at the hospital.

The board will study these plans, perfecting them where necessary to put them into workable condition, and when materials are available a campaign to finance the project will be set up

At the present time Norwich Hospital has a 70-bed capacity, fifty available to adult patients and 20 for children. The new addition would add to the much needed adult capacity *

Sister Mary Esther Redmond, of St Peter's Hospital, was on April 8 named to head a survey of Albany Hospital needs and postwar building programs. She was appointed at a regional session of the State Postwar Public Works Planning Commission at the State Health Laboratory

The meeting the first in the Albany region, was under direction of Dr Thomas Hale medical director of Albany Hospital. It was attended by more than 100 health and hospital executives from

* Asterisk indicates that item is from a local newspaper

Thirty-five friends and associates of the late Dr Mills Sturtevant, who founded the gastroenterology clinic of New York University College of Medicine in 1926, decided on April 17 to raise $100,000 to build, equip and endow a new stomach clinic in his memory

The new clinic will be part of the New York University Bellevue Medical Center in the Bellevue area

Dr Arthur M. Wright, former chairman of the College of Medicine Department of Surgery and chief of the Third Surgical Division of Bellevue Hospital, was appointed general chairman of their campaign. Dr Max P Cowett, an associate of Dr Sturtevant at the time the clinic was established, will be vice-chairman.

Dr Sturtevant was on the New York University medical staff from 1913 until his death in 1945 and chief of the gastroenterology clinic until 1938

A gift of $1,000 has been presented to New York University College of Medicine from the board of trustees of Beth Israel Hospital, to establish in the name of their hospital a founders seat in Alumni Hall, the auditorium of the proposed New York University Bellevue Medical Center

The teaching affiliation between the New York University College of Medicine and Beth Israel Hospital, interrupted by the war, has been resumed on a more extensive scale. Not only will undergraduate teaching again be carried out in various departments of the Hospital, under the sponsorship of the University, but postgraduate courses will also be instituted in order to meet the increased demands for such courses An opportunity will thus be afforded to many returning medical officers to complete their medical training and education which were curtailed as a result of the accelerated courses at medical school and the accelerated hospital internships. Short review courses, lectures clinics, and demonstrations have also been established for those physicians whose time is limited and who are desirous of refreshing in the various fields of medicine and surgery Dr William Goldring, associate professor of medicine, will act as liason between the medical college and the hospital.

Plans are under consideration by the Medical Board of Beth Israel Hospital for a comprehensive educational program for resident physicians and fellows, who will be eligible for additional training in the basic sciences at the medical school Many members of the Beth Israel Hospital Staff are already on the faculty of the New York University College of Medicine and with the further development of this affiliated teaching program, it is anticipated that this number will increase during the coming year

The Board of Directors of the New York Eye and Ear Infirmary, oldest hospital of its kind in North America, voted recently to join the New York University-Bellevue Medical Center project planned for the Bellevue area

The New York Eye and Ear Infirmary will retain its identity under the new arrangement but will occupy a section of the new University Hospital when completed. The Infirmary is now housed in a half-century-old building at Second Avenue and Thirteenth Street

The Woman's Hospital, at Amsterdam Avenue and 110th Street, making its first public appeal for funds in ninety-one years as a center for treatment of women's diseases, began on April 1, a campaign for $100,000 to help meet increased expenses.*

A campaign for $300 000 to increase the capacity of Hillside Hospital, Queens, from 88 beds to 200 began in March The institution cares for curable cases of mental illness. The drive will close on June 6 with a dinner in the Hotel Waldorf Astoria.*

Dedicated to the prevention of cancer and its detection in early stages, the Queens General Cancer Prevention Clinic was opened in May in Queens General Hospital.

The new service, which will be free, will provide treatment to eradicate conditions which may lead to cancer, and for cancer which is detected early No cancer cases already diagnosed will be accepted. Statistical studies of scientific facts accumulated at the clinic will be made from time to time.*

The founding of Nassau Hospital in Mineola in 1896 will be celebrated the week of May 19 with the observance of National Hospital Day, it has been announced by George L. Davis, executive director of the hospital.

The fiftieth anniversary program will be inaugurated with a vesper service at the Cathedral of the Incarnation, Garden City, May 19 when the annual American Red Cross memorial service in honor of Florence Nightingale will also be held.

Exhibits of the work of the various departments of the hospital will be open to the public in the auditorium on the hospital grounds May 22 and 23. A play with a hospital setting also will be given by the staff and personnel at Mineola High School May 22.*

Tentative plans for a 50-bed addition to the Norwich Hospital submitted by George Bain Cummings and Charles Conrad, architects of Binghamton, were presented at the regular meeting of the board of directors at the hospital.

The board will study these plans, perfecting them where necessary to put them into workable condition, and when materials are available a campaign to finance the project will be set up

At the present time Norwich Hospital has a 70-bed capacity, fifty available to adult patients and 20 for children. The new addition would add to the much needed adult capacity *

Sister Mary Esther Redmond, of St. Peter's Hospital, was on April 8 named to head a survey of Albany Hospital needs and postwar building program She was appointed at a regional session of the State Postwar Public Works Planning Commission at the State Health Laboratory

The meeting the first in the Albany area was under direction of Dr director of Albany Hospital more than 100 health and

* Asterisk indicates that item is from a local newspaper

13 counties in this part of the state All officials expressed their belief the region is in serious need of more facilities It was stated Albany can use twice as many hospital beds as it has

The survey is to be completed by June and from the facts it will be known how much Federal assistance can be given in a building program The Federal government provides up to one-third of the cost of the expanded facilities Albany Hospital, the first to launch a postwar campaign has reached one-third of its $3,000,000 goal, Alfred Renshaw, president of the Board of Governors, announced

Albany Hospital needs a 430-bed addition to its 630 Memorial and St Peter's hospitals have plans for expansion but none has been announced *

• • •

To help Albany Hospital "expand its important and indispensable services to the people" F C Huyck and Sons, manufacturers of Kenwood wool products, has forwarded a $30,000 subscription to the hospital's $3,000,000 building fund

The building fund also has received a $5,100 gift for a memorial unit in honor of employees of Finch, Pruyn & Co , Inc , Glens Falls paper concern.*

• • •

Three meetings of volunteer workers participating in the campaign to raise $2,000,000 for an addition to the Jamaica Hospital were held recently

While the number of volunteer workers is growing day by day, several hundred more are needed in order to reach every Queens home, according to Thomas D Austin, campaign chairman.

George M Gross and Dr Charles H Vosberg, chairman and co-chairman of the memorial and special gifts committee, spoke at the Jamaica Club *

• • •

Rhoads General Hospital was highly praised recently by Maj Gen. James A Van Fleet, the new commanding general of the Second Service Command, for the "orderliness, cleanliness, and perfection" of its service and for its "splendid spirit and desire to serve the sick and wounded combat veterans"

The general addressed nearly 1,000 patients and duty personnel in the patients' recreation hall immediately after he presented to Col A J Canning, Rhoads' commanding officer, the Legion of Merit—the second Colonel Canning has won in World War II *

• • •

Three physicians in Utica State Hospital, two of whom are senior psychiatrists, and the third, assistant director, have resumed their duties after an absence of several years in the Army Medical Corps They are Maj Thaddeus T Piekielniak and Dr James N Palmer, former captain, senior psychiatrists, and Dr Duncan Whitehead, former colonel, assistant director *

• •

Despite personnel shortages the Ilion Hospital during 1945 attempted to give "sound and efficient care to patients" according to the annual report released in March by the hospital association directors through Helen C Anthony, superintendent

"Without the help of doctors as well as the help from other departments in the hospital which make up the service to patients, we would not have been able to give as good care," she said *

• • •

The Cortland County Hospital is a busy institution these days All departments, except the medical department which has long been closed, are open In April the women's ward was reopened and 14 of the 15 beds occupied Highest number of patients in a single day recently reached 124 *

• • •

Forty-two physicians who served in the military forces, some still in uniform, were welcomed home at a dinner given by the medical staffs of St Agnes and White Plains hospitals at Scarsdale Golf Club recently

Dr Alan Gregg, of Scarsdale, Director of Medical Research and Education for the Rockefeller Foundation, discussed the medical problems of Europe

Other speakers were Mayor Silas S Clark, A D Wolff, Jr , president of the White Plains Hospital Board, and Dr Daniel MacDonald, president of the St Agnes Hospital Medical Board *

• • •

Dr Joseph V Tabacco, of Albany, formerly a major in the Army who was overseas 23 months, has resumed his practice He is a graduate of the Albany Medical College and is a member of the associate staff at St Peter's Hospital.*

• • •

First full-time doctor to be assigned to handle outpatient veterans' cases in this area, Dr Carlos E Rodriguez has moved into the Binghamton Veterans Administration contact office in the Press Building

He will be available from 8 A M to 5 P M. Monday through Saturday to treat all service-incurred disabilities No appointments are necessary for treatment

In some emergency cases where a veteran's claim for service-connected injuries is still pending, Dr Rodriguez will also handle the case *

• • •

Doctors, nurses, and staff members of General Hospital in Rochester, who served with the 19th General Hospital unit heard their organization lauded recently at a dinner in their honor at the Chamber of Commerce

A citation signed by United States Surgeon General Norman T Kirk praised the hospital for its work in organizing and staffing the 19th, saying that by its experience and skill it reduced the mortality of U S troops to a record unequaled by any nation. The engraved certificate was presented to Col Lloyd F Allen, now chief of the medical service at General Hospital and formerly second in command of the 19th, and to Dr Frank C Sutton, acting medical director of the hospital

The 19th, successor to the famed Base Hospital 19 of World War I, was organized in Rochester at the beginning of the war and in July, 1942, left the city under command of Col Edward T Wentworth In August, 1943, the group was sent to England, landing at Utah Beach, France, and was later established at Le Mans *

• • •

The National Cancer Institute, U S Public Health Service, has approved loan of 100 milligrams of radium to the Genesee Hospital, Rochester, N Y

This is the sixth hospital in New York State to receive a loan of radium from the Cancer Institute,

the other five being Strong Memorial Hospital, Rochester, Albany Hospital, Albany, Vassar Brothers Hospital, Poughkeepsie, Meadowbrook Hospital, Hempstead, and Binghamton *

An extensive renovation and redecoration program is underway at the Alice Hyde Hospital in Malone with the plan to do over the entire interior of the institution within a couple of months

By National Hospital Day, May 12, Miss Isabel M Reardon, superintendent, said, it is hoped to have every room and corridor in the hospital in bright gay attire a long felt need but delayed by the war conditions when necessary materials were not available.*

The Albany Hospital Building fund has received a new contribution of $10,500 toward the $3 000,000 project to transform and expand the institution into a modern medical center, it was announced in April.

The City and County Savings bank is the donor, according to a report by Alfred Renshaw, chairman of the hospital campaign committee on corporation subscriptions *

Dr Harold McGan, who served as a lieutenant colonel in the Army, and Dr Albert Vander Veer, former Navy captain, were recently welcomed back to the Memorial Hospital staff in Albany by Dr Arthur M Dickinson, chief surgeon. Staff members welcomed returning veterans at a dinner at the De-Witt Clinton.*

The citywide drive to raise $300,000 for Mount Vernon Hospital was launched April 1 *

Work has been begun to reconvert to civilian use the $2,000,000 Lebanon Hospital building which was leased to the Army soon after its completion in July, 1943, L. Victor Weil, president of the institution's board of trustees announced. The hospital, located at Grand Concourse and 173d St. was expected to be opened early in April, Mr Weil said.

A nonprofit voluntary institution affiliated with the Federation of Jewish Philanthropies of New York, Lebanon will serve as a general hospital and will include maternity and pediatric services. It will have a capacity of 200 beds and emergency facilities for an additional 40 *

Improvements

All 17 beds on the fourth floor of the Rome Hospital are now occupied Miss Mary C Murphy, superintendent, said recently The floor was opened to patients for the first time in two years *

The nursery at the Peekskill Hospital was recently completely renovated and remodelled along the plans suggested and recommended by leading pediatricians and obstetricians.

Individual bassinettes, providing separation of all newborn infants, have been substituted for the multiple-type bassinette

There has been added an examining booth for physicians, which makes it possible for the doctor to examine newborn infants without entering the nursery No one may enter the nursery except the nurses working in it, thus eliminating the possibility of carrying diseases to the babies.

Attached to the nursery is a new and completely modern formula room

The 'newborn' nursery is equipped with the latest type germicidal lamps, recommended for use in modern hospitals by the American Medical Association. Cost of this improvement approximated $5 000, part of which came from the general operating funds and part of which was subscribed by the Mohegan Lake Park Association.

The furnishings, including individual bassinettes and drapes were provided by the Peekskill Hospital Auxiliary *

Ten food trucks have been ordered by White Plains Hospital through money contributed by the Scarsdale Woman s Auxiliary, it has been announced at a meeting of the hospital s Central Volunteer Committee at the nurses residence.*

Herkimer Memorial Hospital recently received its fourth gift from members of William Hempstead Post, VFW, Ilion, when Commander Harold Walrath and two World War II veterans, Edward Moreau and Roy Gurney, presented a wheel chair

Previous gifts included a fracture bed and a wheel chair according to George J Sluyter, hospital board president, who expressed appreciation for the fine work the Ilion VFW post has been doing for Mohawk Valley hospitals *

A walker designed to help wounded veterans regain use of their legs was donated in March to the Marine Hospital of Buffalo, by the Auxiliary of Hamburg Post 517, Veterans of Foreign Wars. Presentation was made by Mrs. Violet Milks, president, to Dr H E. Trimble, medical officer in charge of the hospital.*

The major equipment for the Corning Hospital formula room, an autoclave, was recently given by the Rotary Club It is steam-heated, with automatic control, special valving, piping, and regulating for nonpressure sterilization as well as for pressure sterilization complete with 12 six-bottle racks, and floor-stand mounting.

Also, there will be installed a refrigerator with a capacity of a day's supply of milk, and a monometal sink with built-in hot plate of stainless steel, and accessory table and chairs

Convenient both to the nursery and pediatric section, the formula room will be located in a section of the sunparlor or third floor porch in the southeast wing where the new and old buildings connect.*

The $60 000 project of completing the third floor of the new wing at Flushing Hospital has been completed.

Its completion adds rooms and facilities for 37 additional beds for medical and surgical cases, bringing the hospital's bed capacity to 358 *

• • •

A new, ultra-modern bacteriological laboratory was recently opened in the DeGraff Memorial Hospital It will add greatly to medical facilities in the Tonawandas Arthur Ranney, the new lab technician, stated that the hospital is the "best equipped institution of its size" he has seen in 15 years' experience *

• • •

Southampton Hospital has installed some new equipment, and has more on order as soon as it can be supplied Several new features are hoped for, early in 1946 A very important addition, announced after the Southampton Hospital Association's board meeting last Saturday, will be complete new equipment for an eye clinic, made possible by a special donation. A new x-ray machine is the indirect gift of Mrs George Roberts, of New York and East Hampton. The order for this machine was made possible by the gift of Mrs Roberts' Lee Avenue, East Hampton house to the hospital and its sale a few months ago *

• • •

New x-ray equipment costing $7,500 has been put in operation at the Southside Hospital *

• • •

Zachary D'Jimas, past chef de gar of the Forty and Eight, Albany county local, American Legion, in March presented a new portable x-ray machine to Childs Hospital in Albany *

• • •

Voiture Locale No 51, 40 and 8, American Legion honor society, in March presented Lafayette General Hospital, Buffalo, with a resuscitator to be used in emergency cases *

• • •

Cooperating with the Veterans' Administration, Wyckoff Heights Hospital in Long Island in March opened its clinics for the examination of disabled veterans of World War II who are outpatients of the Veterans Administration The clinics will be open for the same purpose, so long as the need persists, on Monday, Tuesday, Thursday, and Friday evenings from 6 00 to 9 00 P.M , and on Wednesdays from 2 00 to 5 00 P M *

At the Helm

Miss Alice E Snyder, R N , has taken up her new duties as superintendent of the Geneva General Hospital

Miss Snyder succeeds Miss Florence Bloomer who recently resigned after ten years' service as superintendent *

• • •

Dr Benjamin Lewis, a World War II veteran, has been named assistant superintendent of the Broome County Tuberculosis Hospital *

• • •

Appointment of Dr Albert D Kaiser, city health officer, as executive director of the new Council of Rochester Regional Hospitals, was announced in March by Thomas R White, council president

Dr Kaiser, who will continue the duties of his public office, will immediately take over the leadership of the experimental regional hospital and medical project *

• • •

Dr Carlton F Potter, widely known as a roentgenologist and orthopedic surgeon, has been elected president of Crouse-Irving Hospital in Syracuse

Dr Potter has been secretary since the hospital was founded by Dr William L Wallace in 1912 He succeeds Dr Norman J Pfaff of Rochester Dr Pfaff had held the office since Dr Wallace died in 1935

Dr Potter is past president of the Syracuse Academy of Medicine He was one of the organizers and for many years was president of the Central New York Roentgen Ray Society

Officers re-elected at the annual meeting of the board are Dr Herbert O Brust, vice-president, Dr Carl E Muench, treasurer, and Charles S Ibson, secretary *

The board of managers of the Norwegian Deaconess Home and Hospital, Brooklyn, have re-elected Peter Berge as president of the board. Mr Berge, who has been an active board worker for 38 years, was praised for his "faithful service" by Arthur Louis, who was chosen secretary to succeed himself and spoke in behalf of the other members of the group

The other officers, also re-elected, include Charles E Larsen, vice-president, Wilhelm Reimann, treasurer, and John Knutson, assistant treasurer *

• • •

Dr Douglas A. Calhoun was elected president of the Samaritan Hospital medical staff at the annual meeting

Other officers elected included Dr William Trotter, vice-president, Dr Elizabeth Palmer, secretary, and Dr Hermon Gordinier, recently returned from the service *

• • •

Dr Harry A. Pattison, of Livingston, has been appointed consulting physician at the Veterans Administration Hospital for the Care of the Tuberculous at Castle Point It is expected that he will visit the hospital once a week Dr Pattison is director of the Potts Memorial Institute at Livingston *

• • •

Dr Chauncey M Lapp, of Corning, practicing physician here since July, 1929, was named president of the Board of Directors of Corning Hospital to succeed Dr Luther A Thomas, of Painted Post *

• • •

Dr John D Carroll was elected president of the Troy Hospital staff at the annual meeting Dr

Clement J Handron was named vice-president and Dr Charles R. Lewis, secretary Dr Carroll is a veteran of World War I, past president of both the Rensselaer County Medical Society and the Kiwanis Club, and past lieutenant governor of the New York District, Kiwanis International.*

Dr Irving C Seigel, of New York City, who served 22 months overseas as a battalion surgeon with the Fifth Armored Division, has been appointed house physician at General Hospital in Utica to succeed Dr David Edelstein.*

Col Tracy Bryant, Syracuse, formerly of Sidney, has been named chief of surgical service at Valley Forge Hospital, Phoenixville, Pa

A veteran of both World Wars, Colonel Bryant commanded the 204th general hospital on Guam for ten months prior to his new appointment.*

Dr Albert W Snoke, assistant director of Strong Memorial Hospital, has been appointed director of the New Haven Hospital, in conjunction with Yale University *

Dr Paul D Shafer is the new president of the Brooklyn Hospital. He was elected at the annual meeting of the hospital trustees to succeed Adrian Van Sinderen who resigned at the end of sixteen years of service.*

Announcement has been made by the Clifton Springs Sanitarium of the appointment of Dr Bernard A. Watson as chief of the medical staff Dr Watson formerly held a similar position in the Battle Creek Sanitarium, which was taken over by the Army For the past five years he has served as lieutenant-colonel in the Medical Service.*

Dr Robert R. Cadmus of New York City, has been named director of the Vanderbilt Clinic of the Columbia Presbyterian Medical Center, it was announced recently by John S Parke executive vice-president of the Presbyterian Hospital.*

Frank B Adair has been appointed to the first administrative internship established at Sydenham Hospital, it was announced recently under its new plan of including hospital management in its program of training hospital personnel. The announcement said that Mr Adair was the first Negro to win this recognition in any voluntary hospital in the United States.

David M. Dorin, executive director of the hospital, said that Mr Adair won the appointment on the basis of his marked personnel and professional qualifications after completing six months as a fellow in hospital administration at the hospital. He is an alumnus of Morehouse College, has studied at Harvard and Langston Universities and was formerly chief business officer at Arkansas State College, business manager at Dillard University, and production manager and administrative officer at Tuskegee Institute.*

Dr Olaf J Severud, formerly on the staff of the Woman's Hospital, New York, and now on terminal leave from the U.S Navy, is now obstetrician-in-chief of Bassett Hospital, Cooperstown.*

Captain Charles B Richards, Medical Corps, Army of the United States, formerly of Oswego, now on terminal leave following his return from the European theatre of operations, has been appointed resident physician of Auburn City Hospital.*

Dr Scott Lord Smith was elected president of the medical staff of Vassar Brothers Hospital at the annual meeting of the staff Dr William E. Garlick was elected vice-president, and Dr Emil A. Stoller, secretary *

Dr Donato V Catalano, of West Brighton, Staten Island, will head the medical board of St. Vincent's Hospital for the next year, Sister Mary Ignatius superintendent, has announced. As president, he succeeds Dr Peter J Timpone Stapleton surgeon, who has served for two years, the maximum allowed under the hospital s bylaws.*

A Schenectadian, a graduate of Union College and Albany Medical School, Dr Edwin L. Crosby, has been appointed director of the Johns Hopkins Hospital, Baltimore, Maryland.*

Dr A Verne Johnston was appointed to ward surgical services and Dr Harry J Davis to ward medical services at a recent meeting of St. Luke s Hospital staff *

Dr Edward G Eschner, of Ebenezer, has been appointed chief roentgenologist at Meyer Memorial Hospital, Buffalo, by the hospital board. He served in that capacity at the 23rd General Hospital with the armed forces and was released from the service December 6 *

At the annual meeting of the Leonard Hospital Medical Staff in the Troy Club, officers for the year were chosen

Dr Edmund C Wallner, was elected president, Dr Francis Mastrianni vice-president, and Dr G Elmer Martin, secretary-treasurer The annual report was given by Dr E. A. Parras, retiring secretary-treasurer *

Dr Henry L. Turkel of the Bronx, has been appointed Chief of Allergy and adjunct Professor of Medicine at Polyclinic Medical School and Hospital, New York City *

Honor Roll

Medical Society of the State of New York

Member Physicians in the Armed Forces

(By County Societies)

Supplementary List*

Bronx County

Kessler, Harry (Maj)

Broome County

D'Orsogna, Edward I

Cattaraugus County

Gibney, James A (Capt)

Kings County

Frein, James J (Capt)
Weintraub, Henry J (Maj)

New York County

Friedman, Gerald J (Maj)
Stein, Aaron (Capt)
Stepler, Thea (Lt)
Zane, Manuel D (Capt)

Ontario County

Rubin, Emanuel (Maj)

Westchester County

DeAngelis, Carmelo E (Maj)

* This list is the thirty-ninth supplement to the Honor Roll published in the December 15, 1942, issue. Other supplements appeared in the January 1, January 15, February 15, March 1, March 15, April 15, June 1, July 1, August 1, September 1, October 15, November 15, December 15, 1943, January 15, February 1, February 15, March 1, May 1, May 15, June 1, July 1, July 15, August 1, September 1, October 1, November 1, December 1, 1944, January 1, February 1, March 1, April 1, May 1, June 1, July 1, August 1, October 1, November 15, and December 15, 1945 issues —Editor

---

GRADUATE COURSE IN INTERNAL MEDICINE OFFERED AT CORNELL

Cornell University Medical College is offering a graduate course in internal medicine for six months It began April 1, 1946 The teaching facilities of the Second Medical Division, Bellevue Hospital, New York City, comprising one hundred and forty-five beds, will be devoted exclusively to this work The instructors will be members of the teaching staff of Cornell University Medical College The course will be designed to give practical instruction in the subjects of internal medicine, neurology, pediatrics, and pathology

The major feature of the course will be a period of practical experience on the wards and in the out-patient department at Bellevue Hospital The first two weeks, however, were devoted to didactic instruction in the form of lectures, conferences, and demonstrations in the fields of internal medicine, and neurology

This two weeks' refresher course was attended by a maximum of fifty physicians, including those who have registered for the practical course

Registration for the complete course will be limited to twenty-five physicians The work will consist of daily bedside study of patients on the medical and neurologic wards Each physician will be assigned patients and will cooperate with the house staff and attending staff in the diagnosis and care of these patients Each week, pathologic, medical, chest, gastrointestinal, x-ray, and combined medical-surgical conferences will be held There will be an opportunity for a limited number of men to obtain special training in cardiology, hematology, diabetes, endocrinology, and gastrointestinal diseases by working in these special clinics A clinical conference in pediatrics will be held weekly by the Department of Pediatrics, Cornell University Medical College, under Dr Samuel Levine

Veterans will have preference, but doctors from civilian practice will also be accepted

Inquiries should be addressed to Dr John E Deitrick, Director, Second (Cornell) Medical Division, Bellevue Hospital, First Avenue and Twenty-sixth Street, New York 16, New York.

Woman's Auxiliary

To the Medical Society of the State of New York

New Officers Installed at Convention

Mrs. Alfred L. Maddon, of Albany, was installed as President of the Woman's Auxiliary to the Medical Society of the State of New York, at sessions held in conjunction with the State Medical Society during the week of April 28. Mrs Maddon replaced Mrs. Edwin A. Griffin, of Brooklyn

Members of the Auxiliary and other doctors wives attended the four-day sessions held in the roof garden of the Hotel Pennsylvania. Mrs. Clifton Dance was in charge of registrations.

Dr William Hale, of Utica, who took office as president of the State Society addressed the post-convention meeting of the executive board The Auxiliary held its customary luncheon and the cocktail party preceding the Annual Meeting and banquet of the State Society The luncheon was held in celebration of the tenth anniversary of the Auxiliary's founding Mrs. John L Neubert, of Nassau County, was in charge of planning this event.

Mrs. Charles R. Seymour of Binghamton, convention chairman, was assisted on her committee by Mrs. Griffin and Mrs Neubert, Mrs. Albert M Bell, Mrs. Henry J Jauch, Mrs. Albert F Andresen, Mrs. Nelson M Holden Mrs. Dance, Mrs. Morris W Henry Mrs. George H. Smith, and Mrs. Harry H Hamilton

Honored guests of the Auxiliary were Dr Edward R. Cunniffe, President of the State Medical Society, and all past-presidents These included Mrs John L. Bauer, of Brooklyn, Mrs. Luther M Kice of Garden City Mrs. Scott Towne, of Saratoga, Mrs Carlton E Wertz, of Buffalo, Mrs. Francis Irving of Syracuse Mrs Daniel Swann, of Flushing, Mrs. J Leslie Sullivan of Scotia, and Mrs. Michael Schultz, of Hollis.

County News

Kings County The annual meeting and food sale was held at St Bartholomew s Community House by the Woman's Auxiliary to the Medical Society of the County of Kings. Mrs Henry J Jauch presided.

The following officers were elected at the annual meeting president-elect Mrs. George H Smith, first vice-president, Mrs. Nelson M Holden second vice-president, Mrs. Walter J Puderbach, recording secretary Mrs. A. Von Prief Fardelmann, corresponding secretary, Mrs Harry H Hamilton treasurer, Mrs Leo Schwartz, assistant treasurer Mrs. Ottokar Tenopyr, director for three years Mrs. Henry J Jauch, and director for three years Mrs. Robert F Barber

A very successful food sale was held for the benefit of the Physicians' Home

Miss Cane, representative of the George Jensen Company silversmiths, gave a short biography of the famous craftsman his works, ideals, ambitions and success. There was a fine display of silver from the George Jensen collection.

There were eighteen new members present. The meeting was the largest and most enthusiastic in several years.

Oneida County The Woman s Auxiliary to the Medical Society of the County of Oneida met on April 2, at the Rome State School, Rome, where they enjoyed a luncheon as guests of Dr and Mrs. R. J Kelleher Twenty five members were present. Dr Kelleher gave a most interesting talk on the history and systems of the school, following this with moving pictures in technicolor showing the various activities of the school. A brief business meeting followed, presided over by Mrs Bradford Golly, of Rome. The following delegates were appointed to attend the convention at the Hotel Pennsylvania in New York, April 29 to May 3 from Rome Mrs. Golly, Miss Helen Mellon and Mrs. Frank Valone as alternate, from Utica, Mrs. Philip Turner and Mrs William Hale.

A program of vocal and piano selections followed.

The next meeting will be held May 7 in the Catholic Women's Club Utica, when the election of officers will take place

Onondaga County On March 15 with Mrs Robert D Fairchilds acting as volunteer chairman, the following members of the Auxiliary visited the County Home and Hospital Mrs. John J Buettner, Mrs Paul Clark Mrs. L W Ehegartner, Mrs. A. Carl Hofmann Mrs. J B Naselli, Mrs. R. J McNerney, Mrs. Dwight V Needham, Mrs. Edgar N Neptune, Mrs. Robert Rowner, and Mrs. John Thomson

Mrs. S W Bisgrove opened her home for the April meeting of the Auxiliary Mrs. A. Carl Hofmann, chairman of legislation, introduced the speaker of the evening, Mr J Campbell Butler, executive director of the Central New York medical plan, who discussed nonprofit medical insurance plans and proposed state and federal health legislation

The Benevolence committee met at the home of Mrs. A. C Silverman. Cochairmen were Mrs. Silverman and Mrs A. Carl Hofmann. Members present were Mrs. Albert Garofalo, Mrs Francis Irving, Mrs. George Murdock, Mrs. Dwight V Needham and Mrs W W Street. The following recommendations were made

1 Eleven camperships of two weeks each are to be given to agencies as follows two each to the Salvation Army Jewish Community Center, Catholic Youth Organization, and one each to the Neighborhood House Huntington Club, and Syracuse Boys' Club

2 In case no other benevolence is approved by May 7 1940 forty-eight dollars is to be taken from the fifty three dollars remaining in the Benevolence Fund and will be used to provide two camperships of two weeks each, one to Huntington Club and one to the Neighborhood House

The recommendations have been adopted by the Board and by the Organization as a whole.

Delegates to the Annual Meeting of the Woman's Auxiliary to the Medical Society of the State of New York, April 29-30 in the Hotel Pennsylvania, New York City, were Mrs. A. Carl Hofmann, Mrs. F R. Irving, Mrs George Hemmer, Mrs C G Murdock, Mrs J Edward Renaud, Mrs Francis Rosenberger, and Mrs. W W Street Also attending were Mrs Dwight V Needham, county president, Mrs. J J Buettner a state director Mrs. Gerald C Cooney, state legislative chairman and Mrs Edgar M Neptune state recording secretary

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and interest to our readers

RECEIVED

Acute Injuries of the Head Their Diagnosis, Treatment, Complications, and Sequels By G F Rowbotham, B Sc (Manchester, Eng) Second edition. Octavo of 424 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $8 50

Trauma of the Central Nervous System [Res Publ. Ass Nerv Ment Dis Vol 24.] Ed Board, Jefferson Browder, M D , Chairman Octavo of 679 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $8 00

Fractures and Orthopaedic Surgery for Nurses and Masseuses By Arthur Naylor, M B (Eng) Octavo of 288 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $5 00

Hey Groves' Synopsis of Surgery Edited by Cecil P G Wakeley, D Sc Twelfth edition Duodecimo of 632 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $6 00

A Handbook for Dissectors By J C Boileau Grant, M B (Eng), and H A Cates Second edition Duodecimo of 390 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $2 50

New Directions in Psychology Toward Individual Happiness and Social Progress By Samuel Lowy, M D Octavo of 194 pages New York, Emerson Books, 1945 Cloth, $3 00

Crime and the Human Mind By David Abrahamsen, M D Octavo of 244 pages New York, Columbia University Press, 1944 Cloth, $3 00

How a Baby Grows A Story in Pictures By Arnold Gesell, M D Quarto of 81 pages, illustrated New York, Harper & Brothers, 1945 Cloth, $2 00

One Hundred Years of Gynaecology 1800–1900 A Comprehensive Review of the Specialty During its Greatest Century with Summaries and Case Reports of All Diseases Pertaining to Women By James V Ricci, M D Quarto of 651 pages, illustrated Philadelphia, Blakiston Co , 1945 Cloth, $8 50

Manual of Public Health Hygiene By J R Currie, M D , and A G Mearns, M D Second edition Octavo of 432 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $6 00

Pediatric X-Ray Diagnosis A Textbook for Students and Practitioners of Pediatrics, Surgery and Radiology By John Caffey, M D Quarto of 838 pages, illustrated. Chicago, Year Book Publishers, 1945 Cloth, $12 50

A Textbook of Pharmacognosy By George Edward Trease, Ph.C Fourth edition, revised with the assistance of H E Street, Ph.C , and E O'F Walsh, Ph C With contributions by R. Bienfang, M S , *et al* Octavo of 799 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $7 50

Pulmonary Tuberculosis A Handbook for Students and Practitioners. By R. Y Keers, M D , and B G Rigden, M R C S (Eng) Duodecimo of 273 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $5 00

Textbook of Medicine By Various Authors Edited by J J Conybeare, M D Seventh edition Octavo of 1,164 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $8 00

Voluntary Health Agencies An Interpretive Study By Selskar M Gunn and Philip S Platt Under the auspices of the National Health Council Octavo of 364 pages New York, Ronald Press Co , 1945 Cloth, $3 00

Plaster of Paris Technique In the Treatment of Fractures and Other Injuries By Lt Col T B Quigley, (MC), AUS Octavo of 107 pages, illustrated New York, Macmillan Co , 1945 Cloth, $3 50

Textbook of Obstetrics. Designed for the Use of Students and Practitioners By Henricus J Stander, M D Stander's third revision, representing the ninth edition of Williams' Obstetrics Octavo of 1,277 pages, illustrated New York, D Appleton Century Co , 1945 Cloth, $10

REVIEWED

An Index of Differential Diagnosis of Main Symptoms By various writers Edited by Herbert French, M D , assisted by Arthur H Douthwaite, M D Sixth edition Quarto of 1,128 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, $17

It is not often granted an editor to write a preface to a sixth edition thirty-three years after writing the preface to the first, and although he designates an old pupil and collaborator as the heir-presumptive to any future editions it is to be hoped that he will continue as the editor for many more years

This edition has nearly 800 illustrations, of which 231 are colored It requires no stretch of the imagination to appreciate the enormous task the editor and his collaborators have had to keep this extensive volume up to date The trials and difficulties created by the war were so great that "at one time it seemed impossible to bring out a new edition at all " But here it is in all its 1,128 pages, 183 of which constitute a general index This gives one an idea of the vast number of subjects covered Of course, by "subjects" is meant "symptoms," for the full title of this work is *Index of Differential Diagnosis of Main Symptoms*

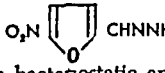
The reviewer regrets that limited space prevents emphasis of the many excellent features this work presents How thoroughly each symptom is treated is illustrated by the 69 pages devoted to a consideration of pain. As an example of the excellence of the illustrations those on pages 429 and 430, showing the

[Continued on page 1046]

Announcing

a New Chemotherapeutic Agent

The nitrofurans, a new class of antibacterials, are a recent discovery of Eaton Laboratories[1] One, especially, is highly effective This has been named Furacin



Furacin is bacteriostatic and bactericidal to many *gram-positive* and *gram-negative* bacteria, and remains effective in the presence of body fluids It is stable and low in toxicity

First Available in FURACIN SOLUBLE DRESSING

Dissolved in a bland, water-soluble base, Furacin is first presented in Furacin Soluble Dressing, for topical treatment of wound and surface infections This preparation liquefies at body temperature and is soluble in blood, pus and serum, which aids penetration to all parts of wounds It is non-irritating, has a low index of sensitization and does not interfere with healing processes

The outstanding results of clinical trials in both military[2] and civilian[3] practice indicate that it possesses important advantages in comparison with sulfonamides and penicillin used topically

Indications:

Infected surface wounds, or for the prevention of such infection—infections of third and fourth degree burns—carbuncles and abscesses after surgical intervention—infected varicose ulcers—superficial ulcers of diabetics—secondary infections of eczemas—impetigo of infants and adults—treatment of graft sites preparatory to skin grafting, and later, to prevent infection—osteomyelitis associated with compound fractures—secondary infections of dermatophytoses

EATON Inc
NORWICH NEW YORK

1 Dodd, M C and Stillman, W B, J Pharmacol & Exper Therap *82* 11, 1944

2. Snyder, M L, Kiehn, C L Christopherson, J W, Military Surgeon *97* 380, 1945

3. To be published.

For literature on Furacin Soluble Dressing, write *The Medical Director, Eaton Laboratories, Inc., Norwich, N Y*



[Continued from page 1044]

roseola of typhoid in one and the characteristic rash of typhus in the other, are exactly as one sees at the bedside The value of this work to the student and practitioner of medicine must prove inestimable

S R Blatteis

A Manual of Surgical Anatomy Prepared Under the Auspices of the Committee on Surgery of the Division of Medical Sciences of the National Research Council By Tom Jones and W C Shepard Quarto of 195 pages, illustrated Philadelphia, W B Saunders Co , 1945 Cloth, $5 00 (Military Surgical Manuals)

All the material for this manual was produced by the University of Illinois, College of Medicine It is one of a series developed under the asupices of the Division of Medical Sciences of the National Research Council.

The work as a whole comprises anatomic illustrations, many in color, covering the entire body, beginning with the skeleton, and the head and neck, trunk (thorax and abdomen), and the extremities

The entire book of 195 pages is constructed and arranged so as to aid the surgeon in his approach to areas of which the surgical knowledge is very common, and to other areas where the average knowledge is less common The book will serve as a splendid review medium for the operating surgeon as well as the student of surgical anatomy

Although one must presuppose an intimate knowledge of anatomy by dissection, the work of Mr Jones and Mr Shepard is so skillfully presented by drawings that many forgotten points are revisualized The text should be in the hands of military surgeons, but civilian surgeons may profit equally

Robert F Barber

Handbook of Industrial Psychology By May Smith, D Sc Octavo of 304 pages New York, Philosophical Library, Inc , 1944 Cloth, $5 00

Industrial psychology is once more in the public eye, especially since the return of a large number of soldiers to industry became imminent It is, therefore, a timely book.

It is intended to be an introduction to those who are in some way responsible for dealing with the workers, their efficiency, comfort, and safety

The effect of hours of work, the effect of the environment, of the selection of individuals for a job suitable for them, the cause and control of accidents, are all considered in the light of experimental research over the past twenty years

The author is correct in assuming that most of us know very little of the problem, but we must realize the desirability of solving it With manpower shortage and absences due to illnesses and accidents, decreased efficiency becomes an important factor in war and in reconversion. For that reason this book becomes a "must" for those who deal with the problems of labor and industry

A brief history of the growth of industrial psychology enhances the value of the book.

Joseph L Abramson

A Synopsis of Medicine By Sir Henry Lethbey Tidy Eighth edition Duodecimo of 1215 pages Baltimore, Williams & Wilkins Co , 1945 Cloth, $6 00

The eighth edition of Tidy's book continues in its tradition of being a highly satisfactory medical compendium All the useful features of previous editions have been retained and all late advances, such as the Rh factor, are also included Penicillin is mentioned only in the preface, but the reviewer agrees with the editor that it was wise to postpone discussion of this therapeutic agent at the time this edition went to press In any case, this omission will scarcely detract from the value of the book as a synopsis and *vade mecum* of internal medicine

Milton Plotz

Medical Care of Merchant Seaman. A Handbook of Ship and Aircraft Sanitation and Emergency Medical Aid By W L Wheeler, Jr , M D Duodecimo of 212 pages, illustrated New York, Cornell Maritime Press, 1945 Cloth, $2 00

The Medical Director of the Grace Lines wrote this handbook for hospital corpsmen It is designed to be placed on all merchant ships for the guidance of seamen Medical procedure on shipboard, the medicine chest, first aid, and the diagnosis and treatment of miscellaneous conditions are among the subjects discussed It is of pocket size, and contains a wealth of material The author writes concisely and very well Descriptions of diseases are clear, vivid, and complete for the space allowed The use of penicillin is more restricted than it probably will be in future editions, for this book was written when the supply was very limited This is an excellent book which should be well received

Victor Grover

A Handbook of Psychiatry By Louis J Karnosh, M D , with the collaboration of Edward M Zucker, M D Octavo of 302 pages, illustrated St Louis, C V Mosby Co , 1945 Cloth, $4 50

The medical student and general practitioner should feel particularly grateful to the authors for their compilation of such a "tidy" handbook of psychiatry The experienced psychiatrist readily senses the rich experience of whole cloth out of which each chapter is woven It is trimmed of everything except the generally accepted psychiatric understanding and treatment of the types of mental illnesses confronting the medical profession Well-selected case histories clarify various descriptions of psychiatric reaction types and thus make not only for simplification but facility in recognition and treatment The chapter on legal aspects of mental disease enhances its value

Frederick L Patry

Men Under Stress By Lt Col Roy R Grinker, (MC), and Maj John P Spiegel, (MC), Army Air Forces Philadelphia, Blakiston Co , 1945 Cloth, $5 00

The authors of the book are acknowledged leaders and teachers of neurology and psychiatry, who have done much in advancing their respective specialties, and whose textbooks are recognized as authoritative texts in these fields of medicine They have seen active service on the battlefield and in military hospitals and convalescent centers In writing the book they have given their own experience with neuropsychiatric casualties, having studied these patients with trained and experienced minds and eyes Therefore, the book is truly a most authoritative account of the war neuroses and psychoses It is written "as free from scientific jargon" as is possible, and therefore should prove of interest to all intelligent people who are interested in human beings under stress The authors have made the

[Continued on page 1048]



"for this relief... much thanks"

—Hamlet

Patients echo these words of Shakespeare when the physician provides prompt, effective control of itching. With the coming of Summer exposure to sun wind insects, and poison ivy his services in this complaint will be doubly in demand

And they will be doubly effective, too if ENZO-CAL is prescribed, for this pleasing *greaseless* cream provides not only immediate relief, but long lasting comfort. ENZO CAL contains benzocaine which produces a mild local anesthesia of the affected areas *plus* semi-colloidal calamine and zinc oxide which remain as a soothing, healing, protective film on the skin.

For sunburn, windburn insect bites poison ivy, chafing, heat rashes and other summer complaints prescribe



Enzo-CAL

for ITCHING

Available in 2 oz. tubes and 1 lb jars at all pharmacies

CROOKES *Laboratories*

305 East 45th Street
New York 17, N. Y.

[Continued from page 1046]

most of their opportunities, and have written a truly "must book," for it is a book that covers the subject thoroughly, scientifically, and most interestingly It is a book which no intelligent person should fail to read

IRVING J SANDS

The Art of Anaesthesia By Paluel J Flagg, M D Seventh edition Octavo of 519 pages, illustrated Philadelphia, J B Lippincott Co, 1944 Cloth, $6 00

The present edition has many improvements Flagg's masterful handling of the subject of general anesthesia is further enhanced by chapters on local anesthesia and regional nerve block The book is well illustrated and written in clear and concise language Practicing anesthesiologists and those learning the specialty will find valuable references when consulting this volume and it remains today, as it has been for years past, a standard textbook on inhalational anesthesia

F PAUL ANSBRO

The Art of Medicine in Relation to the Progress of Thought. By A E Clark-Kennedy, M D Duodecimo of 48 pages Cambridge (Eng), The University Press, 1945 (New York, Macmillan Co) Paper, $0 75

This little treatise of 48 pages is a lecture delivered in the history of science course in the University of Cambridge To read it requires concentration of thought and good mental digestion Its perusal leaves one with the impression that medicine is not limited to the textbooks but that its development has influenced thought in every period of history The general trend of this lecture is illustrated by the following quotations "Medicine has to deal with human personality, and human hopes, human fears, and human failings, in conjunction with the material human body A purely scientific education is inadequate for a profession which deals with so close a relationship between mind and matter" At the close the reader will feel that his medical horizon has been definitely widened

S R BLATTEIS

Anatomy and Physiology For Students of Physiotherapy, Occupational Therapy, and Gymnastics By C F V Smout, M D, and R J S McDowall, M D Octavo of 418 pages, illustrated Baltimore, Williams & Wilkins Co, 1944 Cloth, $8 00

This excellent book fills a want of long standing for the physical-therapy technician In a single volume is contained a most complete text of anatomy and physiology, such as would be required by this group Necessarily condensed, the text is surprisingly complete and presented in a clear manner, as nontechnical as possible Chapters on diet and metabolism, digestion, the ductless glands, and the effects of massage and exercise are of particular interest The chapter describing muscles in action, though brief, is complete and an excellent assay of its difficult subject The book is well written and clearly printed and illustrated. It can be highly recommended for the student as well as the advanced worker in physical therapy, and will be of considerable interest to the medical practitioner as well

JEROME WEISS

Modern Cosmeticology By Ralph G Harry, F R I C (Eng) Second edition Octavo of 432 pages, illustrated London, Leonard Hill, Ltd, 1944

In the foreword, Professor Mumford, one of England's foremost dermatologists, gives credit to the author for narrowing the wide channel between dermatology and the physicochemical problems of beautifying preparations Of the latter, many of proved value are recognized Each has much to learn from the other Here is a book written by one of the world's most famous authorities on his subject, it is a reference work of the most exceptional value to every dermatologist and pharmacologist who realizes the importance of having the fullest possible information on the composition and preparation of the many elements which enter into the applications and remedies offered our profession today As an expert microscopist and photographer, Harry has illustrated his work with many excellent colored plates The chapter on the hair, its growth and care, is well worth the price of the volume, and that on allergy and dermatitis is most instructive In the forty-six chapters, every possible angle of cosmeticology has been considered and treated exhaustively in the most comprehensive manner, and the book abounds in methods of pharmaceutic preparation and composition With such a book at hand, the dermatologist is well fortified to meet any problem arising in his determination of proper medication

NATHAN THOMAS BEERS

Modern Psychiatry By William S Sadler, M D Octavo of 896 pages St Louis, C V Mosby Co, 1945 Cloth, $10

This highly recommended 896-page book will bring much combined pleasure and profit to the medical reader The text is divided into four parts, namely personality problems, the psychoneuroses, the psychoses, and general psychotherapeutics The latter is particularly complete and informative, including a full discussion of shock therapy The other subjects are dealt with very well, the writer employing his some forty years of experience in a constructively critical manner The glossary provides the uninitiated with an excellent guide

As the author has anticipated, his book may fall short of satisfying some of the specialized schools of psychiatry, for example, in listing the six master urges which dominate the human personality, the sex urge is placed fourth Hypnotism is aptly described as having been enthusiastically tried and found woefully wanting, the author agreeing, at least in this respect, with Freud, who spoke of hypnotism as being merely a psychic cosmetic

LAURENT FEINIER

Psychiatry in Modern Warfare By Edward A Strecker, M D, and Kenneth E Appel, M D Duodecimo of 88 pages New York, Macmillan Co, 1945 Cloth, $1 50

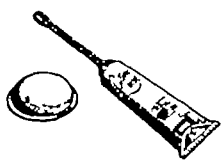
This handy, inexpensive, pocket-size volume significantly culls the neuropsychiatric meat from the experiences of World War I and also that from World War II up to the present time Here the psychiatrist, general practitioner, and other interested persons can find the significant contrasts in the neuropsychiatric types of problems encountered in the two wars The authors, who write from first-

[Continued on page 1050]



CONSTANT TEMPERATURE ROOM—where Lanteen Jelly digests in huge vats until it reaches just the right consistency before going to the filling machines, typical of the modern equipment in Lanteen Medical Laboratories Control of the efficacy of its products, by latest scientific means, is the constant aim of Lanteen Medical Laboratories. Lanteen Lilac (Mensinga type diaphragm) is available *on the prescription of a physician*

Since patients are not mechanically minded, simplicity and ease of handling are prime requisites for continued use. Lanteen Lilac flat spring diaphragm is extremely simple to place—it is collapsible in one plane only No inserter required.



L A N T E E N

COPYRIGHT 1944, LANTEEN MEDICAL LABORATORIES, INC., CHICAGO 10

[Continued from page 1048]

hand experience, are eminently qualified to bring into focus the various facts and factors and their critical evaluation

Part II is devoted to "Demobilization and Return to Civilian Life" This summarizes the best opinion available in shaping our philosophy and methods of facilitating adjustments of returning servicemen to postwar status

FREDERICK L PATRY

Your Eyes Have Told Me By Louis H Schwartz, M D Octavo of 208 pages, illustrated New York, E P Dutton & Co , 1945 Cloth, $2 75

This is a book written for the lay public and contains a great deal of information which should result in a better appreciation of the importance of expert care of the eyes in cases of accident and disease, and a better understanding of the dangers of inexpert interference and advice It deserves a wide distribution It is written in an easily followed, nontechnical style A few instances of minor inaccuracies were noted, but these were of relative unimportance

CHAS A HARGITT

Dietotherapy Clinical Application of Modern Nutrition Edited by Michael G Wohl, M D Octavo of 1,029 pages, illustrated Philadelphia, W B Saunders Co , 1945 Cloth, $10

Dietotherapy is a large volume, consisting of a compilation of forty-four monographs by different contributors on various aspects of clinical nutrition It is broadly classified into three parts (1) normal nutrition, (2) nutrition in periods of physiologic stress, such as pregnancy, age, infancy, and physical activity, and (3) nutrition in disease

The contributors are all well-known authorities in their fields The book is comprehensive, up-to-date, and represents an important addition to the literature on the subject

WILLIAM S COLLENS

Technical Methods for the Technician By Anson Lee Brown, M D Third edition Octavo of 706 pages, illustrated Columbus, Dr Brown's School for Technicians, 1944 Cloth, $10

This book of over 700 pages covers in a very elementary and somewhat tedious fashion the various technical procedures used in the clinical laboratory For the most part it is primarily a collection of technical methods, many of which are not in general laboratory use at this time The illustrations are not of a particularly high order, the color plates being distinctly below the quality usually encountered in laboratory texts It is difficult for the reviewer to recommend this book to the laboratory technician, for whom it was primarily written, largely because there are many other books of more compact, complete, and modern format in the field at the present time

THEO J CURPHEY

Common Ailments of Man Edited by Morris Fishbein, M D Duodecimo of 177 pages, illustrated New York, Garden City Publishing Co , 1945 Cloth, $1 00

Laymen will find this book of considerable interest Dr Fishbein has collected a series of articles from *Hygeia* on common ailments which are of general interest They are authoritative and well written Such a book would be valuable for those physicians who give lectures for lay groups

VICTOR GROVER

Essentials of Body Mechanics in Health and Disease By Joel E Goldthwait, M D , Lloyd T Brown, M D , Loring T Swaim, M D , and John G Kuhns, M D Fourth edition With a Chapter on the Heart and Circulation as Related to Body Mechanics by William J Kerr, M D Duodecimo of 337 pages, illustrated Philadelphia, J B Lippincott Co , 1945 Cloth, $5 00

The fourth edition of *Essentials of Body Mechanics* gives a complete review of all systems in relationship to poor body mechanics The detection of body types with reference to diseases and treatment is covered

The internist, gynecologist, and orthopedist should read this manual The following quotation gives the true value of the book "Much of the gynecologic disability and long periods of weakness following some pregnancies can be explained on the theory that the compensation for longstanding faulty body mechanics has been broken by the burden of pregnancy and parturition, and that once this has occurred, the body is unable to regain its compensation and strength"

O C HUDSON

Your Hair and Its Care By Oscar L Levin, M D , and Howard T Behrman, M D Duodecimo of 184 pages, illustrated New York, Emerson Books, Inc , 1945 Cloth, $2 00

Written by two well-known dermatologists, this small but authoritative work offers the general public a valuable source of information on a subject which is of serious interest to us all It explains in simple language the most recent scientific knowledge of hair, hair diseases, and the proper care of the normal scalp Twenty pages in the last chapter of the book are devoted to a series of questions and answers which are most comprehensive and instructive Unfortunately, the few line illustrations are of little use from any standpoint, a few well-made photographs would have greatly enhanced the usefulness of the volume

NATHAN THOMAS BEERS

Periodontal Diseases, Diagnosis and Treatment, and Soft Tissue Lesions of the Oral Cavity In 2 parts By Arthur H Merritt, D D S Third edition Octavo of 256 pages, illlustrated New York, Macmillan Co , 1945 Cloth, $3 50

This edition has been prepared with the same care and thoroughness as the two previous ones The subject, which covers diagnosis, classification, histology, pathology, and treatment, has been further elaborated in a most complete and scientific manner, yet it is both pleasant and understandable reading The section dealing with soft-tissue lesions has been greatly enlarged It is fully illustrated and contains contributions from others who are interested in this particular branch of dentistry We consider it a most helpful book for the student As a reference work for the general practitioner, it is a must for his dental library

LEROY S EDWARDS

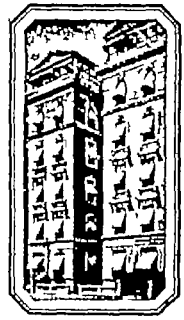
[Continued on page 1052]

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment endorsed by many physicians Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY

COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24, N Y Tel SChuyler 4-0770

PINEWOOD

Route 100 Westchester County, Katonah, New York

Licensed by the Department of Mental Hygiene
In addition to the usual forms of treatment (occupational therapy physiotherapy, outdoor exercise etc.) we specialize in more specific techniques. All forms of shock therapy Psychological and physiological studies. Psychoanalytic approach. Group psychotherapy

DR. JOSEPH EPSTEIN | Physicians in Charge
DR. LOUIS WENDER | Tel. Katonah 775

Dr Max Friedemann, Senior Psychiatrist

N Y Officer: 89 East 78th St. Tel. Butterfield 8-0288



TWIN ELMS

A Modern Psychiatric Unit
Selected drug and alcohol problems welcome.
Rates moderate
Eugene N Boudreau M D., *Phys-in-Chg*
SYRACUSE, N Y

'INTERPINES'

Goshen, N Y.

Phone 117

Ethical — Reliable — Scientific
Disorders of the Nervous System
BEAUTIFUL — QUIET — HOMELIKE

Write for Booklet

FREDERICK W SEWARD M. D., *Director*
FREDERICK T SEWARD M. D., *Resident Physician*
CLARENCE A. POTTER, M. D., *Resident Physician*

FALKIRK
IN THE
RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg
CENTRAL VALLEY, Orange County N Y

DR. BARNES SANITARIUM

STAMFORD, CONN.

45 minutes from N Y. C. via Merritt Parkway

For treatment of Nervous and Mental Disorders, Alcoholism and Convalescents. Carefully supervised Occupational Therapy Facilities for Shock Therapy Accessible location in tranquil, beautiful hill country Separate buildings.

F H. BARNES M.D., Med. Supt. *Tel. 4-1143

WEST HILL

West 252nd St. and Fieldston Road
Riverdale-on-the-Hudson, New York City

For nervous, mental, drug and alcoholic patients. The sanitarium is beautifully located in a private park of ten acres. Attractive cottages, scientifically air-conditioned. Modern facilities for shock treatment. Occupational therapy and recreational activities. Doctors may direct the treatment. Rates and illustrated booklet gladly sent on request.

HENRY W. LLOYD, M.D. *Physician in Charge*
Telephone: Kingsbridge 9-8440

YONKERS PROFESSIONAL HOSPITAL

The Yonkers Professional Hospital has enlarged its bed capacity to meet the increasing demand for the care of convalescents, post-operative cases, invalids and patients suffering from chronic ailments
Modern Fire-proof building Excellent location.

Rates from $35.00 per week, and up
Physicians are privileged to treat their own patients.

Yonkers 3-2100
26 Ludlow St. Yonkers, N Y

No contagious or mental cases accepted.

[Continued from page 1050]

Biological Symposia. A Series of Volumes Devoted to Current Symposia in the Field of Biology. Edited by Jaques Cattell. Volume XI, "Ageing and Degenerative Diseases" Octavo of 242 pages, illustrated Lancaster, Jaques Cattell Press, 1945 Cloth, $3 00

This is certainly a welcome treatise, and an important one too Geriatrics and gerontology are no longer relegated to footnotes or entirely overlooked If one bears in mind that the life expectancy at birth in the U S in 1900 was 47 years and in 1940, 63 years and also that there are over nine million people in this country 65 years of age or over, you will realize the importance and extent of the problem, And it is this problem that is treated in a scientific and clinical manner in the course of thirteen separate chapters, each one covering a different phase of the subject The concluding chapter is a round-table discussion in which all the participants in this symposium discuss and sum up their various concepts No physician treating elderly patients can afford to deprive himself of the valuable material herein contained It is most highly recommended

S R. Blatteis

The Basis of Clinical Neurology The Anatomy and Physiology of the Nervous System in Their Application to Clinical Neurology By Samuel Brock, M D Second edition Octavo of 393 pages, illustrated Baltimore, Williams & Wilkins Co, 1945 Cloth, $5 50

This is the second edition of a text that has found for itself a very important position among books required for the understanding of clinical neurology Essentially it tends to explain signs and symptoms in the light of our present knowledge of neuroanatomy and neurophysiology There are twenty-four chapters, devoted to the description of the anatomy and physiology of certain parts of the nervous system, and to the alteration in physiologic processes in disease involving these and other parts of the nervous system It gives a dynamic approach and understanding of the different clinical signs and symptoms encountered in the different neurologic disorders It is a most valuable book for the student as well as for the seasoned neurologist, and to all others who wish to treat neurologic patients intelligently

Irving J Sands

Bacillary Dysentery, Colitis and Enteritis By Joseph Felsen, M D Duodecimo of 618 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, $6 00

Written by an authority, this work brings into one volume all of our present knowledge regarding bacillary dysentery Epidemiology covers every phase, from its international aspects to a consideration of its occurrence in planes and trains Nearly 80 pages are devoted to clinical aspects and another 80 pages to bacteriology and serology Therapy consumes 50 pages and covers every type of treatment Nearly 100 pages are devoted to bibliography The discussion of ulcerative colitis and regional ileitis considers all theories and contends that bacillary dysentery is the usual forerunner of these diseases. The appendix, devoted to a detailed description of methods of study of prevention, is very important. On the whole the book is an excellent reference book, but perhaps a little too detailed for the general practitioner

A F R Andresen

CONVENTION MEETING OF THE AMERICAN ACADEMY OF PEDIATRICS

The first convention since 1942, of the American Academy of Pediatrics, Region One, was held on April 2, 3, and 4, Hotel Pennsylvania, New York City This meeting brought together pediatricians from northeastern United States, including Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont, also Ontario and Quebec provinces, Canada

Convention Chairman, Dr Miner C Hill, of New York City, and his committee, planned the program to present the most recent developments in pediatrics, function as a refresher course for pediatricians released from military service, and enable physicians to consider postwar pediatric problems The three-day meeting included the presentation of a number of important scientific papers, symposiums, visits to leading medical centers in the metropolitan area where special programs were prepared under the direction of Drs Murray H. Bass, Mount Sinai Hospital, Adolph G DeSanctis, New York Postgraduate Hospital, Emmett L Holt, Jr, Bellevue Hospital, Samuel Z Levine, New York Hospital, and Rustin McIntosh, Babies' Hospital.

POSTGRADUATE COURSE FOR PHYSICIANS

A postgraduate course for physicians is announced by the Faculty of Medicine, College of Physicians and Surgeons, Columbia University, in physiologic and inhalational therapy in asthma, bronchiectasis, pulmonary fibrosis, and emphysema This course is being given at the Columbia-Presbyterian Medical Center, from March 26 to May 21, 1946, on Tuesday, 5 00 to 6 30 P M The fee is $25

To make application, or to obtain further information, address

The Dean of the Faculty of Medicine, 30 West 168th Street, New York 32, New York.

HONEYMOON HAVEN



JUNE—
Ideal Vacation Time

OPEN
MAY 15

FREE GOLF
to JUNE 16

IN WHOOPING COUGH

ELIXIR BROMAURATE

Cuts short the period of the illness and relieves the distressing cough. Also valuable in BRONCHITIS and BRONCHIAL ASTHMA. In four-ounce original bottles. A teaspoonful every 3 or 4 hours.
(Contains one-half gram Gold Tribromide in one fluidounce Alcohol 2½% by volume.)
GOLD PHARMACAL CO New York

LOUDEN-KNICKERBOCKER HALL, INC

81 LOUDEN AVENUE - Tel Amityville 53 - AMITYVILLE, N Y
A private sanitarium established 1886 specializing in NERVOUS and MENTAL diseases.
Full information furnished upon request
JOHN F LOUDEN *President* GEORGE E CARLIN M.D., *Physician in Charge*
NEW YORK CITY OFFICE, 67 West 44th St., Tel. VAnderbilt 6-3733

BRUNSWICK HOME

A PRIVATE SANITARIUM. Convalescents, postoperative aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M. D., Supt.
B'way & Louden Ave., Amityville N Y., Tel 1700, 1 2

NO COLLECTION — NO CHARGE
20 years of friendly dealings with patients in your community have taught us how and when to collect. *Write.* Our local man will do all the work of compiling the list. You just have to blue-pencil it.
NATIONAL DISCOUNT & AUDIT CO
Herald Tribune Bldg New York 18 N Y

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y
FOR MENTAL AND NERVOUS PATIENTS. An unsanitutional atmosphere. Treatment modern, scientific, individual. Moderate rates. Licensed by dept. of Mental Hygiene. (See also our advertisement in the Medical Directory of N Y N J and Conn.) Address inquiries to MARGARET TAYLOR ROSS M.D., *Physician-in-Charge.*

HALCYON REST

754 BOSTON POST ROAD RYE, NEW YORK
Henry W Lloyd, M.D., Physician-in-Charge
Licensed and fully equipped for the treatment of nervous, mental, drug and alcohol patients, including Occupational therapy Beautifully located a short distance from Rye Beach. TELEPHONE: RYE 550 *Write for illustrated booklet.*

SUGGESTIONS FOR CONTRIBUTORS TO THE *NEW YORK STATE JOURNAL OF MEDICINE*

The NEW YORK STATE JOURNAL OF MEDICINE asks its contributors to follow the suggestions listed below in the preparation of their articles In this way they will greatly facilitate the expeditious publication of the JOURNAL These suggestions have been devised in order to save correspondence, avoid return of papers for changes, minimize the work of preparation for the printer, and save the high costs of corrections made on galley proof

Size of Articles —It is earnestly desired that scientific articles shall not exceed 6 JOURNAL pages at the outside Longer articles tend to lower reader interest An average of five or six seems to be the most desirable from this point of view Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, e g , twelve manuscript pages will make five JOURNAL pages

Manuscripts —Papers must be typewritten on one side only of white sheets consecutively numbered, and be *double spaced* with one-inch margins They should be prepared with great care so as to be typographically correct All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin This is imperative for rapid and accurate composition by the printers

Titles —The title should be *brief* and typed in capital letters The subtitle can be longer and should be typed in caps and lower case letters Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives Directly under his name should be the hospital or institution with which he is affiliated

Subheadings —Subheadings should be inserted by the author at appropriate intervals

References —It is the unfailing practice of the NEW YORK STATE JOURNAL OF MEDICINE to use specific "references" rather than "bibliography" There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference A list, consecutively numbered, of these references should follow at the end of the manuscript (Note that spelling in list is same as in text) The arrangement should be as follows and should include all items

a *Books*—author's surname followed by initials, title of book, edition, location and name of publisher, year of publication, volume, and page number Thus, Osler, W Modern Medicine, 3rd ed , Philadelphia, Lea & Febiger, 1927, vol 5, p 57

b *Periodicals*—author's surname followed by initials, name of periodical, volume, page, month (day if necessary), year of publication Thus, Leahy, Leon J New York State J Med 40 347 (March 1) 1940

NOTE The JOURNAL does not include titles of articles

Case Reports —Instead of abstracts of hospital histories, authors should write these reports in a narrative style with properly completed sentences All unimportant details should be deleted with such general negative statements as fit the case

Tables.—While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page For that reason it is urged that they be reduced as much as possible to descriptive language

Illustrations —These should be kept to the minimum necessary to make clear the points to be registered by the author In some instances they are imperative to proper understanding, in others they are merely picturesque The latter can be excluded to good effect, both as to space and the not inconsiderable cost

When illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number Drawings or graphs should not be larger than 12 × 16 inches, and must be made with jet black India ink on white paper *Do not use typewriter for lettering* The smallest lettering on 8 × 10 inch copy should be no less than 1/4 inch high Cross-section paper (white with black lines) may be used, but should not have more than 4 lines per inch If finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer divisions In the case of finely ruled paper, only blue-lined paper can be accepted Lettering and all markings must be large enough to be readable after reduction Mail rolled or flat, never fold Photographs should be very distinct and show clear black and white contrasts They must be on glossy white paper Avoid round and oval photographs

Whenever possible "crop" photographs, i e, mark portion that can be excluded when reproduced. Crop marks should be on *margin* of photographs *Do not run pencil lines through photographs*

It is important to mark the top of the illustration on the back, also its number as referred to in the text, thus, Fig 1, 2, and the name and address of the author

Legends should be typewritten on one sheet of paper and attached to the illustrations

CLASSIFIED

SELECTION AND FITTING OF HEARING AIDS

Thomas H. Halsted, M D., F.A.C.S

Otologist, Specializing in the Fitting of Hearing Aids
Representative for
AUREX, BELTONE, OTRONIC, PARAVOX, RADIO-EAR, TELEX, WESTERN ELECTRIC

Hours 9:30-4:30 Saturday 9.30-1:00 By appointment.
678 Fifth Avenue (cor 41st St.) New York City (17)
Le. 2-3437

WANTED

Young, licensed physician, with knowledge of driving, camping (life-saving) Summer NaTl. Pk. Trip 8 youths. Apply to Rothenberg, 53 Payson Ave., N Y C. 34

Resident—N Y State license, 50-bed general hospital, surgery, Medicine, $200 month plus maintenance. Box 5101 N Y St. Jr Med.

FOR RENT OR SALE

Immediately available, completely equipped and furnished Doctors office, center of Great Neck. Inquire Box 5100 N Y St. Jr Med.

DENTIST

Veteran dentist, wishes association with group of physicians or institution in or near New York City Experienced dental surgeon, dental radiologist, and general dental practitioner Box 4035, N Y St. Jr Med.

NASSAU MEDICAL EXCHANGE

5 Beekman St. (Agency) Co 7-5669

We place medical assistants, lab and x ray technicians nurses, doctors, secretaries, receptionists, etc.
When you need medical personnel won t you try our service?

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service. Paine Hall graduates have character intelligence personality and thorough technical training Let us help you find exactly the right assistant

Est. 1869 Paine Hall

101 W 31st St. New York
BRyant 9-2831
Licensed by State of N Y

FOR SALE

Metal office furniture, instruments for general surgery microscope, lights test lenses, drugs, books Any fair offer considered Dr Cooley Wellsville, N Y

REAL ESTATE

62 West 46th St.
NOW VACANT
Formerly occupied by Doctor
For Information
FRED H HILL, 9 E. 45th St. N Y C VA. 6-5666

FOR SALE

House with fully equipped office including portable X Ray in Central New York community Immediate occupancy Box 4039 N Y St. Jr Med.

OFFERING

Sound Real Estate Investments in Income Producing Properties. Samuel Krame 7 West 44th Street, New York City Murray Hill 2-9461 Member Real Estate Board of New York. Member National Association of Real Estate Boards

PATENT ATTORNEY

Z. H. POLACHEK, Patent Attorney Engineer Specialist in patents and trademarks. Confidential advice 1234 Broadway N Y C. (at 31st) LOngacre 5-3083

Zemmer

PRESCRIBE OR DISPENSE
ZEMMER PHARMACEUTICALS
A complete line of laboratory controlled ethical pharmaceuticals. N Y 5-46
Chemists to the Medical Profession for 44 years.
THE ZEMMER COMPANY
Oakland Station PITTSBURGH 13 PA.

Quarterly Review of Surgery

HENRY N HARKINS, M D , Editor-in-Chief, *Johns Hopkins University*

EDITORIAL BOARD

W WAYNE BABCOCK, M D , *Temple University*
I A BIGGER, M D *Medical College of Virginia*
ALEXANDER W BLAIN, M D , *Wayne University*
ALFRED BLALOCK, M D , *Johns Hopkins University*
FREDERICK A COLLER, M D , *University of Michigan*
R S DINSMORE, M D , *Cleveland Clinic*
D C ELKIN, M D , *Emory University*
JOSEPH H FORBES, M D , *New York Medical College*
GEORGE J HEUER, M D , *Cornell University*
THOMAS M JOYCE, M D , *University of Oregon*
HILGER P JENKINS, M D , *Univ of Chicago Clinics*
HUGH J JEWETT, M D , *Johns Hopkins University*
HARRY H KERR, M D , *George Washington University*
ROY D McCLURE, M D , *Henry Ford Hospital*
ALTON OCHSNER, M D , *Tulane University*
THOMAS G ORR, M D , *University of Kansas*
COBB PILCHER M D , *Vanderbilt University*
EUGENE H POOL, M D , *Cornell University*
FRED W RANKIN, M D , *Brig Gen U S Army*
I S RAVDIN, M D , *University of Pennsylvania*
J STEWART RODMAN, M D , *Woman's Med Col of Pa*
ARTHUR M SHIPLEY, M D , *University of Maryland*
DONALD V TRUEBLOOD, M D , *Seattle, Washington*
ALLEN O WHIPPLE, M D , *Columbia University*

The Quarterly Review of Surgery provides a systematic plan, organized for the purpose of making available a concise and authoritative presentation of the current progress, trends, and attitudes in all branches of surgery Compiled from every dependable source, this plan covers all state, national, and special journals as well as the bulletins, reports, etc , of the clinics and hospitals Presented briefly but without sacrificing any essential detail, these highly significant data are further enhanced by comments of the members of the Editorial Board, based upon and summarizing their own clinical experiences as well as those of other recognized authorities All data are classified and published under the following headings

1 Anesthesia and Analgesia
2 Pre- and Postoperative Therapy
3 Surgical Technic
4 Surgical Infections
5 Tumors
6 Neurosurgery
7 Skull
8 Brain
9 Spine and Spinal Cord
10 Peripheral Nerves
11 Sympathetic Nervous System
12 Head and Neck
13 Oral Surgery
14. Plastic Surgery
15 Thyroid and Parathyroid
16 Thoracic Surgery
17 Chest Wall
18 Pleura
19 Lung
20 Mediastinum
21 Heart
22 Esophagus
23 Breast
24 Diaphragm
25 Abdominal Surgery
26 Abdominal Wall
27 Hernia
28 Peritoneum
29 Stomach and Duodenum
30 Small Intestines
31 Appendix
32 Colon and Rectum
33 Intestinal Obstruction
34 Anus
35 Liver and Biliary Tract
36 Pancreas
37 Spleen
38 Genitourinary Surgery
39 Gynecologic Surgery
40 Vascular Surgery
41 Arteries
42 Veins
43 Orthopedic Surgery
44 Fractures
45 Dislocations
46 Bones
47 Joints
48 Tendons
49 Amputations
50 Traumatic Surgery
51 Burns
52 Shock
53 Transfusions
54 Wounds
55 Military Surgery
56 Experimental Surgery
57 Miscellaneous

The scientific excellence of this work, the reconciliation of conflicting views and the true evaluation of each new method is assured through the "Comments" of the members of the Editorial Board For at the conclusion of most articles these eminent authorities present in clear, concise *post-graduate* discussions their own successful methods and bring into perspective the best work of all recognized authorities Thus, all surgeons, everywhere may safely make decisions based upon the sound premise that the combined clinical experiences of many authorities is superior to any one alone This inevitably leads to improved surgical procedure, lowered mortality rates, and, at all times, the self assurance which comes only of possessed knowledge—of knowing beyond doubt the "what to do" as well as the "what not to do" in every surgical condition

The most comprehensive presentation of current surgical data available, concisely compiled and expertly indexed, with an annual cumulative cross-reference index so that one may turn instantly to "today's last word" on every surgical topic

The Quarterly Review of Surgery is published in November, February, May and August
Annual subscription rate is nine dollars

SEND IN YOUR SUBSCRIPTION NOW TO OBTAIN COMPLETE VOLUMES

published by

WASHINGTON INSTITUTE OF MEDICINE

1720 M STREET, N W WASHINGTON 6, D. C.

FRIED & KOHLER, Inc.

"True to Life"

Artificial Human Eyes

Especially Made to Order by Skilled Artisans





Comfort, pleasing cosmetic appearance and motion guaranteed Eyes also fitted from stock by experts Selections sent on memorandum Referred cases carefully attended

FRIED & KOHLER, Inc.

Specialists in Artificial Human Eyes Exclusively

665 Fifth Avenue
(near 53rd Street)

New York, N Y
Tel Eldorado 5-1970

"Over Forty Years devoted to pleasing particular people"

For National Rehabilitation



Yes, it's a fact . .

in addition to its refreshing quality and its flavor, ice cream contains many important health giving food elements It contains the following nutrients

Vitamins Ice Cream is a good source of Vitamin A and Riboflavin (Vitamin G) and contains other vitamins found in milk.

Minerals Calcium, necessary for strong bones and teeth, is supplied abundantly by Ice Cream

Proteins Ice Cream provides high-quality proteins those found in milk

All of these nutrients promote health and well being

And remember, the particular combination of nutrients found in Ice Cream is unusual This is one reason why Ice Cream is accorded such an important role in our national rehabilitation program

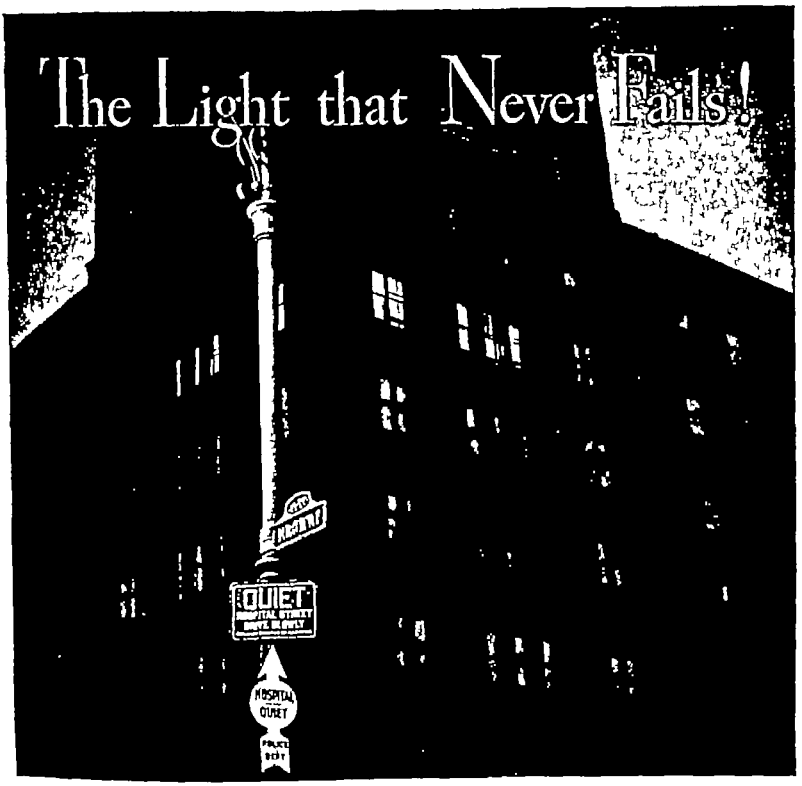
Ice Cream—Composition Manufacture-Food Value an interesting, factual leaflet will be sent free on request Write National Dairy Council, Dept P 546, 551 Fifth Avenue, New York 17, New York

EST 1919 NATIONAL DAIRY COUNCIL

NATIONAL DAIRY COUNCIL

551 Fifth Avenue • New York 17, New York

A non profit, educational organization promoting national health through a better understanding of dairy foods and their use

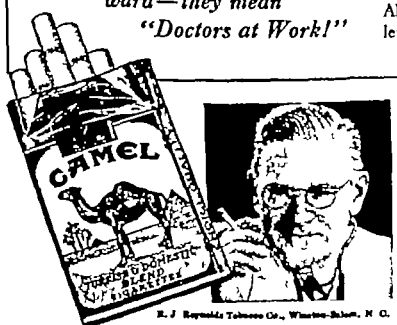


"Emergency Case!"

While the city sleeps, lights blaze in a hospital ward—they mean "Doctors at Work!"

He isn't interested in making speeches and taking bows on the magnificent job he does. He's just interested in doing that job with all the skill and selfless devotion he possesses.

His battle knows no lulls. But he asks no quarter All this he knew—and accepted—when those proud letters "M D" were first affixed to his name.



According to a recent independent nationwide survey

MORE DOCTORS SMOKE CAMELS

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 · MAY 15, 1946 · NUMBER 10

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK *Publication Office* 20TH AND NORTHAMPTON STS, EASTON, PA *Editorial and Circulation Office* 292 MADISON AVE, NEW YORK 17, N Y *Change of Address* NOTICE SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS Twenty-five cents per copy—$2 00 per year *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act of August 24, 1912*

CONTENTS

SCIENTIFIC ARTICLES

Management of Acute Congestive Heart Failure, *Harry Gross, M D, F A C P*, and *Abraham Jezer, M D* 1107

Biliary Disease in the Elderly and Chronically Ill Patient, *Elmore Mitchell Aronstam, M D* 1117

Linear Fracture of the Skull Across the Venous Sinuses, *Arthur D Ecker, M D* 1120

A New Hemoglobinometer, *William L Gould, M D* 1122

Benzyl Benzoate Treatment of Scabies in a Staging Area, *Seymour L Hanfling, Maj, (MC), AUS*, and *A Allen Goldbloom, Lt Col, (MC), AUS* 1125

(*Continued on page 1062*)

Steady, Substantial Drop in Blood Pressure in

HYPER
HYPER



HYPERTENSION

WITH *Diurbital*

VASODILATOR • CARDIOTONIC • DIURETIC • RELAXANT

AS BLOOD PRESSURE GOES DOWN in hypertension—through relaxation of blood vessels, and MYOCARDIAL TONE IS IMPROVED through removal of oppressive fluids GENTLE, SOOTHING, SEDATION relieves nervousness, fear, vertigo, headache, etc.

DIURBITAL* helps provide A MORE COMFORTABLE LIFE FOR CARDIOVASCULAR PATIENTS in Hypertension Angina Pectoris Myocarditis . Dropsy . Arteriosclerosis with Edema

SAMPLE SUPPLY UPON REQUEST

Each enteric coated DIURBITAL Tablet provides: Theobromine Sodium Salicylate 3 grs, Phenobarbital ¼gr, Calcium Lactate 1½ grs., Bottles of 25 and 100 tablets * Trademark Reg

GRANT

GRANT CHEMICAL CO., Inc.

95 Madison Ave, New York 16, N Y

Specialties for Diseases of the Heart and Blood Vessels

WHENEVER

Impaired Fat Digestion

MUST BE OVERCOME

Impairment of fat digestion implies more than loss of available caloric food energy to the organism It involves the failure of absorption of the fat-soluble vitamins A, D, E, and K, together with the development of deficiency manifestations. Particularly severe is vitamin K deficiency with prolongation of the pro thrombin clotting time and the consequent hemorrhagic diathesis

Whenever impaired fat digestion must be corrected, Degalol is specifically indicated Degalol—chemically pure deoxycholic acid, a normal constituent of human bile — represents the biliary component chiefly concerned with fat digestion and absorption. Its administration in small dosage virtually normalizes fat digestion within the small bowel when lipase is not deficient, and with it absorption of the fat-soluble vitamins D, E, and K, and carotene. It is especially valuable in correcting the hemorrhagic complications of obstructive jaundice, where choleresis is undesirable. Degalol proves useful whenever impaired fat digestion is suspected, and particularly in the treatment of postprandial epigastric distress and fat intolerance not associated with chronic gallbladder disease Supplied in tablets of 1½ gr , boxes of 100 and 500

Degalol

REG U S PAT OFF

CHEMICALLY PURE DEOXYCHOLIC ACID

Riedel-de Haen

DIVISION OF AMES COMPANY INC.

NEW YORK 13 N Y

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, MURRAY HILL 3-9841

CONTENTS—Continued from page 1060

Postural Headache and Attacks of Loss of Tone in a Case of Calcified Suprasellar Tumor, *Alfred Gallinek, M D* 1127

Internal Hernia Strangulated by Meckel's Diverticulum, *Walter W Mott, M D, F A C S* 1130

Pneumonia of Ornithotic Origin, *Lester Cohen, M D, Irving Gray, M D, F A C P,* and *Solomon London, M D* 1132

EDITORIAL

Will England and the United States Nationalize Medicine? 1101
The Answer Is Up to Us 1102
Journal of the History of Medicine and Allied Sciences 1104
Our Diabetic Population 1104
Current Editorial Comment 1105

GENERAL FEATURES

Department of Workmen's Compensation 1135
Correspondence 1137
Postgraduate Medical Education 1139
Medical News 1140
Necrology 1154
Hospital News 1156
Woman's Auxiliary 1162

MISCELLANEOUS

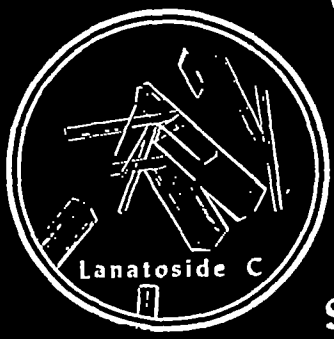
State Society Officers 1064, 1066, 1068
County Society Officers 1166

DIGILANID
pure initial glycosides
of DIGITALIS LANATA
Lanatosides A, B, C.









cardiotonic
cardiodiuretic

gravimetrically standardized
ampuls for parenteral use.
tablets, liquid, suppositories.

SANDOZ CHEMICAL WORKS, INC.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	WILLIAM HALE, M D , Utica
Past-President	EDWARD R. CUNNIFFE, M D , Bronx
President-Elect	LOUIS H BAUER, M D , Hempstead
Second Vice-President	CHARLES D POST, M D , Syracuse
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR , M.D , Forest Hills
Treasurer	JAMES R REULING, JR , M D , Bayside
Assistant Treasurer	FENWICK BEEKMAN, M D , New York
Speaker	F LESLIE SULLIVAN, M D , Scotia
Vice-Speaker	ALBERT F R ANDRESEN, M D , Brooklyn

TRUSTEES

JAMES F ROONEY, M D , *Chairman* Albany

ALBERT A GARTNER, M D	Buffalo	WILLIAM H ROSS, M D	Brentwood
KIRBY DWIGHT, M D	New York	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

WILLIAM HALE, M D	Utica	JAMES R REULING, JR , M D	Bayside
EDWARD R CUNNIFFE, M D	Bronx	WALTER P ANDERTON, M D	New York
LOUIS H BAUER, M D	Hempstead	JAMES F ROONEY, M D	Albany

Term Expires 1947
FLOYD S WINSLOW, M D
Rochester
J STANLEY KENNEY, M D
New York
HARRY ARANOW, M D
Bronx

Term Expires 1948
OLIVER W H MITCHELL, M D
Syracuse
MAURICE J DATTELBAUM, M D
Brooklyn
DAN MELLEN, M D
Rome

Term Expires 1949
CARLTON E WERTZ, M D
Buffalo
E CHRIS WOOD, M D
Westchester
CHARLES M ALLADEN, M D
Binghamton

[*See pages 1066 and 1068 for additional Society Officers*]

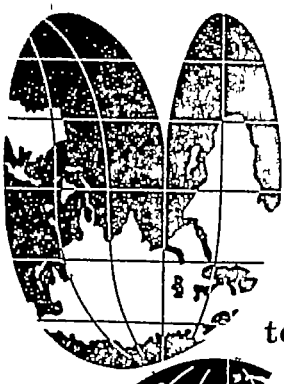


Two Bidupan tablets t.i d provide Extr Ox Bile 12 grs., Conc. Pancreatin 12 grs ; Duodenal Subst. 3 grs., Charcoal 6 grs

Pure Bile Salts, concentrated Pancreatin, Duodenal Substance, Charcoal in Bidupan . . . improve biliary drainage, digestion of albumin, carbohydrates, fats; stimulate pancreatic secretion; remove fermentive factors . . . to speed relief in biliousness, intestinal indigestion, and recurrent flatulence Bottles of 50 and 100 tablets.

Send for Literature, address Dept. N

CAVENDISH PHARMACEUTICAL CORP., 25 West Broadway • New York 7



terra firma

The management of hemorrhoids rests on solid therapeutic grounds when it achieves relief without resort to dangerous local narcotization or anesthetization. 'ANUSOL'* Hemorrhoidal Suppositories contain neither anesthetic nor narcotic agents and so do not mask the symptoms of more serious rectal pathology Quick, safe relief is attained by the removal of inflammatory pressure on the nerve endings. Burning and itching are soothingly abated while demulcent protection guards against the complications of bleeding and infection.

Schering & Glatz, Inc., a subsidiary of

William R. WARNER and Co. Inc. 113 WEST 18TH STREET NEW YORK 11, N Y

'anusol'

*Trademark Reg U. S. Pat. Off.

Boxes of 6 and 12

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D , Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L EDWARDS, M D , Hudson
Fourth District
FRANK F FINNEY, M D , Malone
Fifth District
SHERMAN M BURNS, M D , Oswego
Sixth District
IVAN N PETERSON, M D , Oswego
Seventh District
FLOYD F ALLEN, M D , Pittsfield
Eighth District
WILLIAM J ORR, M D , Buffalo

NEW YORK STATE JOURNAL OF MEDICINE

Publication Committee

GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M.D
WALTER P ANDERTON, M D
[*Address all communications to above address*]

LEGAL DEPARTMENT

Counsel WILLIAM F MARTIN, ESQ 30 Broad Street, New York 4 Attorney Telephone HAnover 2-0670 THOMAS H CLEARWATER, ESQ

AUTHORIZED INDEMNITY REPRESENTATIVE

HARRY F WANVIG, 70 Pine St , New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER

ROBERT R HANNON, M D , 100 State St , Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION

DAVID J KALISKI, M D , 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

DIRECTOR, PUBLIC RELATIONS BUREAU

DWIGHT ANDERSON, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

GEORGE P FARRELL, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

The Troublesome Symptoms of the Climacteric *relieved with*

Schieffelin
BENZESTROL
(2, 4-di (p-hydroxyphenyl; 3 ethyl hexane.

A new synthetic compound — not derived from the stilbenes—with marked estrogenic properties, Schieffelin Benzestrol appears to satisfy all requirements for a satisfactory estrogen

Active, effective and well tolerated, whether administered orally or parenterally, Schieffelin Benzestrol furnishes an economical means of relieving the distressing symptoms that are characteristic of the menopause.

Schieffelin Benzestrol Tablets
Potencies 0.5, 1 0, 2 0, 5 0 mg
Bottles of 50, 100, 1000

Schieffelin Benzestrol Solution
Potency of 5 0 mg. per cc.
Rubber capped multiple dose vial.

Schieffelin Benzestrol Vaginal Tablets
Potency of 0.5 mg
Bottles of *100.*

Literature and Sample on Request

Schieffelin & Co.
Pharmaceutical and Research Laboratories
20 COOPER SQUARE • NEW YORK 3, N Y

Ortho-Gynol Set
Ortho
Gynol

SECTION OFFICERS

1945–1946

ANESTHESIOLOGY

Milton C Peterson, *Chairman*	New York
Robert B Hammond, *Vice-Chairman*	White Plains
Rose M Lenahan, *Secretary*	Buffalo

DERMATOLOGY AND SYPHILOLOGY

Clarence H Peachey, *Chairman*	Rochester
E William Abramowitz, *Secretary*	New York

GASTROENTEROLOGY AND PROCTOLOGY

Stockton Kimball, *Chairman*	Buffalo
Descum C McKenney, *Vice-Chairman*	Buffalo
Harry E Reynolds, *Secretary*	Schenectady

INDUSTRIAL MEDICINE AND SURGERY

Russell C Kimball, *Chairman*	Brooklyn
Philip L Forster, *Secretary*	Albany

MEDICINE

Frederick W Williams, *Chairman*	Bronx
Harold F. R. Brown, *Vice-Chairman*	Buffalo
George E Anderson, *Secretary*	Brooklyn

NEUROLOGY AND PSYCHIATRY

E Jefferson Browder, *Chairman*	Brooklyn
Burton M Shmners, *Secretary*	Buffalo

OBSTETRICS AND GYNECOLOGY

Charles J Marshall, *Chairman*	Binghamton
Charles A. Gordon, *Secretary*	Brooklyn

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Harold H Joy, *Chairman*	Syracuse
Maxwell D Ryan, *Secretary*	New York

ORTHOPEDIC SURGERY

Robert M Cleary, *Chairman*	Buffalo
Joseph Buchman, *Secretary*	New York

PATHOLOGY AND CLINICAL PATHOLOGY

Fred W Stewart, *Chairman*	New York
Ellis Kellert, *Vice-Chairman*	Schenectady
M J Fein, *Secretary*	New York

PEDIATRICS

Carl H Laws, *Chairman*	Brooklyn
Albert G Davis, *Vice-Chairman*	Utica
George R. Murphy, *Secretary*	Elmira

PUBLIC HEALTH, HYGIENE, AND SANITATION

Joseph P Garen, *Chairman*	Saranac Lake
Henry B Doust, *Vice-Chairman*	Syracuse
Frank E Coughlin, *Secretary*	Albany

RADIOLOGY

Alfred L L Bell, *Chairman*	Brooklyn
Lee A. Hadley, *Vice-Chairman*	Syracuse
Raymond W Lewis, *Secretary*	New York

SURGERY

Beverly C Smith, *Chairman*	New York
Stanley E Alderson, *Secretary*	Albany

UROLOGY

George E Slotkin, *Chairman*	Buffalo
John K. deVries, *Vice-Chairman*	New York
Archie L Dean, Jr , *Secretary*	New York

SESSION OFFICERS

1945–1946

HISTORY OF MEDICINE

T Wood Clarke, *Chairman*	Utica
Judson B Gilbert, *Vice-Chairman*	Schenectady
Claude E Heaton, *Secretary*	New York

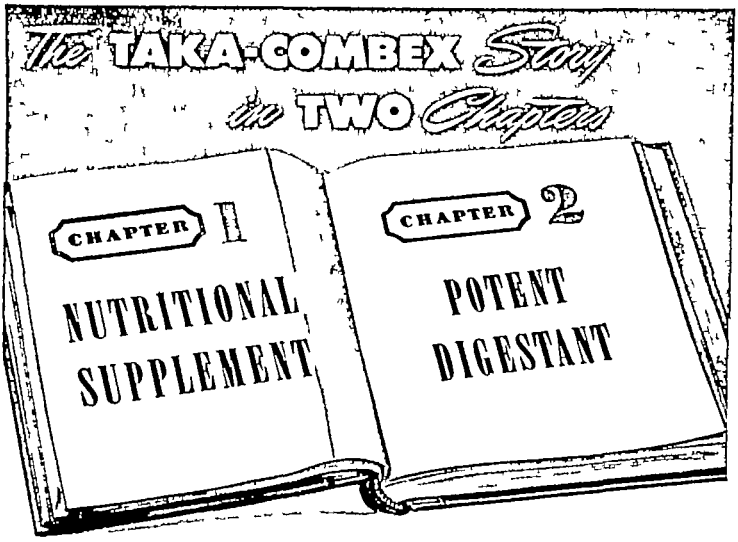
PHYSICAL MEDICINE

Walter S McClellan, *Chairman*	Saratoga Springs
Albert Richard Hatfield, Jr , *Secretary*	Utica

CHEST DISEASES

Nelson W Strohm, *Chairman*	Buffalo
Grant Thorburn, *Secretary*	New York

COOPER CREME
No Finer Name in Contraceptives
Active Ingredients: Sodium Oleate 0.67% Trioxymethylene 0.04%
ACCEPTED AMERICAN MEDICAL ASSN
WHITTAKER LABORATORIES, INC PEEKSKILL, N Y



For management of patients with impaired carbohydrate digestion and faulty assimilation of water soluble vitamins B and C, Taka Combex Kapseals become the most logical dietary supplement

The Taka Combex story involving these patients can be told in two chapters.

1 The vitamin combination contains B_1, B_2, B_6, pantothenic acid, nicotinamide, and other components of the B complex derived from liver, plus Vitamin C

2 Taka Diastase potent enzyme with ability to liquefy 450 times its own weight in starch in ten minutes is present in the amount of two and one half grains in each Kapseal

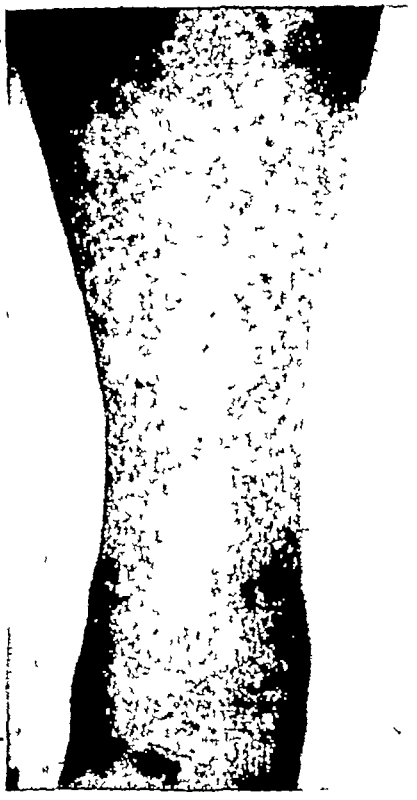
Parke, Davis & Company

DETROIT 32 • MICHIGAN

TAKA-COMBEX KAPSEALS



One or two Kapseals three times daily is the usual dosage.



In Eczema

A CLEANER APPROACH PERMITTING OF Continuous Therapy

WHILE tar has been long employed in the treatment of eczema, the drawbacks attending its use were usually more annoying than the disease itself Unsightly, soiling to skin and clothing, and of unpleasant odor, crude tar with its objectionable features discouraged patient cooperation and frequently defeated the aims of therapy With Tarbonis, tar therapy assumes a new high in efficacy and cosmetic appeal Odorless, colorless, entirely free of staining properties, Tarbonis retains all the therapeutic properties of tar Its use in eczema, including the atopic and infantile forms, is followed by prompt relief of subjective discomfort, and by rapid resolution of the lesion itself Thus *effective* therapy may be instituted; application every few hours becomes a practical possibility, since following its application, it "vanishes" from the skin, leaving its active ingredients in intimate contact with the lesion, thus avoiding soiled clothing and bed linen

TARBONIS

REG U S PAT OFF

THE TARBONIS COMPANY

4300 Euclid Avenue, Cleveland 3, Ohio

Tarbonis is colorless, odorless, greaseless, does not stain linen or skin It contains 5% Liquor Carbonis Detergens extracted from selected tar by a unique process, retaining all beneficial factors of tar and eliminating the irritants Menthol and lanolin are also incorporated in the vanishing cream base, making for a preparation of unusual pharmaceutical elegance Specifically indicated whenever the action of tar is required

LIKE . . .

and yet unlike



• Like atropine in gastrointestinal effects, yet unlike atropine because of virtual freedom from mydriatic, cardiac or salivary actions—MESOPIN (Endo brand of homatropine methyl bromide) is especially useful for the relief of pyloro-, cardio- and biliary spasms and smooth muscle spasms accompanying peptic ulcer, constipation, flatulence, dyspepsia and irritable colon. • When central sedation is desired to supplement selective spasmolysis, MESOPIN WITH PHENOBARBITAL is highly recommended.

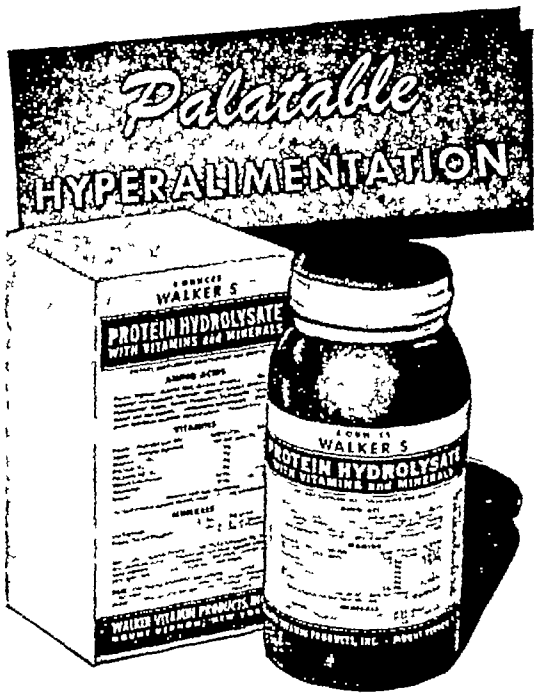
POTENCY: Mesopin contains 2.5 mg (1/24 gr.) homatropine methyl bromide per scored tablet. Mesopin with Phenobarbital contains in addition 20 mg (1/3 gr.) phenobarbital. Supplied in bottles of 100, 500 and 1000 tablets.

ENDO

MESOPIN

for gastrointestinal spasmolysis

ENDO PRODUCTS, INC., RICHMOND HILL 18, N.Y.



WALKER'S PROTEIN HYDROLYSATE

with VITAMINS *and* MINERALS

There's growing emphasis on hyperalimentation as an adjunct to therapy. **WALKER'S PROTEIN HYDROLYSATE WITH VITAMINS AND MINERALS** has the pleasant savor of fine bouillon assuring patient acceptance when prescribed in: Pre- and postoperative dietary therapy, peptic ulcer and certain other gastrointestinal diseases, nutritional edema and anemia, pregnancy and lactation, febrile disease, periods of active growth and aging, and wherever protein hydrolysate-vitamin supplementation is indicated. Available through prescription pharmacies. Professional literature on request.

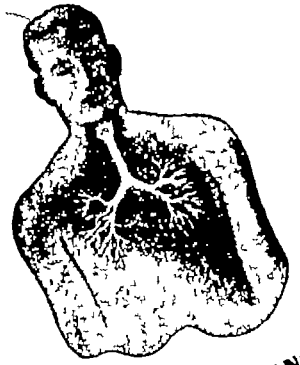
Walker

VITAMIN PRODUCTS, INC.

MOUNT VERNON, NEW YORK

INDEX TO ADVERTISERS

Alkalol Company	1165
Anglo-French Laboratories, Inc.	1078
Ar-Ex Cosmetics, Inc	1165
Arlington Chemical Company	1167
Ayerst, McKenna & Harrison Limited	1095
A C Barnes Company	1091
Dr Barnes Sanitarium	1163
George A Breon & Company	1082
Brewer & Company, Inc	1074
Brigham Hall Hospital	1163
Brunswick Home	1163
Burroughs Wellcome & Co	1080
S H Camp & Company	1147
Campbell Soup Company	1141
Carnation Milk Company	1097
Cavendish Pharmaceutical Corp	1064
G Ceribelli & Co	1161
Ciba Pharmaceutical Products, Inc	3rd cover
Crane Discount Corporation	1161
Doho Chemical Corporation	1089
Drug Products Co, Inc	1075
H L Dubin Laboratories, Inc	1084
Endo Products, Inc	1071
Falkirk in the Ramapos	1163
Fried & Kohler, Inc	1057
General Electric X-Ray Corp	1086
Gold Pharmacal Co	1078
Gradwohl Laboratories	1074
Grant Chemical Co, Inc.	1060
Halcyon Rest	1161
Holland-Rantos Co, Inc	1090
Interpines	1161
Kemp Bros Packing Company	1081
Knox Gelatine Co	1151
Eli Lilly & Company	1100
Louden-Knickerbocker Hall, Inc	1163
M & R Dietetic Laboratories, Inc	1088
McNeil Laboratories Inc	1153
Maltbie Chemical Company	1073
The Maltine Company	2nd cover
The S E Massengill Company	1092
Mead Johnson & Company	4th cover
Merck & Co, Inc	1145
Nassau Medical Exchange	1165
National Confectioners' Association	1096
National Dairy Council	1058
New York Medical Exchange	1165
Nutrition Research Laboratories	1083
Ortho Pharmaceutical Corporation	1067
Paine Hall	1165
Parke, Davis & Company	1069
E L Patch Company	1098
Pediforme Shoe Co	1078
Z H Polachek	1165
Rees-Davis Drugs, Inc	1157
L & B Reiner	1074
R J Reynolds Tobacco Co	1059
William S Rice, Inc	1084
Riedel-de Haen	1061
Riverlawn Sanitarium	1163
J B Roerig & Company	1076–1077
Sandoz Chemical Works, Inc	1062
Saratoga Springs Authority	1155
Schering Corporation	1063
Schieffelin & Co	1066
Julius Schmid, Inc	1149
G D Searle & Co	1085
Specific Pharmaceuticals Inc	1099
E R. Squibb & Sons	1094
The Tarbonis Company	1070
Chas B Towns Hospital	1163
The Upjohn Company	1079
Van Patten Pharmaceutical Co	1143
Walker Vitamin Products, Inc	1072
William R. Warner & Co, Inc	1065
West Hill	1163
Westwood Pharmacal Corp	1093
Whittaker Laboratories Inc	1068
Winthrop Chemical Company, Inc	1159
Wyeth Incorporated	1087, 1108



PROLONGED BRONCHODILATATION plus RELAXING SEDATION IN *bronchial asthma*

In utilizing the synergistic actions of Calpurate, ephedrine and phenobarbital—EPURAL becomes a potent bronchodilator and sedative, significantly free from untoward central and cardiac side-effects.

For symptomatic treatment of bronchial asthma hay fever and allergic coryza, EPURAL offers the therapeutic advantage of providing *prolonged bronchodilatation*, and effecting *safe sedation*, which serves to counteract the natural tendency of ephedrine (when used alone) to stimulate the central nervous system.

While EPURAL may be safely administered over protracted periods, with freedom from gastric disturbances, it should be used with caution in hyperthyroidism, diabetes mellitus, and severe cardio-renal disease.

FORMULA:	Calpurate (calcium theobromine—calcium gluconate)	4 gr
	Ephedrine sulfate	¼ gr
	Phenobarbital	¼ gr

In bottles of 100 500 and 1,000 tablets.

EPURAL

For Safe, Symptomatic Relief of Allergic Respiratory Conditions

THE MALTBIE CHEMICAL COMPANY JERSEY



Inspected and approved by COMMISSION ON STANDARDIZATION OF BIOLOGICAL STAINS

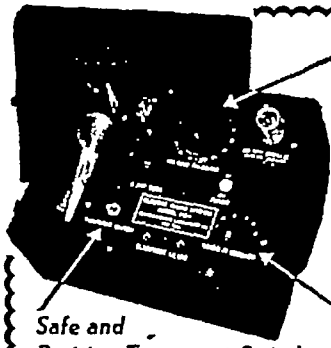
Prepared according to the formula of L. R Lillie, Jl Lab & Clin. Med. 28:15, 1872 1875, (Dec) 1943

Our Giemsa Stain is made in our own laboratories and is fully equal to any made anywhere in the world. Exclusively prepared to provide the hematologist with a product of unquestionable reliability and uniformity We invite your inquiries.

Write for our complete catalog of Laboratory Reagents and supplies.



GRADWOHL
LABORATORIES
R. B. H. Gradwohl, M. D., Director
3514 Lucas Av. St. Louis, Mo.



Now!

A SHOCK MACHINE that is *Easy* to operate!

The EPL Electric Shock Machine is devoid of all unnecessary control knobs or meters Simple to operate and absolutely safe A newly developed timing circuit provides shock current durations over an unusually wide range 1 to 6 seconds in standard models, and up to 4 seconds on special order This circuit holds its adjustment regardless of the voltage of the power supply line

Light in weight 10 pounds
Small in size 12½" wide x 9½" high x 7" deep

Come in for a demonstration or write for detailed information

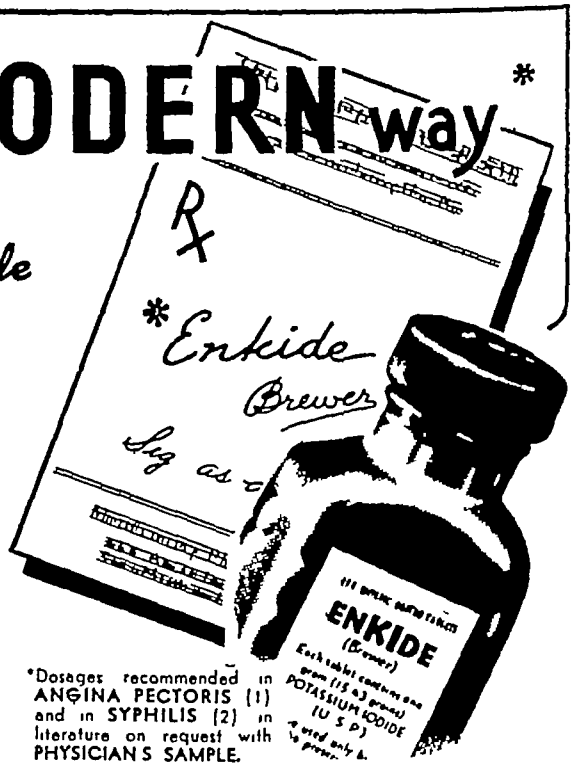
L. & B. REINER
139 East 23rd Street, New York 10, N Y

"KI" the MODERN way*

for conditions requiring Potassium Iodide

OLD, SOLUTION FORMS of Potassium Iodide with variable dosages have proven to be largely unsatisfactory[1 2] and there has been a long recognized need for a more accurate, simple and convenient preparation.

NEW ENKIDE (Brewer) fulfills this need—providing in a small, enteric-coated tablet, a full gram (15 43 grains) or a half gram (7 72 grains) of Potassium Iodide easy to prescribe and easier to tolerate with minimum gastric distress Supplied 100 or 500 on prescription only—at a price acceptable to the average patient



(1) Riseman, J E F: *The Treatment of Angina Pectoris A Summary of Ten Years Objective Study* N E J Med, Vol 229, p 670 1943

(2) Garfield W T: *A New Method of Giving Potassium Iodide* N E J Med, Vol 229, p 971 1944

*Dosages recommended in ANGINA PECTORIS (1) and in SYPHILIS (2) In literature on request with PHYSICIAN'S SAMPLE.

BREWER & COMPANY, Inc.
Pharmaceutical Chemists Since 1852 · WORCESTER, MASS

A *New* APPROACH TO MYOPATHIES

Basic Relief of

MYOSITIS
FIBROSITIS
FIBROMYOSITIS
AND KINDRED CONDITIONS



A NEW RATIONALE, quite different from the previous approach with rubefacients and counterirritants, places Myopone therapy in a field by itself

Formulated to the new concept that myop athies are etiologically of local metabolic origin, topically applied Myopone apparently supplies a deficiency in affected muscular tis sue Utilization of the special solvent extracted wheat germ oil contained in Myopone puts into action not only essential vitamin E but also phospholipids and other therapeutically active factors*

FORMULA: Solvent-extracted wheat germ oil in a special absorption base

Topical application of Myopone Ointment relieves soreness, eases tension, reduces swell ing and stiffness

Available in 1 oz and 1 lb jars at ethical pharmacies

REPRINT, SAMPLE AND LITERATURE ON REQUEST



*Aat. M., N. Y State Jour. Med Sept. 1 1945

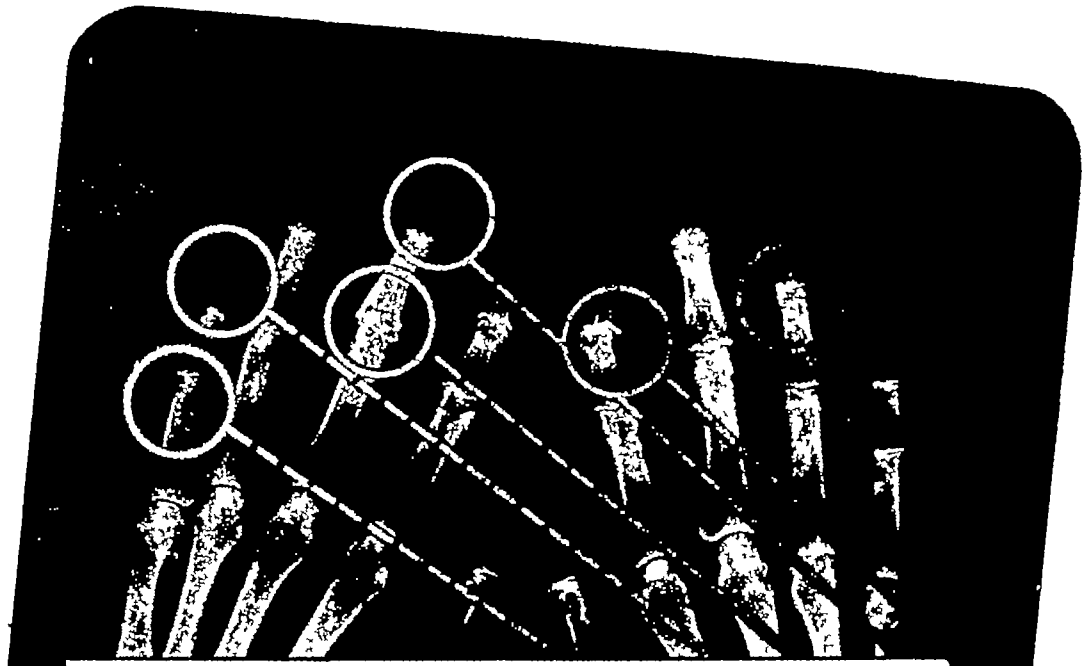
THE DRUG PRODUCTS CO., INC. NYS
19 West 44th St., New York 18 N. Y

Please send sample of Myopone Ointment, reprint and literature to—

Dr Street

City State
(Please attach Rx blank)

MYOPONE
(DRUGPROD)
A DRUG PRODUCTS COMPANY *Specialty*



Though the Arthritic Changes
MAY NOT BE REVERSIBLE

RHEUMATOLOGISTS agree that in the primary stages of arthritis, when only the periarticular or other soft tissues are affected, the pathologic changes are reversible and hence ultimate recovery is possible.

The newer knowledge of arthritis—which emphasizes the systemic nature of the disease—is the basis for a more optimistic prognosis, even in the advanced stages of chronic arthritis when the osseous and cartilaginous changes have become irreversible.

Though the roentgenologically discernible anatomic

DARTHRONOL FOR THE

J. B. ROERIG & COMPANY • 536 Lake Shore Drive

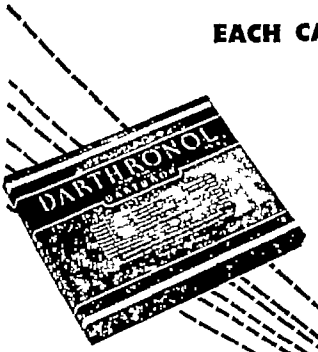
changes may be beyond repair, adequate systemic therapy, optimal nutrition, physiotherapy, and orthopedic measures can do much to prevent or correct deformities, relax painful spastic muscles, abolish pain, and restore useful function

Darthronol, because of the pharmacodynamic and nutritional influences of its nine active ingredients, warrants inclusion in the complete arthritis rehabilitation program In addition to exerting the favorable influence in arthritis attributed to vitamin D, Darthronol plays an important role in the aim to improve the general well being, to correct the multiple systemic disturbances associated with chronic arthritis, and to restore the nutritional status to optimal levels—a truly rational approach to the rehabilitation of the chronic arthritic

EACH CAPSULE CONTAINS

Vitamin D (Irradiated Ergosterol)	50 000 U S.P Units
Vitamin A (Fish-Liver Oil)	5 000 U.S.P Units
Ascorbic Acid	75 mg.
Thiamine Hydrochloride	3 mg.
Riboflavin	2 mg.
Pyridoxine Hydrochloride	0.3 mg
Calcium Pantothenate	1 mg.
Niacinamide	15 mg.
Mixed Natural Tocopherols	3.4 mg.

(Equivalent in biological activity to 3 mg. of Alpha Tocopherol)

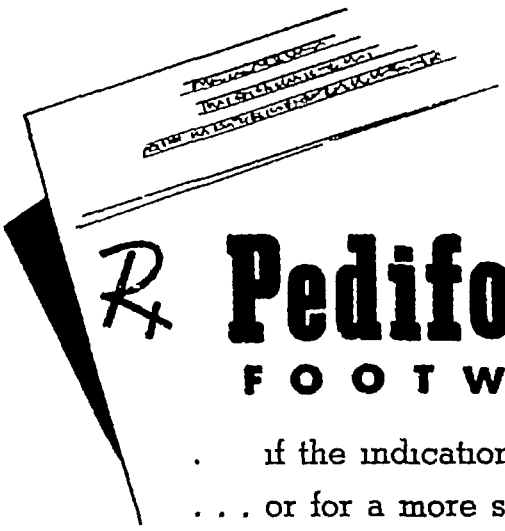




Even when the osseous and cartilaginous changes have become irreversible a complete rational therapeutic program can accomplish much in abolishing pain diminishing soft tissue swelling and restoring useful function.

ARTHRITIC

Chicago 11, Illinois



FOR EVERY MEMBER OF THE FAMILY... and FOR EVERY OCCASION—

℞ **Pediforme**
FOOTWEAR



. if the indication is "walk more"
. . . or for a more sensible shoe
. . . or for essential aid

Send your patient to a convenient Pediforme Store

MANHATTAN, 34 West 36th St **NEW ROCHELLE,** 545 North Ave
BROOKLYN, 288 Livingston St. **EAST ORANGE,** 29 Washington Pl.
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, L I , 241 Fulton Ave **HACKENSACK,** 290 Main St

---

to control hysteria

For emergency management of hysteria, Elixir Gabail affords control without narcotics or barbiturates

Each tablespoonful contains chloral hydrate 4½ gr., potassium bromide 3 gr., strontium bromide 1½ gr., extract valerian (deodorized) 4½ gr., ammonium valerianate (deodorized) 1½ gr Supplied: 4 and 8 oz bottles.

Write for full information, contraindications

Elixir Gabail
sedative • soporific

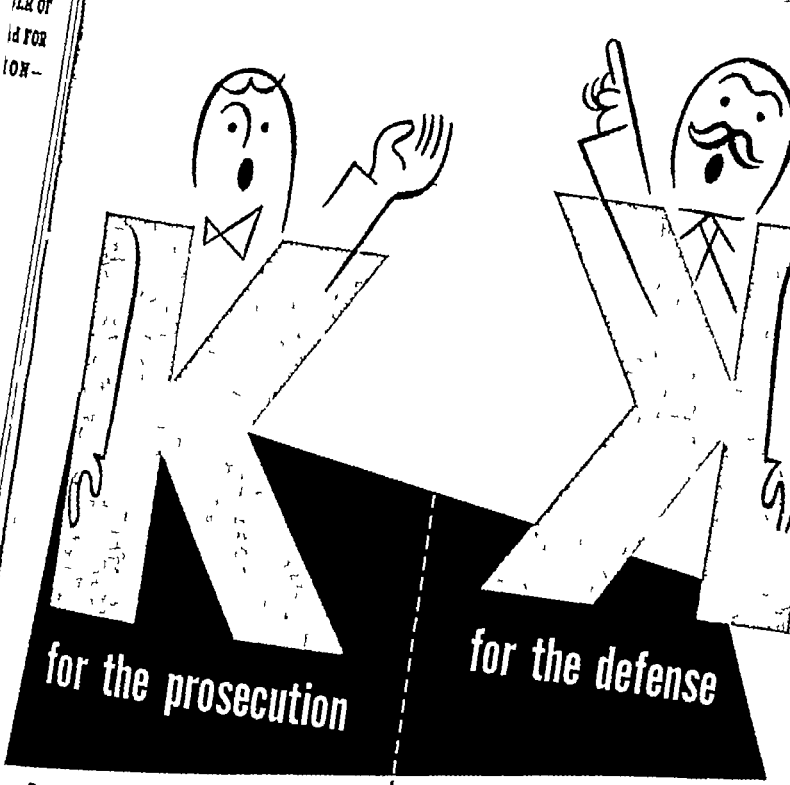
ANGLO-FRENCH Laboratories, Inc
75 Varick Street, New York 13, N Y

---

in whooping cough

Elixir Bromaurate

GIVES EXCELLENT RESULTS
Cuts short the period of the illness and relieves the distressing spasmodic cough Also valuable in Bronchitis and Bronchial Asthma. In four-ounce original bottles A teaspoonful every 3 to 4 hrs
(Contains one half grain Gold Tribromide in one fluidounce Alcohol 2½% by volume)
GOLD PHARMACAL CO., NEW YORK CITY



Offending agents in diarrhea, both bacteria and toxins, are relentlessly trapped by the powerful adsorptive action of Kaopectate.*

Kaopectate envelops the inflamed mucosa in a soothing, demulcent coating—protecting against further assault. Simultaneously, consolidation of stool and return to more normal bowel function are enhanced by its characteristic hydrophilic properties

DOSAGE: Kaopectate should be given after each bowel movement. For adults—two to eight tablespoonfuls. For children—one or more teaspoonfuls according to age. *Available in 10 fluidounce bottles.*

Each fluidounce contains: Kaolin 90 grains
Pectin 2 grains

*Trademark Reg. U. S. Pat. Off.

Upjohn
KALAMAZOO, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

kaopectate



a squeeze for relief

The pitiful wheeze of the asthmatic calls for measures both urgent and effective A few quick squeezes of an atomizer bulb will supply an effective mist of 'Wellcome' Solution of Epinephrine Hydrochloride 1 100 throughout the bronchial tree 'Wellcome' Epinephrine can relax constricted bronchioles Its local use by atomizer affords prompt relief, usually free from the nervousness and tachycardia which may be associated with hypodermic administration

'WELLCOME' BRAND SOLUTION OF

Epinephrine

HYDROCHLORIDE 1-100

'Wellcome' Registered Trademark

BOTTLES OF 5 CC.

Burroughs Wellcome & Co (U S A) Inc, 9 & 11 East 41st Street, New York 17, N Y.

Planting Time for Kemp's Sun-Rayed

● We are laying the "ground work" for the 1946 pack of Kemp s Sun Rayed Tomato Juice. Millions of pedigreed Sun Rayed tomato plants are being set in the rich, sugar soil of North Central Indiana where the world s fa are grown Back and forth across hundreds of tractor-drawn Sun Rayed tomato planting mac drop the sturdy seedlings at mechanically furrows which the machine digs, waters, cover shall pack millions of cans of Kemp s Sun-Ray the pent up demand. All of it will be made strict laboratory control, by Kemp s pate prevents separation and insures high

THE SUN RAYED CO Division of KEMP BROS PACKI

New York Representative: Seggerman Hirsch



nes and
be pro-

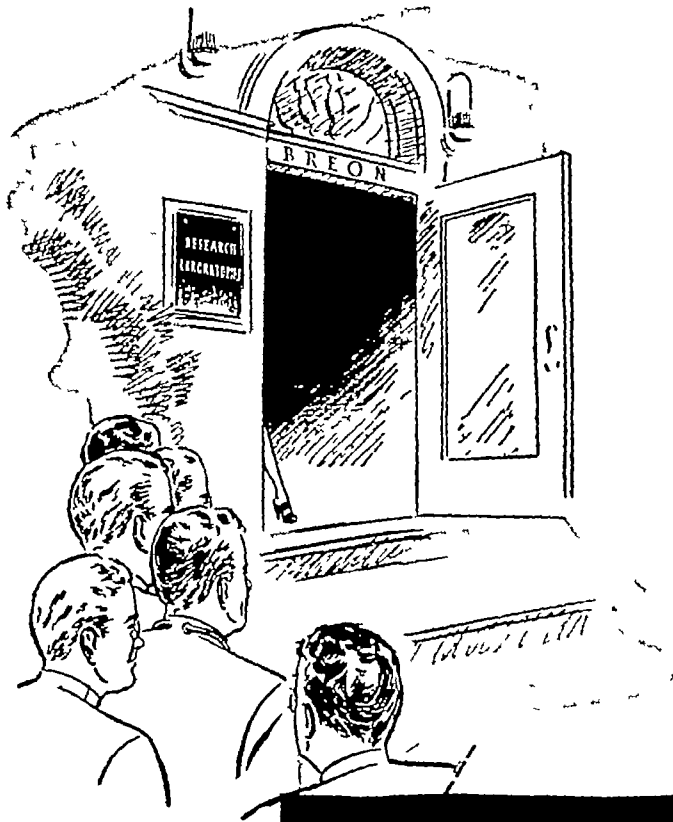
ment of,
) of this
l work of

000 U.S.P
ally prepared
ifant s feeding
n also be spread

oles—sufficient dosage
iption pharmacies

ES CHICAGO

J.M-5



DOXYCHOL-K *comes out*

To physicians with the task of managing biliary tract disease, Breon research chemists present Doxychol-K

It washes the entire biliary tree (through the good offices of the liver) by bile that flows free. More, Doxychol-K furthers good nutrition by changing inactive pancreatic ferment to an active fat-splitting form.

The 100-200% increase in thin bile is due to the pure, oxidized cholic acid derivatives in Doxychol-K Fat digestion is initiated by the pure desoxycholic acid which forms water-*soluble*, loose molecular complexes that carry water-*insoluble* substances through the intestinal walls

Biliary stasis and defective fat digestion only summarize the field of use for Doxychol-K.

Each tablet contains Desoxycholic Acid 65 mg.
Ketocholanic Acids derived from oxidized pure cholic acid, providing approx. 90% dehydrocholic acid 200 mg.

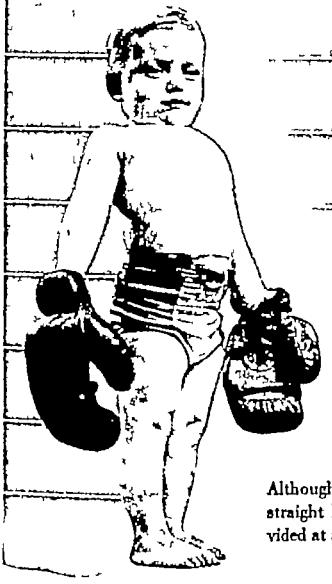


MADE FOR MEN OF SKILL BY SKILLED MEN

George A. Breon & Company

Pharmaceutical Chemicals BREON KANSAS CITY 10, MISSOURI

NEW YORK • ATLANTA LOS ANGELES • SEATTLE



what price straight legs?

Although no price is too great to pay for strong bones and straight legs, actually antirachitic protection can be provided at a very economical figure.

ONLY ONE CAPSULE PER MONTH OF Infron Pediatric

ETHICALLY PROMOTED

provides adequate prophylaxis against, or treatment of, rickets and other calcium deficiencies The efficacy of this unusual therapy is well established by the clinical work of Wolf, Rambar, Hardy and Fishbein

Each capsule of Infron Pediatric contains 100,000 U.S.P Units of vitamin D—Whittier Process—especially prepared for pediatric use. Readily miscible in the infant s feeding formula milk, fruit juices, or water, and can also be spread on cereal

Supplied in packages of 6 capsules—sufficient dosage for 6 months. Available at prescription pharmacies

REFERENCES:

Rambar A C., Hardy L. M., Fishbein, W I.. J Ped 23 31-38 (July) 1943

Wolf J.. J Ped., 22.707 718 (June) 1943

Wolf I. J.. J Ped., 22.396-417 (April) 1943

Wolf I. J J Med Soc. New Jersey 38:436 (Sept) 1911

Infron is the registered trademark of Nutrition Research Laboratories

NUTRITION RESEARCH LABORATORIES CHICAGO

Please send literature and a supply sufficient for 6 months clinical trial



N Y.S J.M-5

DR.

ADDRESS

CITY STATE

"very satisfactory in securing prompt and prolonged relief" in bronchial asthma, says Dees (J Allergy 14 492, 1943) of Aminophyllin rectal suppositories

ACCEPTED AMERICAN MEDICAL ASSN

Very satisfactory are...



DUBIN AMINOPHYLLIN RECTAL SUPPOSITORIES (0.36 Gm. each)

Dubin Aminophyllin (theophylline ethylenediamine) also in Tablets, Ampuls, Powder for rapid action in many indicated cardio-respiratory conditions.

TABLETS, GR. 1½ (0.1 GM.); GRS 3 (0.2 GM.) AMPULES, 2 cc (7½ GRS.); 10 cc. (3¾ GRS.); 20 cc (7½ GRS.)

H. E. DUBIN LABORATORIES Inc., 250 East 43rd St., New York 17, N.Y.

INDEX TO ADVERTISED PRODUCTS

Alkalol (Alkalol Company) 1165
Aminophyllin (H E Dubin Labs, Inc) 1084
Anusol (William R Warner & Co, Inc) 1065
Auralgan (Doho Chemical Corp) 1089
Benzestrol (Schieffelin & Co) 1066
Bidupan (Cavendish Pharmaceutical Corp) 1064
Cooper Creme (Whittaker Labs, Inc) 1068
Darthronol (J B Roerig & Co) 1076–1077
Degalol (Riedel-de Haen) 1061
Dicalcium Phosphate (E R Squibb & Sons) 1094
Digilanid (Sandoz Chemical Works, Inc) 1062
Diurbital (Grant Chemical Co, Inc) 1060
Doxychol-K (George A Breon & Co) 1082
Elixir Bromaurate (Gold Pharmacal Co) 1078
Elixir Gabail (Anglo-French Labs, Inc) 1078
EnKide (Brewer & Company, Inc) 1074
Epinephrine (Burroughs Wellcome & Co) 1080
Epural (Maltbie Chemical Company) 1073
Giemsa Stain (Gradwohl Laboratories) 1074
Hepatinic (McNeil Laboratories Inc) 1153
Hydrosulphosol (Rees-Davis Drugs, Inc) 1157
Infron (Nutrition Research Laboratories) 1083
Kaomagma (Wyeth Incorporated) 1087
Kaopectate (The Upjohn Co) 1079
Kondremul (E L Patch Company) 1098
Koromex Jelly (Holland-Rantos Co, Inc.) 1090
Merthiolate (Eli Lilly and Co) 1100
Mesopin (Endo Products, Inc) 1071
Myopone (Drug Products Co, Inc) 1075
Nupercainal (Ciba Pharmaceutical Products, Inc) 3rd cover
Ortho-Gynol (Ortho Pharmaceutical Corp) 1067
Otosmosan (Doho Chemical Corp) 1089
Ovoferrin (A C Barnes Company) 1091
Pavatrine (G D Searle & Co) 1085
Poison Ivy Extract (Arlington Chemical Co) 1167
Powders (S E Massengill Company) 1092
Premarin (Ayerst, McKenna & Harrison Ltd) 1095
Profenil (Specific Pharmaceuticals Inc) 1099
Proloid (The Maltine Company) 2nd cover
Quinine (Merck & Co, Inc) 1145
Ramses (Julius Schmid, Inc) 1149
Salyrgan-Theophyllin (Winthrop Chemical Co, Inc) 1159
Sodascorbate (Van Patten Pharmaceutical Co) 1143
Sulamyd (Schering Corporation) 1063
Taka-Combex Kapseals (Parke, Davis & Co) 1069
Tarbonis (The Tarbonis Company) 1070
Vitamins (Walker Vitamin Products, Inc) 1072
Westhinazole Vaginal (Westwood Pharmacal Corp) 1093

Dietary Foods

Baby Soup (Campbell Soup Co) 1141
Candy (National Confectioners' Assoc) 1096
Carnation Milk (Carnation Milk Company) 1097
Cerol (Wyeth Incorporated) 1168
Gelatine (Knox Gelatine Co) 1151
Ice Cream (National Dairy Council) 1058
Pabena (Mead Johnson & Company) 4th cover
Similac (M & R Dietetic Labs, Inc) 1088
Tomato Juice (Kemp Bros Packing Co) 1081

Medical and Surgical Equipment

Artificial Eyes (Fried & Kohler, Inc) 1057
Electric Shock Machine (L & B Reiner) 1074
Orthopedic Shoes (Pediforme Shoe Co) 1078
Supports (S H Camp & Company) 1147
Supports (Wm S Rice, Inc) 1084
X-Ray Equipment (General Electric X-Ray Corp) 1186

Miscellaneous

Brioschi (G Cerbelli & Co) 1161
Cigarettes (Camels) (R. J Reynolds Co) 1059
Leg Make-Up (Ar-Ex Cosmetics, Inc) 1165
Spring Water (Saratoga Springs Authority) 1155

WHEN YOU NEED A GOOD SUPPORT FOR REDUCIBLE HERNIA—may we suggest the advantages of "custom-made" Protection, designed to meet the described needs of each particular case? Physicians, who know from experience, can tell you that Rice "custom-made" Supports for reducible HERNIA are truly different and that our methods are dependable With dozens of different styles, shapes and types of pads at our disposal and with a full realization of our responsibility to those who put their faith in us—we respectfully offer our services for your approval Descriptive literature and measurement charts on request

WILLIAM S. RICE, Inc., (Lock Box 101), ADAMS, NEW YORK

BRANCH SUPPLY AND FITTING OFFICES

BUFFALO, N. Y.—ROCHESTER, N Y.—PITTSBURGH, PA.



when spasm means pain...

PAVATRINE with PHENOBARBITAL affords potent, swift, non-narcotic relief through relaxation of gastrointestinal smooth muscle

The effectiveness of PAVATRINE as an antispasmodic has now been enhanced by the addition of phenobarbital to allay the central nervous symptoms that so often accompany spastic phenomena.

PAVATRINE with Phenobarbital

PAVATRINE (Searle) (β-diethylaminoethyl fluorene-9-carboxylate hydrochloride)	125 mg. (2 gr.)
PHENOBARBITAL	15 mg. (¼ gr.)

—the new synthetic antispasmodic which exerts both a local action on smooth muscle and a neurotropic effect on the nerve supply to the spastic muscle. Free from the toxic manifestations of the belladonna derivatives, PAVATRINE, in combination with phenobarbital, provides complete management for the distress of gastrointestinal, uterine and genito-urinary spasm.

Indicated for relief of:

Gastrointestinal spasm

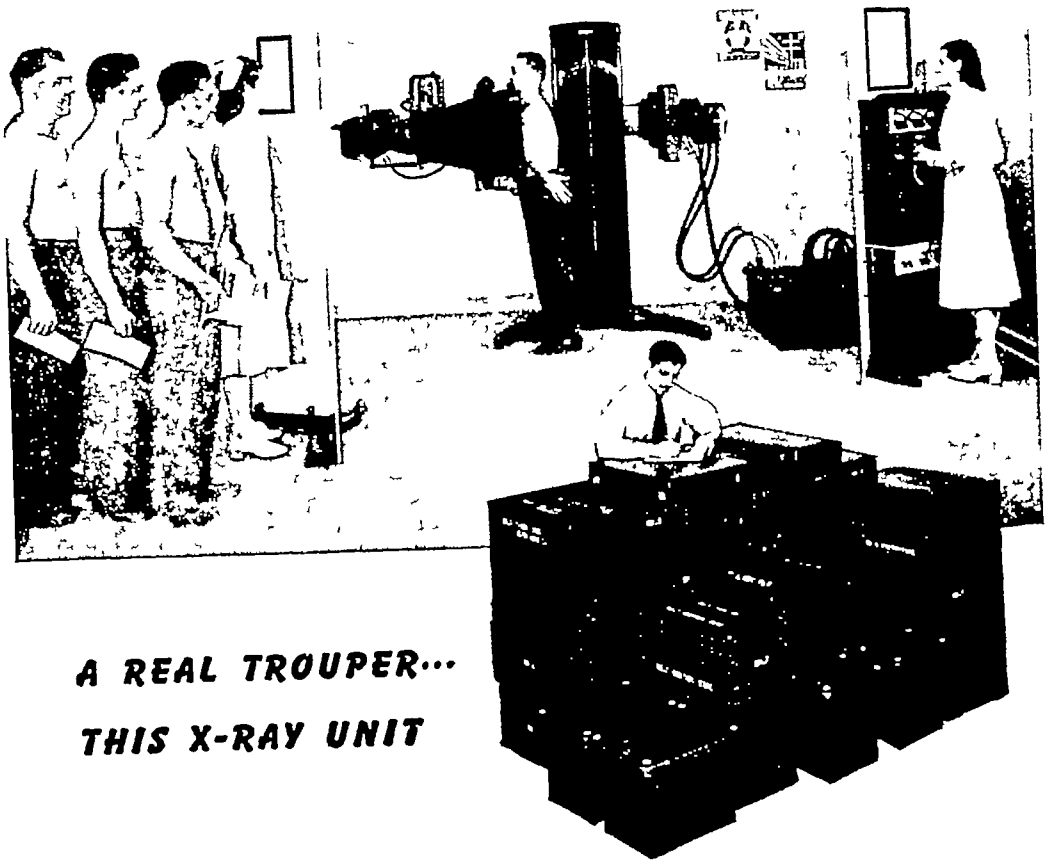
Uterine spasm associated with dysmenorrhea

Urinary bladder spasm (as in cystitis, post-instrumentation spasm, etc.)

Pavatrine is the registered trademark of G. D. Searle & Co., Chicago 80, Illinois

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE



A REAL TROUPER··· THIS X-RAY UNIT

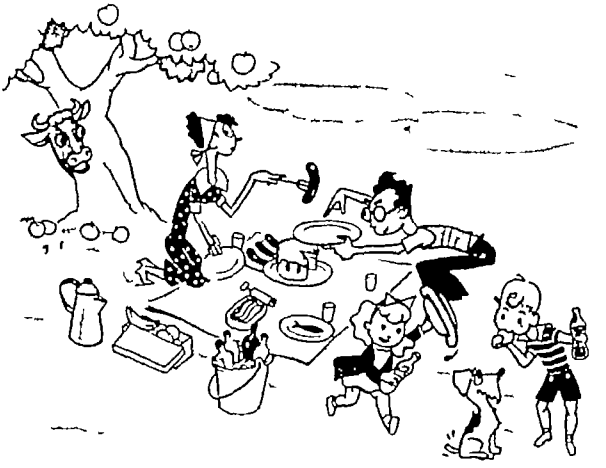
Compactly and securely packed in these sturdy trunk cases is a complete G E Photo-Roentgen Unit for mass x ray chest surveys, ready to be loaded on a light truck and transferred to its next scheduled location in the tuberculosis survey area.

In the companion picture you see this same equipment assembled and on the job—it takes two men about a half hour to set it up, or to disassemble and pack it. That's how G-E's designing engineers have provided for tuberculosis control programs which call for closely scheduled x ray chest examinations of hundreds of persons per day in various industries and institutions.

But since tuberculosis control programs vary so widely in their nature and extent, and vary accordingly in their x ray requirements, G E. X-Ray has provided other models and combinations of Photo-Roentgen apparatus, each one designed for a certain type and range of service on a most practical and economical basis.

Thus you are assured of finding in G E. X Ray's line of photo-roentgen equipment, that one combination which best meets the individual needs of your projected tuberculosis control program We shall be glad to go over the plans with your local committee, in view of offering helpful suggestions. Address General Electric X Ray Corporation, 175 W Jackson Blvd , Chicago 4, Ill.

GENERAL ELECTRIC X-RAY CORPORATION



PICNIC PLAGUE



6 AND 12 FL. OZ. BOTTLES

DIARRHEA DUE TO FOOD CONTAMINATION, excessive heat, vacation indulgences or change of drinking water is quickly controlled by Kaomagma

AT THE ONSET give 2 tablespoonfuls in a little water

FOLLOWED BY one tablespoonful after every bowel movement

FOR PROMPT RELIEF FROM DIARRHEA

KAOMAGMA

Kaolin In Alumina Gel

Wyeth

CLEANSES COATS PROTECTS SOOTHES

WYETH INCORPORATED • PHILADELPHIA 3 • PA

S·I·M·I·L·A·C

Similar to human milk



★The name is never abbreviated; and the product is not like any other infant food — notwithstanding a confusing similarity of names.

The fat of Similac has a physical and chemical composition that permits a fat retention comparable to that of breast milk fat (Holt, Tidwell & Kirk, Acta Pediatrica, Vol XVI, 1933) In Similac the proteins are rendered soluble to a point approximating the soluble proteins in human milk Similac, like breast milk, has a consistently ZERO curd tension The salt balance of Similac is strikingly like that of human milk (C W Martin, M D, New York State Journal of Medicine, Sept 1, 1932) *No other substitute resembles breast milk in all of these respects*

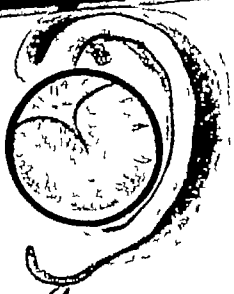
ACCEPTED AMERICAN MEDICAL ASSN.

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and fish liver oil concentrate. *

SIMILAC } SIMILAR TO HUMAN MILK

M&R DIETETIC LABORATORIES, INC • COLUMBUS 16, OHIO

Medications of Choice
FOR THE SPECIFIC INVOLVEMENT



Auralgan
in ACUTE OTITIS MEDIA

Symptoms

Pain, fever, edema, leucocytosis sense of fullness and impaired hearing

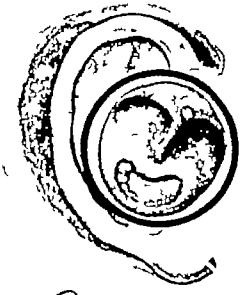
Treatment

Relief of pain and inflammation—*Auralgan*

Action

Decongestant, analgesic, bacteriostatic.

Scientific data and reprints of clinical studies reporting upon the use of Otosmosan available on request.



Otosmosan
in CHRONIC SUPPURATIVE OTITIS MEDIA

Symptoms

Persistent discharge, often foul smelling, usually no toxemia, no pain no fever

Treatment

Otosmosan

Formula

SULFATHIAZOLE 10% - UREA 10% - in GLYCEROL (DOHO)

Action

Deodorizes the discharge, liquifies unhealthy granulations, bacteriostatic, permits normal epithelialization.

Complimentary quantities for clinical trial

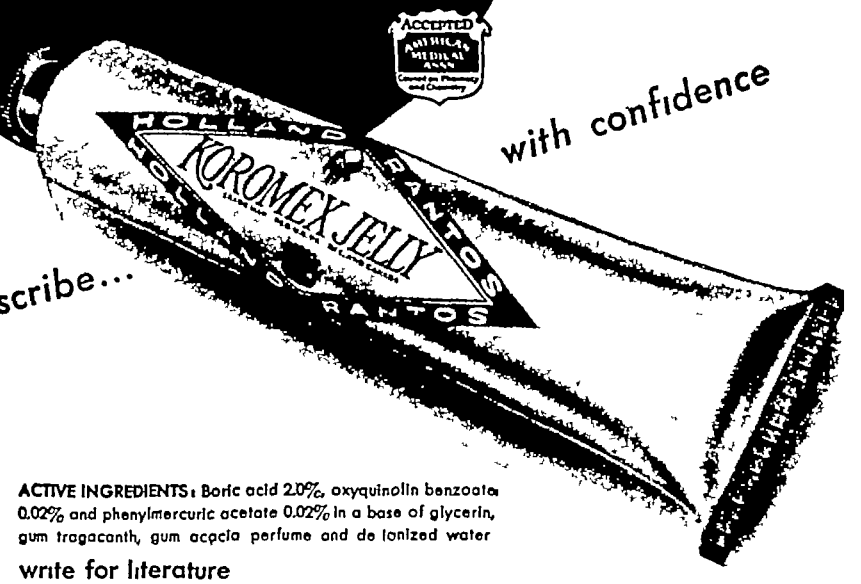
THE DOHO CHEMICAL CORPORATION

New York 13, N Y • Montreal • London

DEPENDABILITY.. the most important quality in a contraceptive

the extra assurance with every tube of Koromex Jelly

TIME TESTED CLINICAL RECORD



with confidence

prescribe...

ACTIVE INGREDIENTS: Boric acid 2.0%, oxyquinolin benzoate 0.02% and phenylmercuric acetate 0.02% in a base of glycerin, gum tragacanth, gum acacia perfume and de ionized water

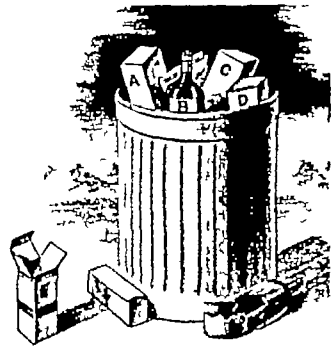
write for literature

HOLLAND-RANTOS CO., Inc.

551 FIFTH AVENUE • NEW YORK 17, N. Y.

You can't build or maintain Hemoglobin with

SCRAP IRON



Too frequently Iron intolerance interferes with therapy especially when it is most needed for convalescents, for infants or children or during pregnancy and lactation

No wonder so many Iron prescriptions only partially used find their way to the waste basket—useless SCRAP IRON—to further complicate the Physicians problem and slow the patient's recovery

That is why so many Physicians—

Solve the problem of Iron Therapy with OVOFERRIN

The non ionizable Iron without distressing side effects

In colloidal form easily assimilated, Ovoferrin is practically unaffected by the gastric juices, is readily absorbed in the intestinal tract without the distressing side effects so common with usual ionized Iron preparations

Such a combination of advantages in a palatable Iron preparation permits effective, continuous and prolonged therapy

Bridge the gap between iron deficiency and effective Iron Therapy with

OVOFERRIN

NON-ASTRINGENT • NO STAINING OF TEETH

℞ **MAINTENANCE DOSAGE**
One teaspoonful 2 or 3 times a day in water or milk.

℞ **THERAPEUTIC DOSAGE**
ADULTS One teaspoonful 3 or 4 times daily in water or milk.
CHILDREN One to 2 teaspoonfuls 4 times daily in water or milk.

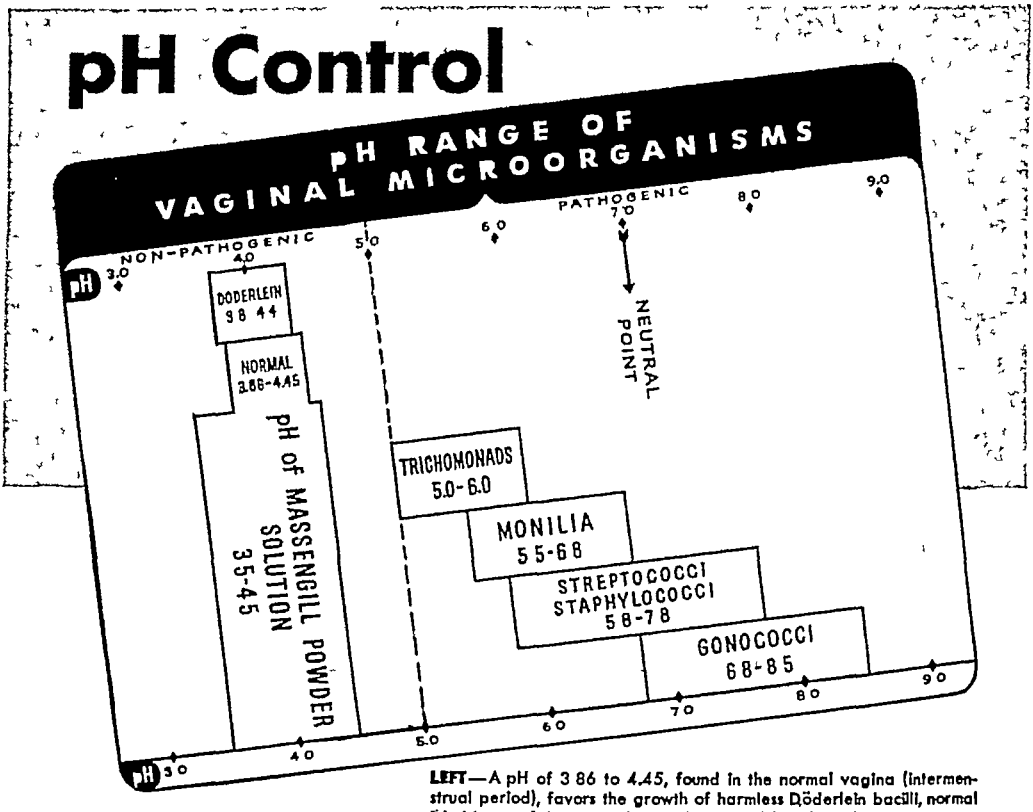


Made only by the

A. C. BARNES COMPANY NEW BRUNSWICK, N. J.

"Ovoferrin" is a registered trade mark, the property of A. C. Barnes Company

pH Control



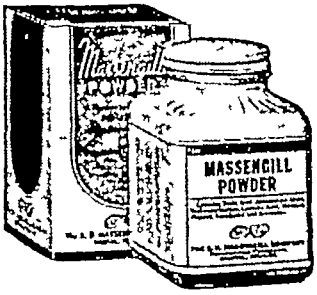
LEFT—A pH of 3.86 to 4.45, found in the normal vagina (intermenstrual period), favors the growth of harmless Döderlein bacilli, normal inhabitants of the vaginal tract. Massengill Powder solution presents a pH of 3.5 to 4.5.

RIGHT—The pH range, 5.0 to 9.0, most favorable to the development of pathogenic organisms.

SINCE the average woman wants and needs advice regarding a proper douche, her physician is confronted by the problem of choosing an effective preparation which at the same time is safe, noncaustic and nonirritating. Massengill Powder may be recommended with assurance because it combines therapeutic efficacy, preventive action and hygienic value, with virtual freedom from irritant properties. Its particular advantage lies in control of vaginal pH.

The normal vagina is protected against the influence of pathogenic organisms by a pH incompatible with their growth. Hence restoration of a normal pH presents the simplest, most direct form of vaginal therapy. Massengill Powder, by providing the desired pH, represents a powerful antibacterial weapon.

Due to its effect upon vaginal pH and to its cleansing action, Massengill Powder solution is equally suitable for use in personal hygiene and in the therapy of a wide range of vaginal affections.



MASSENGILL
POWDER

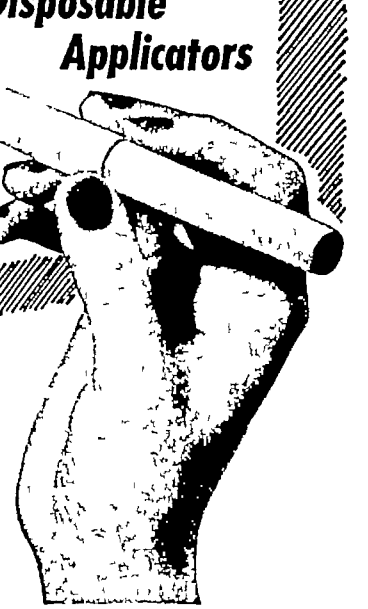
Massengill Powder is supplied in glass jars in 3 oz., 6-oz., 16 oz., and 5 lb. sizes

THE S. E. MASSENGILL COMPANY
Bristol, Tenn.-Va.

NEW YORK • SAN FRANCISCO • KANSAS CITY

Single Dose, Disposable Applicators

Westhiazole Vaginal



SIMPLE

CONVENIENT

DAINTY

New, Improved, Effective Formula

for VAGINITIS
(Trichomonas vaginalis, etc)
CERVICITIS

- MAINTAINS thorough, persistent therapeutic contact with vaginal and cervical mucosa
- PROMOTES restoration of vaginal pH and flora hostile to pathogenic organisms
- ACCELERATES healing by control of sulfathiazole amenable infections so often secondary to the trichomoniasis
- Convenient, agreeable, time-saving for office and home use Invites sustained patient cooperation

Westwood
PHARMACAL CORP.

*WESTHIAZOLE VAGINAL FORMULA
10% SULFATHIAZOLE
3% LACTIC ACID
1% ACETIC ACID
in a Polyethylene Glycol Base

Write for Sample and Literature

rademark Reg.



Pickles never built a healthy baby

The pregnant woman truly has a "whim of iron" And when she gets a longing for pickles (usually at 3 a m) even the strongest-minded find it simpler to just go and get them for her

The addition to her diet of Squibb Dicalcium Phosphate with Viosterol helps to counteract the effect of these whims of the mother and makes more certain the development of a healthy baby 2 capsules of Squibb Dicalcium Phosphate Compound 3 times daily conveniently afford a total of 7 8 grams of supplementary calcium (about half the daily requirement) with sufficient vitamin D to assure its utilization

Dicalcium Phosphate Compound

WITH VIOSTEROL

SQUIBB

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

con′ ju-gāted

an important word in estrogenic therapy

Estrogens are excreted by the kidney not as free chemical compounds but as *conjugates*. Equine estrogens—estrone, estradiol, equilin, equilenin and hippulin are eliminated as sulfates, the *conjugate* form.

In "PREMARIN", the *conjugated* estrogens are carefully protected against hydrolysis to retain their highly desirable characteristics—as water solubility, dependable oral activity, high therapeutic effectiveness. An extensive bibliography on "PREMARIN" attests to its comparative freedom from toxicity and to the fact that treatment is usually followed by a general feeling of well-being.

Accepted

"Premarin"

Reg. U. S. Pat. Off.

CONJUGATED ESTROGENS (equine)

TABLET No. 866 (1.25 mg.)

TABLET No. 867 (Half Strength) (0.625 mg.)

LIQUID No. 869 Each teaspoonful is equivalent in potency to one "Premarin" Half-Strength Tablet

Ayerst

AYERST, MCKENNA & HARRISON LIMITED, 22 E. 40th Street, New York 16, N. Y.

ON QUICK ENERGY *From Candies*

MEN engaged in strenuous labor instinctively turn to quick-energy foods during rest periods to replenish waning glycogen stores The popularity of candy during these "breaks" is well established by common observation For candy not only has a universal taste appeal but—more important from a nutritional standpoint—it supplies quickly-digested, energy-producing nutrients to appease the appetite and satisfy the metabolic needs of the moment. Office workers, school children, housewives, and others engaged in semi-sedentary occupations can quickly benefit from this contribution of candy Whatever the work that may be performed, candy through its nutritional contribution can lessen fatigue and increase muscular stamina.

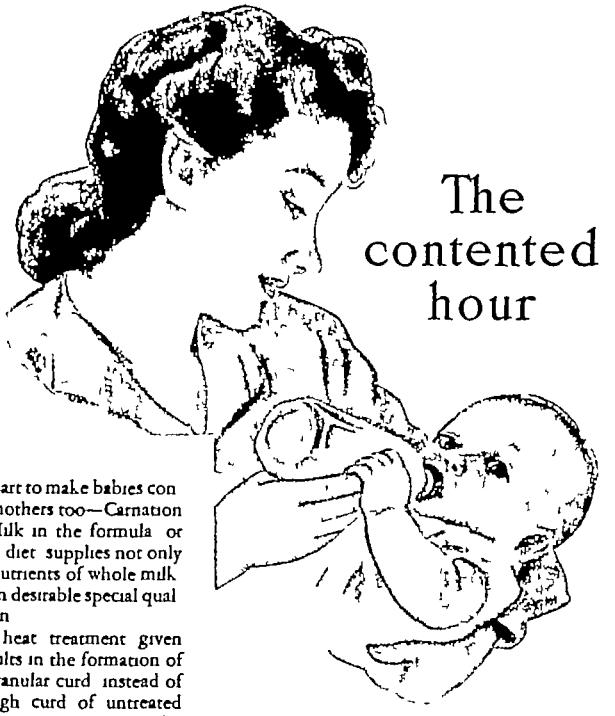
THE NUTRITIONAL PLATFORM OF CANDY

1. Candies in general supply high caloric value in small bulk
2. Sugar supplied by candy requires little digestive effort to yield available energy
3 Those candies, in the manufacture of which milk, butter, eggs, fruits, nuts, or peanuts are used, to *this extent* also—
   (a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids;
   (b) present appreciable amounts of the important minerals calcium, phosphorus, and iron;
   (c) contribute the niacin, and the small amounts of thiamine and riboflavin, contained in these ingredients
4. Candies are of high satiety value; eaten after meals, they contribute to the sense of satisfaction and well-being a meal should bring eaten in moderation between meals, they stave off hunger
5 Candy is more than a mere source of nutriment—it is a morale builder, a contribution to the joy of living
6 Candy is unique among all foods in that it shows relatively less tendency to undergo spoilage, chemical or bacterial

This Platform is Acceptable for Advertising in the Publications of the American Medical Association

COUNCIL ON CANDY OF THE NATIONAL CONFECTIONERS' ASSOCIATION

1 NORTH LA SALLE STREET
CHICAGO 2, ILLINOIS



The contented hour

Doing its part to make babies contented—and mothers too—Carnation Evaporated Milk in the formula or in the prenatal diet supplies not only the essential nutrients of whole milk but also certain desirable special qualities of its own

The triple heat treatment given Carnation results in the formation of a fine soft, granular curd instead of the firm, tough curd of untreated milk. Allergenic properties are decreased Fortification with 400 U S.P units of vitamin D3 per pint of evaporated milk satisfies the requirements of the normal full term infant and affords needed protection for the expectant mother

Carnation Milk is now generally available in all parts of the country, to meet the needs of the medical profession

WRITE FOR Infant Feeding with Vitamin D Evaporated Milk, an authoritative publication for physicians Address Carnation Company Dept. 745B Milwaukee 2, Wisconsin

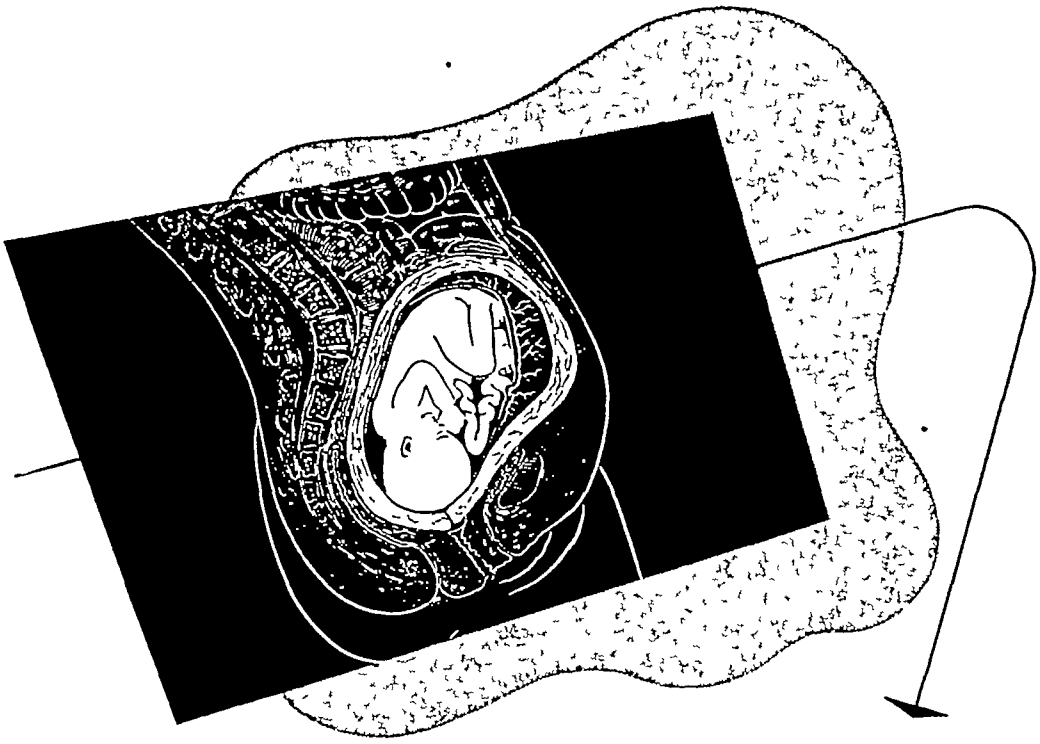


Carnation Milk

VITAMIN D INCREASED



"From Contented Cows"



FETAL PRESSURE: CONSTIPATION

To induce gentle bowel regulation—and to prevent or minimize the occurrence of hemorrhoids—Kondremul (Plain) is suggested as a dependable evacuant during pregnancy

Kondremul is an extremely fine emulsion of mineral oil containing Irish Moss—pleasant, does not incite nausea or cause gaseous distress Insures soft, regular stools which do not traumatize the rectum—enables your patients to go through pregnancy without the discomfort of constipation

Pressure of the gravid uterus upon the rectum during the last three months of pregnancy, makes constipation the rule rather than the exception at this stage of gestation At this period you may find it advisable to use one of the stronger types described below

KONDREMUL

is supplied in three forms—for all types of constipation

Kondremul Plain

*Kondremul with non-bitter Extract of Cascara**

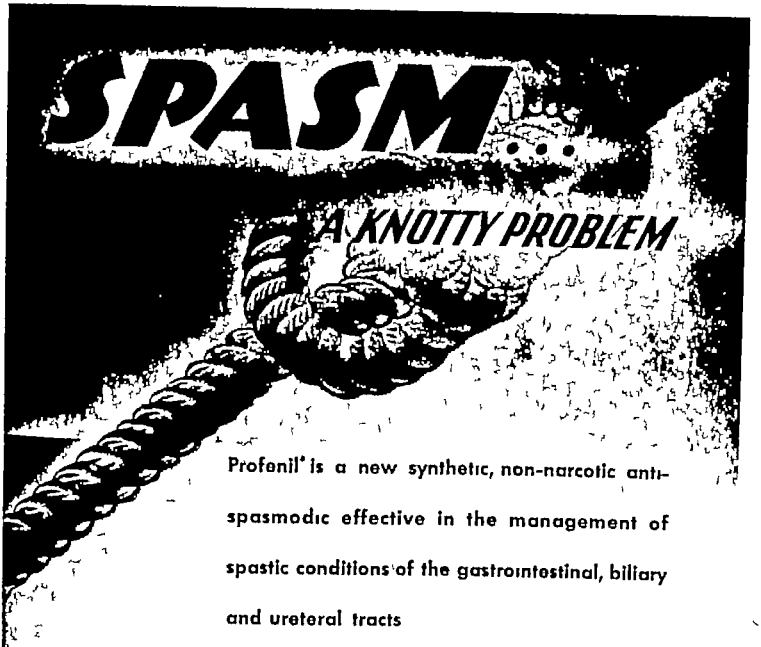
*Kondremul with Phenolphthalein** (2 2 grs phenolphthalein per tablespoonful)

* Caution Use only as directed

Canadian Producers Charles E. Frosst & Co , Box 247, Montreal, Quebec

THE E. L. PATCH COMPANY

BOSTON, MASS.



Profenil* is a new synthetic, non-narcotic antispasmodic effective in the management of spastic conditions of the gastrointestinal, biliary and ureteral tracts

profenil*

A NEW SYNTHETIC

Antispasmodic

bis-gamma-phenylpropylethylenediae

0.06 Gm of the Citrate per Tablet

0.045 Gm of the HCl per Ampoule

SPECIFIC PHARMACEUTICALS INC., 331 Fourth Avenue, New York 10, N. Y.

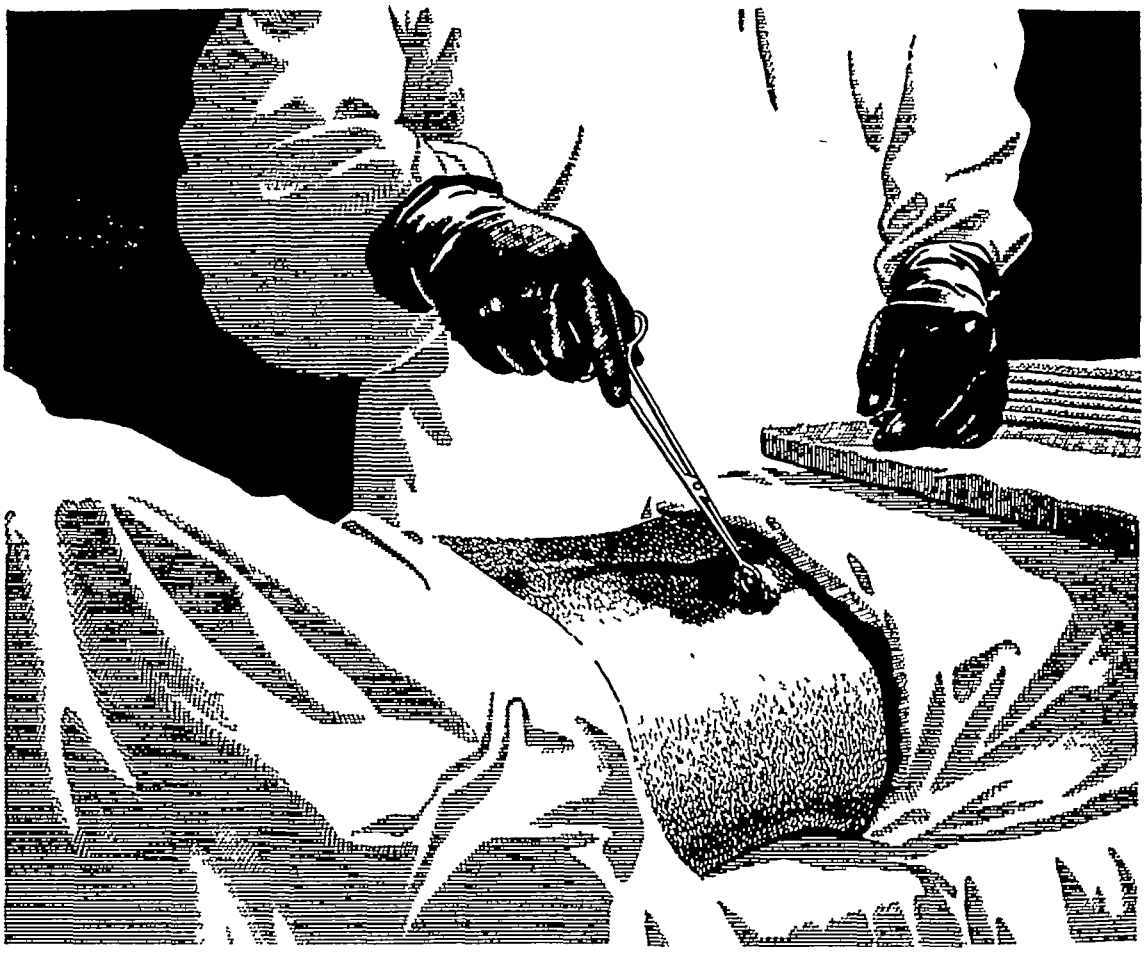
SPECIFIC PHARMACEUTICALS INC
331 FOURTH AVENUE NEW YORK 10, N Y

Kindly send Profenil samples and literature

M. D.

STREET

CITY & STATE



the Mop-up

SCRUBBING the operative field with soap and water effectively eliminates most of the bacteria But before the surgeon makes his incision, he must be certain that the last troublesome enemy is dispatched Tincture 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly), 1 1,000, is especially qualified for the "mop-up" detail When Tincture 'Merthiolate' is applied, many nonsporulating pathogenic organisms are given the *coup de grâce* on contact Stragglers which dare to rise from a hair follicle or which fall on the operative field from the air are also exposed to the germicidal action of the film of 'Merthiolate' on the skin The low toxicity of 'Merthiolate' and its compatibility with body fluids recommend it as a safe, reliable skin disinfectant Tincture 'Merthiolate' is available in leading hospitals and pharmacies everywhere

Lilly

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U S A

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1946 by the Medical Society of the State of New York

GEORGE W KOSMAK, M D, *Managing Editor*
LAURANCE D REDWAY, M.D, *Assistant Managing and Literary Editor*
NORMAN S MOORE, M D, ITHACA, *Assistant Literary Editor*
DWIGHT ANDERSON, *Business Manager*
WILLIAM L. SIMMONS, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M.D *Chairman*
KIRBY DWIGHT, M D
WALTER P ANDERTON, M.D
DWIGHT ANDERSON
LAURANCE D REDWAY, M.D
JAMES R. REULING, JR., M.D

VOLUME 46 MAY 15, 1946 NUMBER 10

Editorial

Will England and the United States Nationalize Medicine?

On March 21, 1946, the Minister of Health presented to the Parliament of England a bill for nationalizing the medical profession in all its branches and making available "free" (but tax paid) medical, hospital, and nursing service for all in England and Wales

Says the *Herald Tribune*[1]

> The program would go into operation early in 1948 and would cost an estimated £152,000,000 ($608,000,000) a year, or about $15 a person. A similar bill to cover Scotland is to be introduced later
>
> Everything from major operations to household medicines would be supplied free, without distinction of age, sex, or income of the patient. All fees, salaries and other expenses involved would be met by the government, but patients would be allowed to buy extra comforts or pay independent doctors if they wished to do so

The British Medical Association considers the bill contrary to the public interest, and will endeavor to defeat or modify it if public support of its point of view can be obtained The British Medical Association claims that, although it was consulted during the drafting of the bill, few of its recommendations were accepted Mention is made of the possibility of a boycott of the national health program by physician members of the British Medical Association who would by this maneuver offer their services to the public independently

Dr Guy Dain, chairman of the Council of the British Medical Association, said that although doctors under the proposed law would have a right to do this

> in practice a boycott would be difficult if the national health program is accepted generally by the public Patients would be reluctant to pay fees for medical services which they were entitled to receive without fees, especially since they would be paying for them through taxes Hence the "fighting fund" would be used to support doctors receiving neither fees from patients nor salaries from the government

Now, reference to Legislative Bulletin, Number Seven,[2] discloses the fact that the United States Senate Committee on Labor and Education began, on April 2, hearings on the Wagner-Murray-Dingell Bill postponed from March 11 Thus, both in Parliament and in the United States Senate, measures proposing the socialization of medicine, or a reasonable facsimile thereof, are being considered simultaneously Both in England and in the United States the medical profession is overwhelmingly convinced that

[1] March 22, 1946.

[2] Legislative Bureau, Medical Society of the State of New York March 11 1946.

such socialization is not in the public interest Our own view is that it is discriminatory and unjustly discriminatory at that Why should medicine be socialized when all else remains on a free enterprise status? Why medicine and not farming? Why medicine and not mining? Why medicine and not railroads, banking, and any other private enterprise you like to name?

True, medicine maintains no political lobby, true, physicians constitute a relatively small minority of our some 140 million population, true, medicine serves all classes of the population, false, that it alone should be singled out for a miserable homeopathic dose of socialization, a thin device for extension of Federal price control under another name, and a shoddy pre-election device for the building of a huge, outlandishly expensive Federal bureaucracy, a fathomless pool of patronage

England, at least, is frankly socialistic as to its present Administration President Truman's recent message to Congress demanding a national health program, in effect the socialization of medicine, differs not in the least from the proposals of the English Minister of Health Both propose a "free" tax-supported program with government paying the doctors. Let us at least be honest about it, that's what it is, come hell or high water

Will the public accept such a program? It is not inconceivable, but it will surely be expensive and certainly is unjustly discriminatory However, the taxpaying public is the customer and—the customer is always right behind the eight ball

It is politically easy to pick on a minority group for socialization, or the exercise of tyranny, or for any other political purpose Bismarck did it, Lloyd George did it, Hitler overdid it, to name a few It is a well-known technic Bismarck, Lloyd George, and Hitler are gone to their several rewards, if any, but the evil that they did lives after them

Socialization has involved one minority after another on the continent of Europe and in the British Empire Other minorities were content to have it so as long as they were not involved

But socialization or tyranny or expropriation of rights or property does not stop with one successful try It spreads

It seems to be time, and past time now, for the medical profession to advise the public of this country to consider the plight of the doctors in New Zealand, in Germany, in France, and in England, to consider the kind of chaos, lower standards of living, poor medical service, now rampant in those countries, before it becomes necessary in this country for the doctors to consider the boycott of a putative national health program

The Answer Is Up to Us

In an editorial entitled "Doctors on Trial?" the March *Journal of the Oregon State Medical Society* says, forcefully, and we quote in full

> Oregon physicians, who may be inclined to view with a certain satisfaction or, possibly, smugness the recently announced signing of a contract with the Veterans Administration, for care of Oregon veterans by their home-town doctors, may be a little surprised to find that the occasion calls for some deep soul searching and much alertness The responsibilities are great The implications are nothing, if not tremendous The risks involved and the evaluation of these risks, must be realized by all doctors
>
> The plan must not fail
>
> Doctors, one and all, must know that this is no plum which has fallen of its own weight into their out-stretched hands Not for a single instant should those of our number, who may incline to be grasping and greedy, riding for what the traffic will bear, be permitted to forget this This joining of government bureau and private medical practice to do a job did not just happen Least of all did it take place because the social planners and bureaucrats may have planned it that way Despite the recognized sincerity in Major General Hawley's repeated remarks and efforts to get the best possible job of medical work done for the veterans, there are ample indications that some, who may favor social planning and

bureaucratic methods, may not be in accord with present trends in the Veterans Administration, although they seem powerless, at least for the time being, to alter these trends The usual tactics under such conditions, and tactics should not be confused with strategy, is to make what virtue one may of necessity, while biding more opportune time or circumstance The present situation could be no exception

It seems fairly obvious that General Bradley and his aides, such as Major General Hawley and Colonel Harding, are determined, if at all possible, to see that veterans have adequate and competent medical care, and have it as soon as possible Coincidentally, it has been said that those, who ordinarily might be expected to inject political and pork-barrel practices or social planning efforts into this situation are alarmed and are somewhat in retreat, though not in rout, in the face of this determination of military and the added mounting criticism of the past job done under completely bureaucratic auspices Powerless to oppose at the moment, it has been said these hopefuls are rolling with the punch while waiting around to pick up the pieces.

The program must not fail

Doctors, not necessarily at their own request, have been handed and have accepted a momentous task. Simultaneously they have accepted a challenge The showdown is at hand If, despite its confusions and complications, and these are many, the program of cooperation between the Veterans Administration and the private medical profession bogs down or fails, the result which will follow should surprise no one

Our enemies can be expected to say, and will say, "See! We have given private medical practice a free hand in solving a problem, and a miserable failure has resulted Only we have the means and ability to do this thing. We must take charge immediately"

Each and every doctor has an individual responsibility

The program must not fail

This succinct presentation of a current medical service problem, thus put squarely up to the physicians of the Nation, deserves careful and thoughtful reading Any reasonable plan for the provision of medical care has its proper uses and, unfortunately, its inevitable abuses The abuses may arise from misunderstanding, from carelessness or indifference, or from greed and avarice. Thorough explanation of the needs of the Veterans Administration and thorough understanding of the medical societies' plans to meet those needs may be the means of eliminating some errors and possibly unintentional abuses. What can be misunderstood will be misunderstood It is, therefore, apparent that the informational and educational functions of the Veterans Administration and the state medical societies must be exercised to the fullest extent possible and without loss of time.

The participating physicians should be informed by the Veterans Administration of exactly what is required of them, of what constitutes service-connected disability by Veterans Administration standards in general terms Most physicians in this state have had some experience in workmen's compensation practice, but few have yet had the opportunity to examine claimants alleging service-connected disability Many of these claimants will be seen for the first time by local physicians at a period far postdating the time when the original injury or accident or illness is alleged to have occurred. Reasonable allowance for error must, therefore, be made by the Veterans Administration, and, on the other hand, physicians must be tolerant of certain delays, always irksome, but usually inherent in the mechanism of processing a huge number of claims

The state medical societies which will function contractually with the Veterans Administration on behalf of the physicians of the respective states, should also use at the earliest possible moment the mechanisms of their committees on education to supplement the educational and informational activities of the Veterans Administration Let us face the fact squarely, that a job of the magnitude of this one carries with it enormous responsibilities It is a job that is being undertaken by arrangements made at the highest levels, state societies and the Veterans Administration Information and knowledge of these arrangements will not be in the possession of the profession generally, at least in this State, until it has filtered down by publication and meetings at the county level, and thence through hospital staff-room bull sessions, to the doctors who have neither read the publications of the state and/or county societies, nor attended the meetings.

While we agree with the Oregon State Medical Society's editorial, that the pro-

gram must not fail, we foresee that reasonable time must be allowed for the establishment of a real comprehension of the magnitude of the job, for the setting up of carefully planned mechanisms to carry it out, for education of the doctors who must service the program, and for tolerance on everybody's part—including the veterans—of unavoidable errors, for some inevitable delay in obtaining authorizations, in payment of just claims for medical service, some misunderstandings and irritations An enormous collective effort of this sort in which everybody is to some extent inexperienced has its difficulties

With patience and good will it cannot fail

Journal of the History of Medicine and Allied Sciences

An addition to American periodical literature is the new *Journal of the History of Medicine and Allied Sciences*, published by Henry Schuman, of New York, of which Dr George Rosen is the editor It is a timely publication History is one of the most powerful driving forces in human development, and the historical approach is invaluable in comprehending and, perhaps, in solving some of the problems of the present day

As is well stated in Dr Rosen's introduction to the first number, the medical profession in large part has turned away from the history of medicine because of the change in the total outlook of society, the increasing specialization, and the changes in education This trend has resulted in a serious loss for a profession which, by implication, still acknowledges the importance of the historical approach every time it writes or speaks of the *case history* Medical history, as Dr Rosen aptly states, should not be cultivated as a search for antiquities, as a search for curios, but rather as a vital, integral part of medicine itself

As the individual is the product of his ancestry modified by the environment and circumstances of his life, so the present institutions of medicine are the inevitable, inexorable, and logical result of its origins and subsequent evolution The real history of medicine should be at least as well known to every practitioner of the art and science as his own ancestry—nay, better, because that history stands behind him as a guarantee of his integrity, as evidence of his discipline He stands in the lengthening shadow of the obligations history imposes upon him, inescapable as death itself

To be ignorant of those obligations, of the nobility and the daring of those who have gone before is to invite oblivion We desire to extend the hand of welcome to this recruit to the ranks of American periodical literature

Our Diabetic Population

The growing importance of the diabetes problem in our country is made strikingly evident in a study by Spiegelman and Marks,[1] statisticians with the Metropolitan Life Insurance Company They estimate that about four million persons in our 1940 population were actual or potential diabetics New cases of diabetes are presently arising at a rate of at least 50,000 annually Deaths among diabetics occur at a rate of about 40,000 each year Our total existing diabetics numbered well over 500,000 in 1940 Of the total, one quarter were under age 50, another quarter were between 50 and 60, and the remaining half were over age 60

From this picture of the current situation, the two statisticians proceed to an examination of future trends It is expected that, in coming decades, the number of diabetics will increase at a greater rate than that for the total population By 1950, the number of diabetics will be 18 per cent above that in 1940, while the total population is expected to increase by only 9 per cent Be-

[1] Spiegelman, M , and Marks, H H Am J Pub Health 36: 26 Jan (1946)

tween 1940 and 1985, when from present indications the population of the United States will reach its maximum, the total population is expected to grow by 22 per cent, but the diabetic population by 74 per cent Two factors contributing to this rapid rise in the diabetic population are, first, the increasing proportion of persons at the older ages, and, second, the more than rapid increase in the number of females than of males at the older ages The estimate of growth of the diabetic population takes no account of their increasing longevity or of increasingly efficient case finding in diabetes Selective Service studies[1] show that even at young adult ages, there are considerable numbers of undiscovered diabetics

The authors found that diabetes onset rates (that is, the probability of becoming diabetic within a year) rise rapidly with increasing age up to about 55 years and then more slowly to a maximum at about age 65 This rise was greater for females than for males, so that at age 55, the onset rate for females was nearly double that for males The average age at onset was found to be 54 years

The chances for a nondiabetic to eventually acquire the disease are greater than is commonly realized Under age 50, these chances are four in one hundred for females and two in one hundred for males These chances are, of course, greater among persons with diabetic relatives and among those who are overweight

This impressive set of figures clearly indicates the importance of diabetes as a medical and health problem in the years ahead They point out the necessity of providing suitable facilities for the efficient care of diabetics, as well as for continued fundamental and applied research in the causes and therapeutic management of this disease

[1] Blotner H. and Hyde R. W New England J Med 229: 885 (Dec. 9) 1943

Current Editorial Comment

Congratulations on a Job Well Done The March 19, 1946 issue of the *News Letter* of the Council on Medical Service and Public Relations, American Medical Association, contains the following "Congratulations to the Medical Society of the State of New York for an outstanding public relations job in the 'Antiscience,' antivivisection battle in that state Write to office of the New York State Society, 292 Madison Avenue, New York 17, New York, for a folder of the material used in this campaign It's worth having"

It must be acknowledged that the Medical Society of the State of New York, together with the other participating agencies in the fight to prevent reasonable and proper use of animals for medical research, has done a truly outstanding job It is necessarily a continuing job, since it is not to be expected that those who did try to prevent the use of animals for such legitimate purposes will discontinue their activities

The Friends of Medical Research, an organization now set up on a national basis, seems to us decidedly a step in the right direction The JOURNAL would like to add its congratulations to the Public Relations Bureau, to Mr Dwight Anderson, and his associates who worked so long and arduously on this campaign

Public Relations The *News Letter* of the Council on Medical Service and Public Relations, of the American Medical Association, of March 19, 1946, stresses increasing interest in the subject of Public Relations in Medical Circles The *Letter* says that many societies now have active public relation committees and newly appointed public relations experts, consultants or directors on a full-time or part-time basis The same *Letter* stresses the need for an acceptable definition of public relations

This latter request should not be too hard to comply with May we suggest that a reasonably good and short definition might be "An honest presentation of facts by a responsible source, put in plain understandable English" This at least could be outlined as a guide by all the units of organized medicine in presenting to the public and to each other, the status and facts of modern medicine and medical practice

Dogs Essential to Medical Research At its regular meeting on January 18, the Public Health Council of New York State adopted the following resolution

Whereas, further advances in medical science are essential to continued improvement in the public health, and

Whereas, such advances in the future, as in the past, will be dependent largely upon animal research, and

Whereas, the choice of the most suitable animal for purposes of research must be dependent on the judgment of the investigator, and

Whereas, many of the great discoveries of curative and preventive medicine such as the discovery of insulin, the cure of pernicious anemia, the recent advances in the treatment of shock, the prevention and cure of blacktongue in dogs and of pellagra in man, and the prevention of rabies in dogs and in man, could only have been accomplished by scientific research (so-called vivisection) on the dog,

Be it therefore resolved, That it is the opinion of the Public Health Council that scientific research on the dog is essential for the advancement of medical knowledge and the protection of the public health, and furthermore that medical investigation should not be hampered by restrictions placed on the choice of the lower animal to be used [1]

• • •

Dr. Walter Reed Elected to Hall of Fame Physicians will derive much satisfaction from the recent election of Dr Walter Reed to the New York University Hall of Fame for Great Americans He is the first doctor of medicine to be so honored because of his contribution to medical knowledge He did not need this most recent honor to assure his place in the minds of medical men nor will it increase his stature It does, however, bring for the second time a recognition by the College of Electors of men who have contributed greatly to medical knowledge or procedure [2]

Dr Reed, born in Virginia, graduated from the University of Virginia at the age of 17 He then entered Bellevue Medical College, and after another year took a second degree, graduating in the class of 1873

To assure himself a certain future and a scientific career, Dr Reed joined the United States Army, receiving appointment as Assistant Surgeon with the rank of First Lieutenant During the Spanish-American War when typhoid fever in the camps in the Southern States and Cuba was more deadly than the military foe, he was placed at the head of a commission for study The famous report disclosed the parts played by flies, contact, and polluted water in the spread of the disease

In the spring of 1900, when Yellow Fever was raging among the troops—resisting all attempts at control—Major Reed headed the Yellow Fever Board and was sent to Cuba Long suspecting the mosquito, he, with the help of volunteer human guinea pigs, undertook a long and painstaking experiment to prove that the mosquito was and did serve as an intermediate host for the parasite of yellow fever—becoming infected only if it bit a patient during the first three days of the disease

Major Reed died in 1902 and was buried with military honors in Arlington cemetery The Walter Reed General Hospital in Washington was named for him [3]

Says Industrial Medicine.[4] "Metropolitan Life Insurance Company announces that the tuberculosis sanitorium which it has maintained at Mount McGregor, New York, since 1913 for treatment of its tuberculous employees was closed on September 1, 1945 Although a total of 3,570 Metropolitan employees have received treatment for tuberculosis since the sanatorium was opened, it was pointed out that the number of patients and the period of treatment have been reduced to a point which no longer justifies the maintenance of an institution of this size 'The company feels great pride and satisfaction in thus announcing the successful achievement of the purpose it set out to accomplish in 1913 At that time tuberculosis was the "white plague" and was causing great loss of time and life, large numbers of persons sick with the disease awaited their turn to be placed under sanatorium care, and so many patients came under treatment in advanced stages of the disease that cures were relatively infrequent Recognizing the seriousness of the situation, and with vision and courage not common in industrial medicine at the time, the officers, with the full support and authority of the board of directors, built the sanatorium and opened it on November 24, 1913

According to a recent report this institution has been acquired by the State of New York as a rest home for returning veterans

[1] Health News, Feb 4, 1946

[2] William Thomas Greene Morton, dental surgeon, was the first one

[3] New York Medicine, Vol. 2, No 4, February 1946

[4] Vol 14, No 7, July 1945

MANAGEMENT OF ACUTE CONGESTIVE HEART FAILURE

HARRY GROSS, M D , F A C P , and ABRAHAM JEZER, M.D , New York City

(From the Medical Service of Montefiore Hospital)*

IT IS the purpose of this communication to consider the treatment of acute congestive failure This type of failure usually follows inflammation in the heart such as the persistence of rheumatic activity and the engrafting of subacute bacterial endocarditis, or a severe extracardiac infection especially in patients with pre-existing heart disease or coronary artery disease Acute myocardial damage, secondary to coronary closure or impairment of coronary flow from tachycardia or shock may also result in congestive failure, especially if the heart is already enlarged

Acute right heart failure occurs in pulmonary infarction, cardiac infarction secondary to infection, such as pneumonia, especially in patients with underlying heart disease, cardiac tamponade and paroxysmal tachycardia

The physiologic causes of acute left heart failure may be either sudden failure of the left ventricle to propel a normal minute volume of blood from sudden myocardial weakness or from acute myocardial damage Another cause is mitral stenosis

As a result, there is an increase of pressure in the left auricle, the pulmonary veins, and in the intrapulmonary capillaries Following the increase in volume of the pulmonary vascular bed, less air space remains for the alveoli and a more rigid lung results, causing the appearance of the Hering Breuer reflex These factors, when continued, cause a disturbance in exchange of gases which results in anoxemia of the capillary walls Simultaneously, the increased rigidity of the pulmonary bed and the increased vascular bed interfere with lymphatic drainage Exudation of fluids then follows and pulmonary edema results

Left ventricular insufficiency must be recognized at the earliest moment since the immediate prognosis may depend upon the speed with which therapy is instituted The recognition of heart failure depends upon the realization that dyspnea or a few rales at the bases may be the earliest manifestations of this serious condition If untreated paroxysmal dyspnea and acute pulmonary edema may quickly follow

Acute left ventricular failure is very dramatic in its onset The patient is usually extremely dyspneic and orthopneic, the neck veins distended, the lips cyanotic, and his appearance that of apprehension of imminent death

Peripheral circulatory collapse frequently develops following acute cardiac infarction It may also result from infection in or outside of the heart Many of the features of shock such as a fall in blood pressure, small pulse, tachycardia, cold skin, and sweating are present Strictly speaking this reaction of the peripheral circulation falls into the category of clinical shock but not of true shock since there is no reduction in the circulating blood volume and there are no irreversible changes in the peripheral vessels Similar compensatory reflexes develop both in true shock and in collapse due to cardiac infarction, namely vasoconstriction in the viscera muscles and skin Though helpful in shock, these reflexes add to the burden of the heart in cardiac infarction by increasing blood volume

The following cases illustrate several principles in the management of acute congestive heart failure

Congestive Failure Induced by the Onset of an Arrythmia Following Myocardial Damage in a Patient with Rheumatic Cardiac Disease

Case 1—M G a 38-year-old engraver, with rheumatic mitral stenosis and insufficiency known since the age of 20 was well until September 28 1943 when he was awakened with burning of the eyes, coughing, choking and a sensation of weight on the chest following accidental inhalation of sulfur dioxide fumes. The following morning he noticed dyspnea on walking short distances fatigue and mild precordial pressure Two days later, he collapsed while walking For the next ten days he remained in bed. Thereafter he had dyspnea on walking short distances

Examination showed signs of mitral stenosis and insufficiency The rhythm was regular, the rate 88 per minute and there were no signs of myocardial insufficiency An electrocardiogram taken the day after the accident showed merely a slow regular sinus rhythm

Several days later, the electrocardiogram showed significant changes from the first, with R-T depression in lead I, low voltage of the T waves in leads I and II and left axis deviation Four weeks later he had a rapid heart rate with auricular fibrillation Electrocardiogram then showed prominent S waves in leads II and III and negative T waves in leads I and II About ten months after the onset of symptoms he had a sudden onset of dyspnea and palpitation lasting one hour, for which he was given digitalis and kept in bed for one week later he complained of tiredness, we and dyspnea, and collapsed He fatigue on doing sedentary work and walking uphill or quickly The

* Service of Dr Louis Leiter

was precipitated by two factors (1) the acute myocardial infarction, and (2) the irregular heart rhythm and rapid ventricular rate

Morphine was indicated for relief of anginal pain and distress and oxygen to lessen oxygen unsaturation of the blood, thereby increasing the efficiency of the heart.

For the reduction in the ventricular rate which was contributing to failure by increasing the inefficiency of ventricular contraction, two methods of approach were possible (1) the use of digitalis to diminish the ventricular rate and to increase the contractive power of the heart, and (2) the use of quinidine to convert the irregular to regular rhythm and to slow the heart rate. The presence of acute heart failure made it advisable to use digitalis at once and quinidine later in case irregular rhythm persisted. On account of the left ventricular failure mercupurin was given at the same time to reduce the lung volume and to decrease blood volume simultaneously and swiftly

Ventricular Tachycardia

Case 4—M. R., a 58-year-old baker, complained of pain over the anterior chest of increasing severity, becoming agonizing thirteen hours after the onset and relieved by morphine. At this time, rales were heard at the bases, the blood pressure was 110–114/80, the heart rate was 100 beats per minute, and the electrocardiogram showed the Q2–Q3 pattern of posterior wall infarction with RT elevation and fusion. Pulmonary congestion increased and the liver became enlarged. One-half cc. of mercupurin and 1 Gm. of digitalis were then given. The next day there was moderate diuresis, the patient was more comfortable and 0.4 Gm. of digitalis was given. Twenty-four hours later, dyspnea again increased and 2 cc. of mercupurin was then given intravenously

About thirty seconds after the injection was given, the patient complained of severe constricting pain in the chest, became pale sweated, and the pulse became rapid and thready The heart developed paroxysmal episodes of ventricular tachycardia. Quinidine 0.2 Gm., was given followed by 0.4 Gm. each hour At the end of the third hour sinus rhythm returned, the patient became more comfortable and the signs of peripheral collapse disappeared. The liver edge, however was found to have extended for four fingerbreadths below the costal border Quinidine, 0.2 Gm., was then given four times each day for a period of two days when it was discontinued.

Four days later the signs of congestive heart failure further increased despite digitalis and intramuscular mercurials. Throughout this period, the patient was kept comfortable by the administration of opiates and oxygen.

One month after the initial attack, his condition improved and signs of failure began to subside.

This case demonstrates (1) the specificity of quinidine for the treatment of ventricular tachycardia, (2) the onset of ventricular tachycardia following the administration of mercupurin, (3) the failure of digitalis and (4) the rare instance in which mercurials fail to relieve congestive heart failure in acute myocardial infarction when the heart muscle has been severely damaged. It should be noted that mercurials were given subsequently without untoward effects.

Acute Heart Failure Following the Onset of Paroxysmal Tachycardia During Mild Rheumatic Activity

Case 5—S. K., a 19-year-old white girl, with frequent recurrences of acute rheumatic fever since the age of 3, had episodes of paroxysmal tachycardia possibly due to auricular flutter and signs of mitral stenosis and aortic insufficiency Although she was fully compensated between attacks she became decompensated in attacks lasting more than twelve hours. The liver and the lungs became congested, and she complained of wheezing respirations. Eyeball pressure frequently stopped the attacks, though quinidine digitalis, and mecholyl did not. Acute attacks were treated with morphine and mercurials.

Thyrotoxicosis with Acute Failure

Case 6—R. K., a 65-year-old woman, complained of palpitation of the heart and tremor of the hands of about two weeks' duration in November 1939. Examination showed a large thyroid adenoma with a heart rate of 100 per minute, and a loud systolic murmur over the apex and left sternal border The basal metabolic rate was plus 55 per cent, blood pressure was 130/80. With Lugol's iodine and sedation, the palpitation disappeared, there was a gain in weight, and the patient returned to work. In August, 1940 thyrotoxicosis recurred. Two months later, paroxysmal auricular fibrillation, which did not respond to digitalis developed and disappeared after five doses of 3 grains of quinidine at two-hour intervals. The basal metabolic rate remained elevated and on June 12, 1941, subtotal thyroidectomy was performed. She [illegible] returned to work, and one year later the basal metabolic rate was plus 11 per cent. From [illegible] to February 1945 she had minor recurrences of Graves' disease. In February, 1945 she again had an episode of palpitation, found to be due to auricular flutter with a rapid ventricular rate. Shortly thereafter, dyspnea and edema of the legs and slight jaundice developed. A salt-poor diet, fluid restriction, and repeated mercurials were prescribed, but the patient continued bitterly of palpitation, dyspnea, weakness, and cramps in the legs after the mercurials. She became increasingly weaker and could [illegible] She was advised to continue the mercurials [illegible] at five to seven day intervals.

Examination on April 1 [illegible] showed the patient to have a weight of [illegible] a goiter, exophthalmos, a large adenoma in the left lobe, regular heart rhythm, a ventricular rate of 90 per minute, blood pressure [illegible] and pretibial edema. Fluoroscopic examination of the heart showed no evidence of chamber enlargement. The basal metabolic rate was plus 50 and [illegible] per cent. [illegible] was normal, [illegible] mm B complex and [illegible] vised. With [illegible] subsided, the [illegible]

palpitation became milder Three weeks later, dyspnea and palpitation had completely disappeared and the patient was up and about after being incapacitated for four months All evidence of heart failure had disappeared, the ventricular rate was 60-70 per minute, the blood pressure 170/74, and the weight had increased to 117 pounds Improvement and gain in weight have continued on Lugol's iodine and digitalis

This case shows (1) that heart failure due to Graves' disease can be effectively treated only by iodine, or thyroidectomy, and (2) that mercurials are only temporarily effective in relieving some of the distress, but do not relieve the dyspnea and edema to the same degree as in other forms of heart failure Thiouracil should be as effective as iodine

Acute Peripheral Collapse and Congestive Heart Failure Following Acute Myocardial Infarction and Pulmonary Infarction

Case 7—A R., a 61-year-old white man, with peripheral vascular disease since 1939, and an anginal syndrome since 1943, developed cardiac infarction on February 20, 1945, with a fall of blood pressure from 160/100 to 120/90 The electrocardiogram showed auricular fibrillation, RT 1 and RT 4 depressed, Q 2 and Q 3 waves present, T 2 diphasic, T 3 inverted Four days later sedimentation rate (Cutler) was 23 mm in one hour One week after the onset, he had severe precordial pain and faintness, a fall in blood pressure to 90/70, periodic breathing, profuse sweating, and vomiting. In addition, the lungs became congested, the liver edge extended two fingerbreadths below the costal border and pretibial edema was present Twelve hundred cc of 5 per cent glucose and saline were given intravenously in eight hours After six hours, the vomiting stopped, the patient was able to take fluids by mouth, the sweating subsided, and the blood pressure returned to 110/70 The following day hemoptysis developed, associated with peripheral failure for which morphine, oxygen, and 4 cc coramine every 30 to 60 minutes were given. After the acute phase subsided, digitalis and mercurials were administered.

This case shows the advisability of treating peripheral failure following acute cardiac infarction by giving parenteral fluids cautiously In another patient similarly in peripheral collapse and myocardial infarction, plasma given intravenously was beneficial

Discussion

General measures in use in the treatment of acute congestive heart failure are to be discussed These include morphine, oxygen, digitalis, quinidine, phlebotomy (aminophyllin), and fluids

1 *Morphine*—Morphine is the first drug to be administered in coping with the acute cardiac emergency It is equally effective in acute cardiac and pulmonary infarction, left ventricular failure, and paroxysmal tachycardia. It acts principally as a depressant to the central ne system, slows respiration by direct action c respiratory center, allays anxiety, and hel abort peripheral collapse

This drug is administered subcutaneous intravenously The intravenous route i frequently utilized because of the dang respiratory depression, especially in pat with marked cerebral arteriosclerosis. Act however, this route offers great advantages absorption is certain and a dose of $^1/_{12}$ to $^1/$ grain is more quickly effective than a larger given by the subcutaneous route in quieting and allaying anxiety, especially in perip failure where subcutaneous absorption ma poor

The peak of its analgesic effect is past, ninety minutes, and repeated doses in pat with cerebral arteriosclerosis should be t with this peak so as to avoid excessive mor depression Repeated doses of $^1/_{12}$ to $^1/_{10}$ grain may be administered after fifteen to t minutes when cerebral arteriosclerosis is suspected

In acute heart failure, morphine depresses Hering-Breuer reflex in the lungs as well as respiratory center. Together, the two ef cause the respiratory rate to fall promptly the easing of the dyspnea and the allayin anxiety, the heart work diminishes and paroxy dyspnea often subsides When pulmonary ed is also present, morphine may not always c pletely control the acute heart failure U such circumstances, phlebotomy may be d and oxygen and intravenous digitalis may als given

In pulmonary embolization, morphine poss offers an additional beneficial effect in depres the cardiac reflex [2] The effect of depressio this reflex may be similar to inhibition of p sympathetic impulses and thereby diminish likelihood of focal hemorrhages in the car muscle When oxygen is combined with m phine in the treatment of pulmonary infarct the likelihood of myocardial damage is furt reduced Care must, however, be exercised treating elderly patients and those with vanced cerebral arteriosclerosis, so that o minimal doses of morphine are given, on acco of the danger of increased anoxemia from dep sion of the respiratory center and other cereb cells

Likewise in patients with marked empl sema there is great danger of increasing puln nary stasis following morphine In such patie the drug may cause death. In severe emphyse and in elderly patients, barbiturates and paral hyde given intravenously may control symptom

2 *Oxygen.*—Every acute cardiac emergen

must be treated for anoxemia which is easily recognized when cyanosis is present, but may not be recognized when localized or limited to a specific tissue The failure to recognize the severe anoxemia which is part of coronary insufficiency, coronary occlusion, pulmonary embolization, acute peripheral collapse, and acute heart failure, may contribute to the failure of treatment Oxygen should be given to all patients who continue to complain of precordial pain or dyspnea, or show signs of peripheral collapse after morphine has been given, even in the absence of any cyanosis

When oxygen is administered, care must be taken that the concentration is adjusted to the needs of the individual patient In the presence of severe anoxemia, concentrations of 95 to 100 per cent should be given continuously, for a period varying from several hours to as long as three to four days [3] As Evans[4] has pointed out, the danger of administering such a high concentration has never been proved in the presence of anoxia

Barach's[5] report on the effect of oxygen given under 4 to 5 centimeter water pressure is very impressive and the method is worth trying It is not certain whether the increased oxygen tension alone is responsible for the relief of dyspnea as maintained by Barach, or whether the increased oxygenation of the alveolar blood improves the metabolism of the cardiac muscle and of the cerebral cells, and thus indirectly improves the cardiac status and eases dyspnea It is likely that the marked increase in oxygen tension of the blood may be life-saving, and that the treatment of pulmonary edema in the future will consist very largely of morphine and oxygen under pressure

3. *Rest*—Complete bed rest should be obtained following an attack of acute heart failure Adequate sedation should be given to insure such rest While rest should be absolute to obtain maximum healing of the underlying condition responsible for the attack of heart failure, it should not be prolonged indefinitely

The acutely sick individual accepts his bed without difficulty, especially if rest is fortified with sufficient amounts of sedatives The added natural apathy of acute sickness makes the problem still easier As he improves enough to become circumspect of his predicament, the patient often becomes anxious A person recovering from mild rheumatic carditis, or one, three or four weeks after uncomplicated cardiac infarction, probably obtains little benefit, if any, from further absolute bed rest especially if he is restless and apprehensive

One must then evaluate a clinical equation in which the possible benefits of added enforced rest are weighed against the harm resulting from such a regime There are additional circumstances mitigating the boon of prolonged rest, since absolute bed rest may actually augment the work of the heart and even produce serious hazards Levine[6] and Dock[7] have called attention to these facts Levine[6] pointed out that in recumbency the work of the heart may become greatly increased by a shift of blood from the extremities with the production of pulmonary congestion and paroxysmal left heart failure, as well as failure of the right heart at times In recumbency in a patient with tight mitral stenosis, increased left intra-auricular pressure may also result in acute left ventricular failure Furthermore, in obese people in whom a large abdomen may press on pelvic veins and enhance the effects of stasis in an already slowed circulation from a failing heart, recumbency greatly increases the danger of pulmonary embolization This danger may, in part, be overcome by active and passive movement and by massage of the patient's legs as well as by elevating the head of the bed with shock blocks

The patient who has recovered from the active phase of rheumatic carditis is often mildly ill and has no dyspnea or congestive failure and he, too, may be given modified bed rest despite the presence of slight fever The boost to the patient's morale from the privilege of taking one or two meals a day with his family may greatly improve his entire outlook and cooperation As improvement continues, greater periods of activity should be allowed If congestive failure develops after the patient is allowed out of bed, the period of bed rest is increased until the signs of acute failure have disappeared When, however, it is evident that maximum improvement has occurred, but failure has persisted, it is advisable to allow the patient activity consistent with freedom from precordial pain or dyspnea, and failure is treated vigorously with diuretics One should insist on twelve hours of bed rest at night and two to three hours of bed rest during the day When possible, such patients should subsequently be encouraged to accept employment in sedentary occupations Such management of failure enables the patient to retain his self respect by resuming his place in society and diminishes the possibility of his developing a cardiac neurosis

It appears reasonable to permit patients following pulmonary infarction or acute left ventricular failure not due to recent cardiac infarction, some privileges out of bed the second or third day following the subsidence of lung rales providing the temperature is normal

4 *Digitalis*—The place of digitalis in the treatment of heart failure is well established

Some have found that the drug will increase cardiac output while others are unimpressed with this effect Some observers have felt that not only congestive failure, but that cardiac disease, per se, is adequate indication for digitalis [8] Though this view has laboratory support,[9] the transposition of experimental laboratory evidence to clinical practice is, however, open to question On the other hand, other observers have felt that the indication for digitalis is auricular fibrillation and then only if the ventricular rate is rapid [10] Clinical experience has shown that the truth lies somewhere between these extreme points of view Katz and his coworkers[11] are aware of the limitations of digitalis, but insist that it is of value in preventing recurrences of congestive failure, even in sinus rhythm But, they state that as the cardiac reserve is diminished, a stage is ultimately reached when digitalis is no longer effective in preventing recurrences of more than mild failure

Digitalis is of little value in the treatment of heart failure due to acute infection, whether of primary cardiac or extra cardiac origin, as well as in failure due to Graves' disease, emphysema, and constrictive pericarditis

There are, however, two types of acute congestive failure in which digitalis is often very effective These are (1) failure following cardiac infarction in which digitalis may slow the heart and clear failure, and (2) failure following paroxysmal auricular fibrillation or flutter, usually in a damaged heart In the latter, digitalis finds its greatest indication and is undoubtedly far superior to any other drug One occasionally encounters a case of auricular fibrillation with a rapid ventricular rate in which digitalis is ineffective, whereas, quinidine slows the heart, restores regular rhythm, and with these effects, congestive failure clears up When it becomes apparent that digitalis is not beneficial, this drug should be stopped and quinidine administered

Digitalis may be given parenterally, by mouth or by the rectal route The parenteral route was the method of choice in the clinics abroad Although there is great value in the quick response to the drug by this route, in acute left ventricular failure or in paroxysmal auricular fibrillation, there always is the danger of overdigitalization since many patients frequently do not know the amount of the drug that they have recently taken Strophanthin and ouabain, like digitalis, may be given parenterally with dramatic results when it is certain that digitalis has not been administered for some time

Much safer is the administration of digitalis by mouth or by rectum In the presence of acute heart failure after morphine and oxygen have been administered, 0 7 to 1 Gm may be given by mouth or, if necessary, by rectal infusion in a starch paste enema even when the patient is vomiting Altogether, 12 to 18 U S P units (1 2 to 1 8 Gm) are given to digitalize fully If morphine and oxygen are not completely effective, it may be advisable to administer mercurials at the same time that the digitalis is given

The dangers of mercurials are well known, but few appreciate the dangers of digitalis DeTakats[12] observed hemorrhage in the myocardium following the administration of this drug Master[13] and his collaborators found that the mortality rate of acute myocardial infarction was higher when digitalis was given than when this drug was omitted The danger of ventricular tachycardia and fibrillation from excessive doses of digitalis should also be borne in mind When a patient receiving the drug in adequate amounts develops an acceleration of the heart instead of slowing, the possibility of digitalis toxemia should be considered and the drug either curtailed or cut out In case of doubt, an electrocardiogram may be helpful in establishing or excluding digitalis toxemia While RT depression and negativity of T waves are regarded by some as evidence of digitalis toxemia, these are pharmacologic and not toxic effects of the drug Tachycardia may produce similar effects The only pathognomonic criteria of digitalis toxemia are multiple premature beats and ventricular tachycardia [14]

Gold and his coworkers[15] have urged the use of digitoxin and advise this digitalis body, especially for rapid digitalization The practice of rapid digitalization with digitoxin or digoxin is not desirable since toxic effects of overdigitalization are more apt to occur when digitalis has previously been taken and the beneficial effects are no better than when the whole leaf is given Digitoxin or digoxin may be given with benefit when the whole leaf is not well tolerated

Following acute cardiac infarction, mild congestive failure manifested by basal rales and slight enlargement of the liver is very common However, in the course of a few days the rales disappear and the liver returns to normal size If dyspnea is present or develops, digitalis should be given When dyspnea and rales persist despite morphine, oxygen, digitalis, and mercurials should be added to the therapy

5 *Quinidine*—Quinidine acts by lessening conduction and prolonging the refractory period and should be given for the treatment of ventricular tachycardia and of auricular flutter when digitalis is not effective The use of this drug should be avoided in other types of heart failure because conduction is delayed and contraction weakened

This drug is indicated in acute coronary occlusion with multiple extrasystoles or supraventricular tachycardia without failure, and ventricular tachycardia with or without congestive failure following cardiac infarction It should be administered by the oral method, first giving a probatory dose of 1/2 grain followed by 3 grains every two hours Should regular rhythm not be restored after five doses, the same dose is repeated every hour If ineffectual, five more doses, 3 grains each, are given each hour followed by five doses of 7 1/2 grains each hour until regular rhythm is restored

In one patient desperately ill with ventricular tachycardia following myocardial infarction, quinidine was effective in 9-grain doses by rectum, since the patient was vomiting and could not retain the drug by mouth

In ventricular tachycardia the dose may be increased to 1 Gm every hour In a desperate situation, quinidine lactate may be given intravenously While quinidine is a cardiac poison, it may be given in heroic doses for its effect in stopping this ectopic rhythm, since the outlook is very grave if the condition is not treated vigorously

It is important that no time should be lost with digitalis which is useless in this arrhythmia

6 *Phlebotomy*.—Phlebotomy by the tourniquet method,[16] or by actual removal of blood, causes a reduction in the circulating blood volume, the venous pressure, and in the intra-auricular pressure As a result, the distention in the pulmonary veins lessens, stasis in the lungs diminishes, and dyspnea and cyanosis are greatly relieved Pulmonary edema when present may disappear very quickly with lessening of pulmonary venous pressure

Phlebotomy by venesection is carried out by removing 300 to 500 cc. of blood quickly with a needle of large bore It is important to perform the procedure quickly since relief is contingent upon the amount of blood that is removed and the speed with which it is effected In many patients in whom other methods do not produce relief of symptoms, this procedure results in prompt relief of dyspnea and pulmonary edema.

Bloodless phlebotomy is done by the application of soft rubber tourniquets to all four extremities As soon as the patient has obtained some relief, one should be removed and the other three left on, the others then removed one by one if symptoms do not recur Should symptoms recur, they are re-applied No tourniquet should be left on longer than twenty minutes on account of the danger of damage to tissues from anoxia Frequently, this method brings dramatic improvement There is, however, the danger of recurrence of dyspnea or pulmonary edema with removal of the tourniquets If dyspnea or pulmonary edema persists despite morphine, oxygen and adequate rapid digitalization, when digitalis had not been previously given, phlebotomy by venesection should be performed

7 *Mercurials*.—Much work has been done, especially in recent years, to clarify the mechanism of diuresis It has been shown that diuresis occurs either by increased glomerular filtration, or by decreased tubular reabsorption[17] By studying the concentration of creatinine in plasma and urine, it is possible to determine the amount of glomerular fluid[18] The amount of reabsorption in the tubules is determined by deducting the urine volume from the glomerular filtrate Such determinations have been made for euphyllin, salyrgan, and other drugs It has been shown that euphyllin causes diuresis by increasing glomerular filtration and decreasing tubular reabsorption, while salyrgan causes diuresis by decreasing tubular reabsorption

With mercurial diuresis there is an initial dilution of the blood due to either passage of water from tissues to the blood or to a lessened output of water by the kidneys, which becomes maximum within the first three hours Shortly thereafter, there is a swing in the opposite direction so that for the greater part of the period of diuresis there is actually hemoconcentration The fact that there is hemoconcentration during the period of diuresis suggests that the kidneys do not merely remove excess tissue fluid from hydremia but take an active part in the process[19]

The mercurial diuretics produce an absolute increase in the amount and in the concentration of chlorides in the urine, which has been shown to increase from 50 millimols before, to 315 millimols after an injection of novasurol Both the plasma chlorides and the blood proteins fall after mercurials[20]

Excluding (1) acute congestive failure due to paroxysmal auricular fibrillation or cardiac infarction which respond to digitalis, (2) acute congestive failure due to a ventricular tachycardia which responds to quinidine, and (3) the rare instance of paroxysmal auricular fibrillation with failure which responds to quinidine and not to digitalis, the mercurials are the drugs of choice in the management of acute congestive failure Often too much time elapses before mercurials are given, during which irreversible damage to vital structures from severe stasis occurs

Within one day after a probatory dose of 0 5 to 1 cc of a mercurial, 2 cc. may be given intramuscularly or intravenously

The only contraindications to mercurials are acute nephritis and severe renal insufficiency The dangers of ill-effects have been greatly overestimated Death does not occur except in patients who have previously had mercurials and then only when 2 cc are given by the intravenous

route [21] When one weighs the uncommon incidence of ill-effects and the rare death from mercury against the benefits that tens of thousands of cardiac patients are receiving from these drugs, it is but unavoidable to regard these drugs as the first line of defense in heart failure of all types

Ammonium or calcium salts may be given for a period of two days preceding and following the mercurial Dosage varies, but need not exceed 4 Gms per day, and as a rule, 3 Gms are sufficient Many patients do not tolerate administration of ammonium chloride and complain of abdominal pain and dyspepsia Sometimes x-ray examination discloses the presence of many pellets of these enteric-coated tablets in the intestinal tract unabsorbed Instead of ammonium chloride, 15 to 30 drops of diluted hydrochloric acid may be given three to four times a day for one to two days before the mercurial is given Many patients show good mercurial diuresis when the ammonium chloride or hydrochloric acid has not been taken As long as the mercurials are not given frequently, these drugs may be omitted

8 *Iodine and Thiouracil*—In Graves' disease iodine or thiouracil may clear up congestive failure while digitalis does no good and mercury is only temporarily of benefit Thiouracil in adequate dosage in one case caused a subsidence of failure, slowing of the heart rate, and a return of the dilated heart to normal size Similar results were obtained with iodine The presence of persistent tachycardia, auricular fibrillation of obscure origin, normal circulation time despite failure, and a large heart or a basal metabolism out of proportion to failure should make one suspicious of Graves' disease, and thiouracil or iodine should be given as a therapeutic or diagnostic procedure

9 *Fluids*—Although conservative treatment of congestive heart failure consists of deprivation of salt and fluids, most patients frequently are very dry and complain of thirst It has been shown that providing salt intake is 2 Gms or less in twenty-four hours, fluids may be given more liberally When so given, fluids as a diuretic[22 23] and less frequent administration of mercurials is required

Schemm[23] showed that as long as the sodium ion was very low in the diet, water was not bound to the tissues Accordingly, he gave an acid-ash residue diet to mobilize sodium, and forced fluids in severe congestive heart failure Cases of edema due to acute nephritis and to congestive failure following recent cardiac infarction were treated by this method

With this regimen he reported that patients no longer were thirsty despite marked loss of edema fluid Failure due to acute cardiac infarction, myocarditis or severe nephritis responded excellently when fluids up to 12 liters a day were given, in large part, by the intravenous route He reported failure with this regimen in only 6 per cent of more than 400 patients with severe heart failure

The problem of using water as a diuretic is complicated by the fact that both at home and in hospitals it is difficult to obtain a diet containing so little sodium that it will not bind water In addition, patients find this regimen difficult and are afraid to take large amounts of water The method is, however, worthy of further trial

In acute infections it is wise to give up to 3 or 4 liters of fluid without salt in twenty-four hours to cardiac patients with congestive failure If necessary, the fluid may be given by vein to combat peripheral failure The danger in most cardiac patients with severe infection is not central but peripheral failure Peripheral failure may cause an increase in central failure Fluids, glucose, serum, and blood plasma serve an additional purpose in also maintaining blood volume Liberal amounts of fluid are of value also against toxemia which increases peripheral failure When congestion of the lungs or liver develops, mercurials should be given simultaneously with fluids

It should be recalled that the water balance demonstrated by Newburgh and his collaborators shows an exchange of about 2,000 cc under normal circumstances When the patient does not eat regularly, as is frequently the case in acute infections, the 1,000 cc of fluid usually taken as part of even a dry diet should be added to the fluid intake of 1,200 to 1,500 cc ordinarily allowed in heart failure A total intake of 2,200 to 2,500 cc is thus indicated, even in the absence of fever When fever is present, vasodilatation causes an increased loss of fluid through the skin in addition to the increase in fluid lost by the elevated cellular metabolism due to fever The intake must then be increased to balance the water needs Thus, 3 to 4 liters of fluid per day is not excessive in the presence of moderate fever

As improvement follows in the clinical course of heart failure and infection, the fluid intake may be diminished, especially when the patient begins to eat better As the improvement continues, the regimen described in the treatment of chronic heart failure may then be followed

Kempner[24] prescribed a diet consisting of rice, sugar, fruit, and fruit juices containing 2,000 calories for hypertensive disease This diet is difficult to take and patients object to its prolonged use The virtue of this diet is again the low sodium content—0 25 to 0 45 Gms It is also severely deficient in proteins and fats

Likewise, the Karrell diet is really a salt-poor neutral to acid-ash fluid-restricted diet. The total intake is about 1,200 cc., when output is ordinarily about 2,000 cc. (The output includes urine, insensible perspiration, vapor lost through the lungs, and the fluid lost through the stool.) The excess output over intake is made up by clearing of extra cellular fluid.

Peripheral Failure

The treatment of severe peripheral failure should not be influenced by the presence of congestive failure since death may occur as the direct result of peripheral failure. The important measures in the treatment of peripheral collapse are (1) morphine, (2) the administration of adequate fluids, parenterally when necessary, (3) oxygen—95 to 100 per cent concentration, and (4) other drugs which are worthy of trial, such as coramine and adrenal cortical hormone.

There is no controversy as to the advantages given the patient by the use of morphine and oxygen. There has, however, been controversy as to the administration of parenteral fluids in the presence of congestive heart failure, and the use of coramine and adrenal cortex. Henstell and Gunther[24] showed the direct effect of coramine on muscle tone as measured by intramuscular pressure. They also showed that intramuscular pressure declined long before venous pressure fell in the presence of surgical shock. With large doses of coramine they reported success in elevating the intramuscular pressure and improving the condition of the patient suffering from peripheral collapse.

From time to time we have also observed encouraging results from repeated doses of 3 to 5 cc. of coramine in patients suffering from medical shock. The degree of congestive heart failure was not, however, altered. The mechanism which permits the pressor effect in the muscles to combat peripheral collapse is not established.

Adrenal cortical extract showed great promise in the reports of Perla[25] and his collaborators. More recent investigators however do not find any definite relationship between the adrenal cortical hormone and lessening of peripheral failure. In several instances in this material, it appeared that this hormone was temporarily beneficial in combating peripheral failure brought on by severe pneumonia in the presence of congestive heart failure.

All that one can say at present is that the most important treatment for peripheral collapse is the administration of fluids. Salt should be included in these fluids when vomiting or sweating is severe. It is necessary to maintain blood volume after cardiac infarction when heart failure is increased by severe peripheral failure. This can be accomplished by parenteral administration of fluids. Care must be taken in giving fluids so as not to produce acute left ventricular failure, by giving fluids slowly (not over 30 drops per minute).

Conclusions

1. Acute congestive failure may be treated by digitalis, mercurials, fluids, quinidine, oxygen, and opiates, depending upon the underlying mechanism and the severity of failure.

2. The indications for digitalis are limited to (*a*) failure due to acute cardiac infarction with or without regular rhythm, (*b*) permanent and paroxysmal auricular fibrillation with a rapid ventricular rate. Here digitalis is probably superior to any other drug.

3. Reliance should not be placed solely on digitalis in acute congestive failure due to extracardiac or intracardiac infection, especially in previously damaged or greatly enlarged hearts. Experience has been that such cases also require mercurials.

4. In massive acute failure from any cause it is wise to give mercurials to prevent pulmonary fibrosis and permanent invalidism from chronic pulmonary ventilation deficiency.

5. Recurring left ventricular failure despite the administration of digitalis requires mercurials especially since such episodes are frequently fatal.

6. Mercurials are indicated in the treatment of central failure with dyspnea even in the presence of peripheral failure.

7. The only contraindications to the mercurials are (1) acute nephritis, and (2) severe renal insufficiency.

8. In acute infection with combined central and peripheral failure, fluids should be given liberally, without salt, up to four liters a day.

9. In uncomplicated acute congestive failure, fluids may be given ad lib without salt, together with mercury or digitalis, or both. When severe it is advisable to give mercury for prompt effects.

10. Quinidine is indicated (*a*) in paroxysmal auricular fibrillation when digitalis is ineffective in restoring regular rhythm, (*b*) in multiple premature beats following acute cardiac infarction and (*c*) in paroxysmal ventricular tachycardia.

Given early and in large enough doses it may prevent irreversible damage and be life-saving in desperately sick patients with ventricular tachycardia following acute myocardial infarction.

11. Thiouracil and iodine may slow the heart rate and clear up congestive failure in Graves disease, while digitalis produces no response. [illegible] undifferent one and mercurials are only

pornrily effective in relieving left ventricular failure

References

1 Wiggers, C J Ann Int Med 27 158 (1945)
2 Dressler, William Clinical Cardiology, New York, Paul B Hoeber, 1941, p 140
3 Barach, A L Communication to Evans, John H New York State J Med 44 2444 (Nov 15) 1944, 44 2450 (Nov 15) 1944
4 Evans, John H New York State J Med 44 2443 (Nov 15) 1944
5 Barach, A L Martin, J , and Eckman, M Ann Int Med 12 754 (1938)
6 Levine, S A J A M A 126 80 (1944)
7 Dock, William J A.M A 126 80 (1944)
8 Christian, H A J.A.M.A 100 789 (1933)
9 Cloetta M J A M.A 93 1462 (1929)
10 Lewis, T Brit M J 2 621 (1919)
11 Sokolow, M , Weinberg, H B , Plaut, J L , and Katz, L N Ann Int. Med 16 427 (1942)
12 DeTakats, G , Trump, R A., and Gilbert, N C J A.M A 125 840 (July 22) 1944
13 Master, A H , Dock, S , and Jaffee, H. L Am Heart J 13 330 (1937)
14 Katz, L N Electrocardiography, Philadelphia, Lea and Febiger, 1941, p 148
15 Gold, H , Kwit, N T , Cattell, M , and Travell, J J A M.A 119 628 (1942)
16 Warren, J V , and Steard, E A , Jr Arch Int. Med 73 138 (1944)
17 Blumgart, H L , Gilligan, D R., Levy, R. C , Brown, M G , and Volk, M C Arch Int. Med 54 40 (1934)
18 Schwartz, H L J Clin Investigation 11 1075 (1932)
19 Stewart, H J J Clin Investigation 20 1 (1941)
20 Crawford, J H , and McIntosh, J F J Clin Investigation 1 333 (1924)
21 DeGraff, A C , and Nadler, E J J A M A 119 1006 (1942)
22 Schroeder, H A Am Heart J 22 141 (1941)
23 Schemm, F R Ann Int. Med 21 (1937)
24 Kempner, W N Carolina Med J 5 273 (1944)
25 Henstell, H H , and Gunther, L Am J M Sc 209 187 (1945)
26 Perla, D , and Freiman, D G , Sandberg, M , and Greenberg, S S Proc. Soc Exper Biol & Med 43 397 (1940)

THE STARVING DOCTOR

Dr James Gregory, author of *Conspectus Medicinae* and professor at the University of Edinburgh, was known as a "starving doctor"

Not long after he died, April 2, 1921, there appeared in print an anecdote illustrating part of the learned man's character The story relates how a Glasgow merchant, concerned about "a pinkling in the stomach," called on the doctor The physician asked about the merchant's mode of life, diet, etc , and was assured that "all was carried on most moderately"

For instance, when asked what he took for supper, the merchant answered "I canna be said to tak' supper, just something before going to bed a rizzer'd haddock, a toasted cheese, half a hundred oysters, or the like o' that, and maybe, two-thirds of a bottle of ale, but I tak' no regular supper"

The doctor gave his diagnosis "Now, sir, you are a pretty fellow, indeed You tell me you are a moderate man but, by your own shewing, you are a vocarious glutton Your breakfast would serve a moderate man for dinner And, from five o'clock afternoon, you undergo one almost uninterrupted loading of your stomach until you go to bed. This is your moderation!

"You said you were a sober man, yet, by your own shewing, your are a beer swiller, a dram-drinker, a wine-bibber, and a guzzler of Glasgow punch You eat indigestible suppers and swill toddy to force sleep I see you chew tobacco Now sir, what human stomach can stand this? Go home, sir, and leave off this riotous living Take some dry toast and tea to your breakfast, some plain meat and soup for dinner without adding anything to spur on your appetite. You may take a cup of tea in the evening, but never let me hear of haddocks, toasted cheese and oysters, with their accompaniments of ale and toddy Give up chewing that narcotic, and there are some hopes that your stomach may recover its tone and be in good health"

There is no record of whether the merchant took the advice The story says merely that he looked dumfounded, but that may have been because the physician refused any pay for his deductions "Do you think I'll take a fee for telling you what you know as well as myself? Though you are no physician, sir, you are not altogether a fool. You have read your Bible, and must know that drunkenness and gluttony are both sinful and dangerous Go home, sir, and reform!"

TIME-DOSE RELATIONSHIP IMPORTANT IN PENICILLIN TREATMENT

Penicillin, given in large doses over a relatively long period, is the only effective treatment of the once fatal disease known as subacute bacterial endocarditis, according to an article in the December 22 issue of *The Journal of the American Medical Association*

Arthur L Bloomfield, M D , and Richard M Halpern, M D , of the Department of Medicine, Stanford University School of Medicine, San Francisco, wrote that at the present time the best treatment seems to consist of four to eight intramuscular injections of penicillin every twenty-four hours, with a total daily dose of at least 200,000 units continued over a period of two months

The doctors emphasized the importance of the time-dose relationship because otherwise the patient may lose the advantage gained by an early diagnosis By the time a relapse occurs, due to inadequate dosage in the initial treatment, the infecting bacteria may develop increased resistance to penicillin

Subacute bacterial endocarditis usually attacks valves of the heart that are already damaged In several of the patients, heart failure occurred after the disease was under control The authors explained that unless treatment is started early, irreversible damage to valves may occur even though penicillin eradicates the infection.

BILIARY DISEASE IN THE ELDERLY AND CHRONICALLY ILL PATIENT

ELMORE MITCHELL ARONSTAM, M D , New York City

(From the Surgical Service, Third (New York University) Division, Goldwater Memorial Hospital Department of Hospitals New York University)

DISEASE of the biliary system is common in the age group in which most of the more noted chronic illnesses fall Consequently, surgery is considered with more trepidation than in the younger and otherwise healthy adult In fact, many authorities are strongly opposed to surgery in these patients [1] The management of these cases presents a wide variety of medical and nursing problems which must be overcome before any kind of successful surgical result can be achieved. On this service, elective surgery for biliary is infrequent, however, frequently circumstances preclude nonsurgical management, and operation must be undertaken

Presentation of Data

The substance of this paper is a report of 38 patients operated upon in sequence Four of these cases were elective Thirty four cases presented symptom complexes which made surgery obligatory Criteria, necessary before operation was considered, are listed in Table 1 There were eighteen men and twenty women in this series, the oldest being 79 years and youngest, 33 The average age was 59 and $^{9}/_{12}$ years All but 2 cases had a multiplicity of disabling disorders which rendered them poor surgical risks. The frequency of these diseases is seen in Table 2 The illnesses have been deemed sufficient contraindications to elective surgery Thirty-four of the 38 case histories gave evidence of symptomatology lasting over a period of several years

As far as was possible, a diagnosis was reached by gallbladder series, liver chemistry, and duodenal drainage Pulmonary, renal, cardiac and blood studies were made routinely on all patients with the exception of a small number in whom the acuteness of the problem forbade delay in performing a laparotomy

Preoperatively, each patient presented an individual problem, not only in preparation but in choice of anesthetic The chronically ill are frequently poor eaters and often are emaciated, commonly suffering from subclinical hypovitaminosis The improvement of nutrition and hydration particularly in short periods of time, was often imperative and difficult The longer the preoperative period available, the better was the preparation Parenteral glucose, amino acids vitamin concentrates, including K, and blood and plasma transfusions were employed where needed to supplement oral treatment Adequate digitalization and compensation in patients with cardiac complications were assured Diabetics were permitted to spill one to two plus sugars (Benedict) in their urines prior to operation In other conditions attention was directed toward maintenance of treatment of those conditions as far as was possible without conflict with operative management.

Diverse forms of anesthesia were employed according to the judgment of the attending surgeon Cyclopropane has been the most often used anesthetic. One possible anesthetic death is reported with cyclopropane. In this case the patient was a marked hypertensive with some degree of myocardial fibrosis The patient had suffered from recurring attacks of excruciating biliary colic Death occurred as the operative incision was about to be made Postmortem examination disclosed the above-mentioned myocardial fibrosis and chronic cholecystitis with pericholecystic adhesions However, cyclopro-

TABLE 1 —CRITERIA NECESSARY FOR OPERATIVE INTERVENTION

1.	Persistent pain
2.	Repeated episodes of nausea, vomiting, and epigastric distress
3.	Obstructive jaundice
4.	Fever, persistent or recurring
5.	Palpable mass

TABLE 2 —COMPLICATING DISEASES

Disease	Number of Cases
Generalized arteriosclerosis	32
Hypertension	12
Marked cardiac arteriosclerosis	11
Recent fractured hip	4
Diabetes mellitus	3
Carcinoma of the breast	2
Hemiplegia	3
Pyelonephritis, chronic	2
Benign prostatic hypertrophy	3
Marked osteoarthritis	2
Laennec s cirrhosis	1
Peripheral arteriosclerosis	3
Chronic mastoiditis	1
Adhesive arachnoiditis	1
Chronic myelitis	1
Parkinsonism	1
Posterior lateral sclerosis	1
Renal calculi (bilateral)	1
Buerger s disease	1
Lues (Central Nervous System)	1
Rheumatoid arthritis	1
Paget s disease	1
Gout	1
Chronic alcoholism	1
Asthma	1

[1] Mueller-Deham, Albert Internal Medicine in Old Age, Baltimore Williams and Wilkins and Co., 1942.

pane has been used on many similar cases with uniformly good results in this hospital Pneumonia has been seen twice with cyclopropane Atelectasis occurred in one case operated with local, novacaine anesthesia Spinal and ether anesthesia have been used in a fewer number of cases with excellent results

A third of our group of cases were either acute, severe infections, or complicated surgical problems Beyond this, in view of the momentary condition or pathologic background of our patients, the surgeons were occasionally forced to the dictum of executing the most conservative of procedures which would give the patient a maximum of benefit, even though that benefit, in view of the pathology, would be of short duration In Table 3 are listed the various pathologic diagnoses and the number of cases with each pathologic condition Operative mortality and causes of deaths are found in Table 4 The most common pathologic condition was chronic cholecystitis and cholelithiasis These cases did well uniformly However, cases with acute gangrenous cholecystitis did poorly because of advanced age, severity of infection, and the weakened condition of the patient Carcinoma of the gallbladder was seen once, carcinoma of the head of the pancreas, twice Acute gangrenous cholecystitis and cholelithiasis occurred once with carcinoma of the head of the pancreas One case of chronic cholecystitis and cholelithiasis was seen superimposed on Laennec's cirrhosis Both of these cases did well as far as the benefit of the immediate operation was concerned

The postoperative period in elderly or chronically ill patients is probably more important than either the operative or preoperative periods It would seem that when a patient has been weakened by anesthetic poisons, and when normal body physiology has been impaired by abdominal manipulation, loss of fluids and narcosis, the effects of age and basic pathologic conditions are enhanced

The patients must be turned regularly, deep breathing must be encouraged periodically We have employed the oscillating bed to prevent stasis in some cases In the event of postoperative pneumonitis, we prefer the use of penicillin in the elderly and chronically diseased patient We have observed alarming blood sulfa levels, hematuria, and renal shut down when only small doses of sulfa drugs were administered to some of our patients Nutrition and adequate fluid balance must at all cost be maintained parenterally until the patient begins to take nourishment by mouth Ground lost early in the postoperative course frequently cannot be regained Careful aseptic technic in changing dressings is patiently necessary Mobilization of our patients has generally been delayed because of basic pathologic conditions Careful check on diabetic divided urines is routine Sufficient intake and output in all patients with renal disease is the only way to prevent shutdown of the kidneys Chemotherapeutic prophylaxis against recurring pyelitis should be undertaken Daily evaluation of the cardiac and chest status has been routine

TABLE 3.—PATHOLOGY

Pathology	Number of Cases
Acute and chronic pancreatitis with acute cholecystitis and cholangitis	1
Acute gangrenous cholecystitis	1
Acute gangrenous cholecystitis with cholelithiasis	1
Acute gangrenous cholecystitis with cholelithiasis and ruptured gallbladder	2
Chronic cholecystitis	1
Chronic cholecystitis and pericholecystic adhesions	5
Chronic cholecystitis and cholelithiasis	16
Chronic cholecystitis and cholangitis	1
Chronic cholecystitis and cholelithiasis and choledocholithiasis	1
Laennec's cirrhosis and chronic cholecystitis and choledocholithiasis	1
Laennec's cirrhosis (acute and chronic)	1
Carcinoma of gallbladder with metastasis	1
Carcinoma of head of pancreas	1
Carcinoma of head of pancreas and acute gangrenous cholecystitis and cholelithiasis	1
Large distended normal gallbladder	3
Mucocele of gallbladder with cholangitis and choledocholithiasis	1
	38

Discussion

It is apparent that in the elderly age group seen in a hospital for chronic disease many factors are at hand which at once establish these patients as "bad risks" for surgery Not only is there the age factor but complicating disease and the poor nutritional status engendered by it For these reasons, it has long been the custom of internists and surgeons to avoid surgery in these patients, particularly elective surgery We have observed that 34 of 38 patients have symptomatology of two or more years' duration The majority of patients in this small series were operated upon out of dire necessity, and the pathology in many cases was extremely advanced and untoward It is easily understood how the mortality in this series is considerably greater than in younger and healthier subjects This suggests that early elective operations for biliary diseases are indicated Certainly when a patient is younger, better nourished, and when his pathology is not advanced, surgical treatment carries much less risk

Nevertheless, surgery can be carried out effectively on these poor risk patients and on selected cases, but only with the best medical care The procedures must be, of necessity, the least traumatizing as possible The anesthesia must be compatible with the patient's basic condition and of as short a duration as possible

TABLE 4.—MORTALITY

Patient	Age	Pathology	Complicating Condition	Day of Death
J. K.	72	Chronic cholecystitis Pericholecystic adhesion	Diabetes mellitus Virus pneumonia	14 Day
K. D.	65	Chronic cholecystitis	Psychoneurosis Wound disruption	14 Day
F. M.	50	Huge distended gall bladder	Posterolateral sclerosis Acute and chronic pyelitis	5 Day
A. D.	58	Ruptured gangrenous gallbladder	Central Nervous System Lues	3 Day
M. E.	76	Massive adhesions Obstructive jaundice	Operation halted by general poor condition	1 Day
T. F.	60	Mucocele of gallbladder Choledocholithiasis	Cholangitis	30 Day
A. C.	61	Chronic cholecystitis Pericholecystic adhesion	Anesthetic death Hypertensive cardiovascular disease	0 Day

Mortality 18.4 per cent
Average age of fatalities 63.0 years

Conclusion

A series of 38 elderly and chronically ill patients, operated upon for gallbladder disease, has been reported

Where possible, early operation for biliary disease in a chronically ill patient should be undertaken to avoid late obligatory intervention when the patient's inadequate physical status increases the danger of surgical procedures

Stress is placed upon the pre- and postoperative treatment which are the most deciding factors in the patient's ultimate recovery

The most conservative surgical procedures are best suited to this age group

400 East 59th Street

HOME FOR INCURABLES

The village fathers of West Farms resolved, early in 1866, to establish a refuge for those afflicted with incurable maladies. At that time facilities for the care of such sufferers were so limited that a city institution was about the only recourse of these patients. The Rev Washington Rodman was the first to interest the village group in establishing this kind of a home. And eighty years ago, on April 6, 1866, a charitable institution in the Bronx named the Home for Incurables was incorporated under the laws of the State of New York.

It was to be a home rather than a hospital, open for men and women requiring continuous care. A rented, frame dwelling formerly known as 'Uncle Daniel Mapes Temperance Home," was opened in the little village. It accommodated 33 patients, but the founders soon realized the accommodations were inadequate. Adjoining houses were obtained but these ordinary village houses possessed very few conveniences and were separated from each other by grounds or intervening buildings.

The by laws of the Home provided for a Board of Managers of '24 gentlemen' and from 1867 on, more than a hundred of New York City's outstanding men have served as members of the Board without remuneration. Furthermore, these men (as well as other men and women) gave freely of their time, endeavors, and funds that the Home might be perpetuated to serve the community

Adrian Iselin, grandfather of the present head of the Home for Incurables, became actively interested in 1869 and later was elected vice-president. In 1872 the Home received nine acres of land, a part of the original Lorillard estate near Third Avenue between 180th and 183rd Streets The following year the cornerstone of the first building on the present site was laid.

In 1874 the patients were transferred from West Farms to the new Home. In 1881, the "Ladies Association" now the Women s Auxiliary Board was organized.

During the next thirty years wings, pavilions, extensions, and chapels were added. The capacity of the Home was increased to 310 beds. In 1926, Ogden Mills (father of Ogden L. Mills) became president of the institution, a position he held for more than fifteen years. Mr Mills built and furnished completely a modern seven-story Nurses' Home on the property

About this time, the Home for Incurables leased a part of its land to the Braker Memorial Home and the latter institution erected a home for old people, and in the early 1930 s the Braker Memorial and the House for Incurables became one institution. All of the Home s outworn buildings were replaced by a modern building in 1931. Since 1880 the Home for Incurables has been a member of the United Hospital Fund.

LINEAR FRACTURE OF THE SKULL ACROSS THE VENOUS SINUSES

ARTHUR D ECKER, M D , Syracuse, New York

(*From the Department of Surgery, Syracuse University College of Medicine*)

IMPAIRMENT of the outflow of blood from the brain is generally recognized in the case of depressed fractures of the skull over the large venous sinuses Furthermore, similar cerebral passive congestion may be associated with a more common occurrence, namely, a linear fracture which crosses one of the main dural sinuses During a period of twelve months, I have observed 11 cases of blunt head injury in which either a linear fracture or a diastatic fracture of the sagittal or lambdoidal sutures crossed a major dural venous sinus, namely, the superior sagittal sinus or a lateral sinus In almost all these cases, despite the absence of depressed fragments of bone, there resulted obstruction of the venous outflow sufficient to cause prolonged mental confusion and choked disks The prompt recognition of this syndrome is essential both to avoid unnecessary intracranial exploration and to institute proper treatment with special reference to maintenance of the upright posture [1]

Illustrative Cases

Case 1 —A physician, thirty years of age, missed his step when attempting to enter a bus He fell and struck the right occipitotemporal area of his scalp, which was bruised but not lacerated He was unconscious momentarily and then remained dazed for eight hours Subsequently he suffered from headache, drowsiness, and blurred vision Neurologic examination was negative except for diminution of the left abdominal and Achilles reflexes Six days after the injury there was moderate papilledema in the right eye and slight papilledema in the left eye, as well as left homonomous inferior quadrantic hemianopsia Eleven days after injury there was no change in the papilledema Roentgenograms revealed diastasis of the lambdoid suture where it crossed the groove of the lateral sinus The diastasis was continued forward as a linear fracture into the right parietal bone There was ecchymosis over the mastoid process

The patient was encouraged to be up and around, and to keep his head elevated at all times Twenty-one days after the injury the papilledema had receded considerably Lumbar puncture was performed at this time, and revealed clear, colorless fluid under pressure of 34 cc of water Jugular compression for ten seconds and prompt release with readings at ten-second intervals revealed the following data

Bilateral 35—50—39—34
Left 34—48—39—34
Right 34—35—34—34
Right, repeat 34—35—34—34

This differential Queckenstedt test confirmed the clinical impression of impairment of the circulation of the right lateral sinus Except for the residual field defect the patient was free from signs and symptoms twenty-nine days after his injury, and returned to his normal activities

Case 2 —A young man was thrown from a motorcycle and was momentarily unconscious General physical and neurologic examination was negative except for minimal stiffness of the neck On the following day he began having severe headaches, dizziness, and recurrent projectile vomiting Bilateral choked disks developed X-ray films revealed a linear fracture through the left side of the occipital bone which extended across the groove of the left lateral sinus The spinal fluid pressure responded promptly to pressure on the right jugular vein, with a rise to 40 cm., but rose only to 30 cm when the left jugular vein was compressed This test confirmed the impression of obstruction of flow in the left lateral sinus

The patient was treated without surgical intervention, and was allowed out of bed The papilledema gradually subsided and upon discharge from the hospital ten days after injury, the patient was free from signs and symptoms

The Queckenstedt tests do not *in themselves* prove that there was traumatic obstruction of the lateral sinuses in these cases because congenital variations of the sinuses must be considered However, when these tests are considered, together with the clinical course in these cases, there results overwhelming evidence that traumatic obstruction did take place

Discussion

A linear or diastatic fracture of the skull may cross an underlying lateral or superior sagittal sinus without in any way being accompanied by impairment of the flow of blood through the sinus However, as in the cases here reported, there may be associated obstruction of the flow of blood through the sinus Such obstruction is due to the original injury and may be effected by trauma to the intima of the sinus and subsequent thrombosis with more or less occlusion of the lumen of the vessel There may be an epidural hematoma at the site Again, as in one case observed at necropsy, there may be an intradural hemorrhage, namely, between the layers of dura and overlying the sinus sufficient to impair the flow of blood through the sinus but without causing complete obliteration of the lumen of the vessel

In venous congestion of the brain, the cerebral veins are engorged and there results increased intracranial pressure, which is usually marked by papilledema Drowsiness and mental confusion

may be caused or prolonged by the increased pressure When these signs occur after trauma to the head, it is logical to suspect the presence of intracranial hemorrhage and to attempt to localize it by ventriculography However, in cases of venous congestion of the brain, ventriculography is difficult because the ventricles tend to be small and the injected air is often forced out of them into the subarachnoid space

Summary

A simple linear or diastatic fracture of the skull which crosses one of the main venous dural sinuses is frequently followed by impairment of venous outflow from the brain Such passive congestion is marked by increased intracranial pressure with headache, choked disks and, occasionally, the persistence of mental confusion The prompt recognition of the condition here described permits recovery under conservative management with special reference to upright posture Anxiety is minimized and unnecessary surgical intervention, such as ventriculography or burr hole exploration, is avoided

Reference

1 Ecker A D., Ayer, W D., and O Connor F J J.A.M.A 114 1440 (April 13) 1940

UNITED MEDICAL SERVICE, INC BROADENS SERVICE

United Medical Service, Inc 370 Lexington Avenue, New York City, has liberalized its enrollment regulations for persons desiring surgical and medical care in hospitals and has made provision to pay for minor surgical operations performed in a doctor's office, it was announced on March 6 by Rowland H George president

Small employed groups and individuals not affiliated with groups may now subscribe to U M S under regulations similar to those in New York s Blue Cross Plan, Associated Hospital Service of New York.

According to Mr George the current regulations affect some 300,000 persons heretofore unable to obtain maternity benefits under U M S These individuals, originally enrolled in the Blue Cross hospitalization plan in groups, subsequently left their places of employment and continued their subscriptions on a nongroup basis. Under the U M S family contract they may now obtain surgical indemnity in hospitals including maternity benefits, ordinarily granted only to those who enroll directly through groups

The provision, covering indemnity for minor surgical operations performed in a doctor's office, was adopted by the Board of Directors of U M S as a result of the current shortage of hospital accommodations, Mr George declared He stated that U M S is receiving an increasing number of claims from persons given surgical care in doctors' offices because hospital accommodations are not readily available

More than 175 000 persons in Greater New York now subscribe to the three plans offered by U M S Approximately 10 000 physicians cooperate in the service which is sponsored by the Medical Society of the State of New York and 17 county medical societies.

COURSE IN GYNECOLOGIC AND OBSTETRIC PATHOLOGY

Starting April 17 1946 the Israel Zion Hospital held its eighth annual postgraduate course in gynecologic and obstetric pathology This course is given under the auspices of the Joint Committee on Postgraduate Education of the Long Island College of Medicine, The Medical Society of the County of Kings, and the Academy of Medicine of Brooklyn

Dr J M Ravid and staff will conduct this course. Further information may be obtained from the Registrar, 1313 Bedford Avenue Brooklyn, New York.

A NEW HEMOGLOBINOMETER

A No-Blood-Drop Method, Using the Principle of Transillumination

WILLIAM L GOULD, M D., Albany, New York*

THERE are, basically, two methods of hemoglobin determination, one using undiluted blood, while the other employs blood diluted with various reagents I beg to submit a third method, one that requires the taking of no blood specimen

The hemoglobinometer I devised, takes the determination in vitro by the principle of transillumination A light shining through the finger produces a red hue that is compared to a standardized hemoglobin chart The use of transillumination in medicine is old Its most frequent use has been with cavities and sacs, as sinuses and hydroceles However, the literature does not show this particular use of transillumination in hemoglobinometers.

The hemoglobinometers that determine the hemoglobin with undiluted blood are, for example, those of Tallquist, Dare, and others The hemoglobinometers that use diluted blood are those of Sahli and others

There are many kinds of hemoglobinometers They vary from the simple drop-of-blood-on-blotting-paper type to the self-recording photocell meter While the tendency is toward more technical and more involved meters, that presented here tends the other way, toward simplification, not only of structure, but also of procedure

The hemoglobin on the colorimeter is determined in percentages, ranging from 10 to 100 or more mgm per 100 cc of blood The fact that there are many methods of determining hemoglobin, necessarily gives many variations in the results Some register proportionately higher, and vice versa For example, Sahli averages about 10 per cent higher than Tallquist The device here described has been standardized to the improved Sahli-Wert, where 100 per cent equals 14 5 Gm per 100 cc of blood In the original Sahli or Gowers' method, the 100 per cent mark corresponded to 17 3 hemoglobin per 100 cc However, this is believed to be higher than normal, since the normal for men and women is usually considered as 14 and 13 Gm , respectively As an example of the differences, there are many concerns making Sahlis, each with its own standard In the Tallquist method, the 100 per cent mark corresponds to the color which a normal number of red cells (4,500,000) registers [1]

In the Haden-Hausser type, 15 Gm equals 100 per cent Simon states that 100 on the scale of the von Fleischel instrument is equivalent to 13 77 per cent solution hemoglobin [2] In Van Slyke's, 15 6 Gm equals 100 per cent, while in Dare, 13 77 Gm equals 100 per cent Tallquist is the simplest but has an error of from 15 to 30 per cent

The average oxygen capacity of the blood in healthy adult men is 18 5 per cent, in women, 16 5 per cent, and in children, 16 1 per cent [3]

The variables are not only with the standards, but also with the technics, the operators, and the apparatus

Hemoglobin determination is important in medicine, as well as in surgery

Because hemoglobinometers vary, it is difficult to decide which is the most accurate Each technician has his or her own choice Each one may read the same blood specimen differently It happens, too, that examiners reading the same specimen at the same time may give different percentages For example, with the same Sahli instrument, several examiners would read the same blood specimen as much as 20 per cent apart

As part of my experimentations, I secured a number of Tallquist charts made by different concerns I found the colors vary, not only with the different companies, but the same concern itself, with new issues showing variations from the preceding ones The hue would be different or the amount of dullness or glossiness would vary

The question of when to read the drop-blood method, as the Tallquist and Dare, is important. It should be read as soon as the blood stain loses its gloss, yet, before it coagulates The difficulty of doing this at the exact instant before there is a change in the hue of the blood is well known by all those attempting this technic

The method of getting the blood specimen involves many factors which may alter the results the thickness of the drop, how quickly it is taken, how readily it comes out, and whether squeezing or pressure is necessary

Sometimes, there is a turbidity of the blood due to leukocytosis Dirt and faded or disturbed color in the standard may vary it

Pipettes and tubes differ so much, not only in bore, but also in their technic of use Calibrations on them are at times found to be not exacting or constant The color and the quality

* Formerly Health Director of Schools of City of Albany and in charge of Heart Clinic at Memorial Hospital, Albany

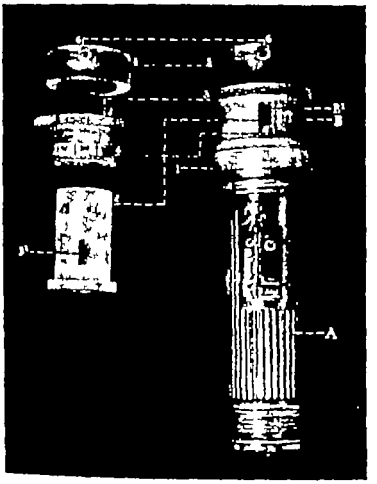


FIG 1 The hemoglobinometer assembled and disassembled It consists of a battery handle (A) and its adapted head (B) The plastic head is made up of an outer shell (1), an inner well (2) a rotatable sleeve dial (3), a color band (4), and a ring (5) There are two windows, B^1 and B^2

of the glass may tint the standard solution unfavorably The stability of the test solutions has at times proved troublesome.

There are many variables in hemoglobin determination That described avoids a number of them, because no blood per se is used There is no technical laboratory procedure required It does not need as skilled an operator, its technic being so simple The readings are rapid and accurate For example, the Sahli test took five to fifteen minutes each, while mine could be determined in a matter of seconds

Description of Apparatus

The apparatus (Fig. 1) consists of a battery handle (A) and its adapted hemoglobin head (B) (see photographs) The plastic head is made up of an outer shell (1) that screws onto the handle and an inner well (2) into which the finger fits, a rotatable sleeved dial (3) that fits between shell and well and on which is mounted the color band (4), the dial being held in place by a ring (5) There are two approximating windows B^1 and B^2, one in the outer shell and the other in the inner well. The finger fits into the inner window so that when transilluminated, its red hue shines through the outer window alongside the matching strip of the color band



FIG 2 The examiner stands between the light source and the patient, so that the light rays do not directly strike the meter

Before the test, the light source may be standardized in a very simple manner As the batteries run down the results necessarily vary This may be readily noted and corrected by the examiner who has previously had his or her own count taken For example, if the examiner reads 70 per cent and his standard is 80 per cent, he knows that the batteries are running down and should be replaced by new ones A rheostat was installed in one of the test models to standardize the chart, but this was not considered necessary when such a simple standardization by the operator himself is so readily made

Procedure

In using the hemoglobinometer, one should stand so that the direct rays of light—daylight or artificial—do not strike the color chart of the meter A simple way to do this is to have the examiner stand between the patient and the light source (or vice versa), as illustrated in the accompanying photograph (Fig 2) Total darkroom effects, as with the Dare, instrument, are not necessary Light may be controlled, too, by the window shades. The reading may even be taken shielded by the examiner's coat.

The index finger is inserted as far as it will go into the well so that its volar aspect is firmly pressed into the window To steady the finger, the thumb is pressed over the screw mark (6) on the ring When nail polish is present, the side of the finger instead of its volar aspect is placed at the window

Now the dial is turned until a red hue of the color strip matches the transilluminated color of the finger and the reading is noted The end of the finger tip overlaps the outer border of the color strip, darkening this portion The rest of the color strip remains light and transilluminated It is this latter portion of the color strip that is read

The regular color charts could not be used because they were standardized to actual drops of blood In this device, new charts were made,

standardized to the hue of transilluminated blood Over a period of three years and with over a thousand cases, many charts were made The first of these had an error of 30 per cent to 40 per cent compared to Sahli (Wert). This error was gradually reduced so that the readings are now the same as the Sahli

Summary

Hemoglobin determination is important, not only in a doctor's office and laboratory, but also frequently at home This hemoglobinometer may readily be used anywhere Even for emergencies, it can make an "on the spot" hemoglobin determination to assist in diagnosing internal hemhorrage, in giving plasma, in operations, etc

Its construction and technic of operation are simple It employs the principle of transillumination so that no blood need be drawn

It is labor- and time-saving, light, and portable Hemoglobin determination with it takes seconds, rather than minutes Cleaning and drying pipettes and tubes can be discontinued The frequently disagreeable task of taking the blood specimen with pipettes and the possibility of contamination are eliminated The errors that may be made in taking the drop of blood are done away with to a considerable extent

Methods of precision, which are so readily carried out in the hospital, laboratory, or office may not be possible under many other circumstances Because of this, hemoglobin determination is not made as often as it should be This method of transillumination is so simple that it encourages the taking of this test

This hemoglobinometer may be used as a regular flashlight Most physicians carry flashlights in their handbags, so that this combination, hemoglobinometer and flashlight, requires no extra space

The use of rheostat standardization control (as in otoscopes and ophthalmoscopes) and photocell readings were included in the experiments However, the device as it is, without these, is simple and practical

References

1 Peyre, E 40 13 (Jan 3) 1925
2 Queries and Minor Notes J A M A , 88 343 (Jan 29) 1927
3 Haldane, John J D , F R S J Physiol 26 497 (1900)

THE BIRTH OF QUACKERY

An old British newspaper, *The Gazette of April 14, 1684*, contained an order suppressing all mountebanks, rope dancers, ballad singers, who had not taken a license from The Master of The Revels. The actors decided that if they were to pay for a license they would add something more to the act and get their money back. So, they added pills, old wives cures, advice, "snake oil" remedies And Quackery was born.

In a pamphlet on quackery, published in 1805, it is stated that a certain Katerfelto practiced on the people of London in the influenza of 1782, "that he added to his nostrums the fascinations of hocus-pocus, and that with the services of some extraordinary black cats he astonished the vulgar " Katerfelto's performances were done, in the daytime, with a microscope, in the evening there were electrical experiments with black cats These cats were named "The doctor's devils," and tricks of legerdemain concluded the entertainments

Katerfelto did mix up his quackery with some real science

By the aid of the solar microscope he astonished the world with insect wonders One of his advertisements promised that with the aid of his microscope "the insects on the hedges will be seen larger than ever, and those insects which caused the late influenza will be seen as large as a bird. In a drop of water the size of a pin's head there will be seen about 50,000 insects, the same in beer, milk, vinegar, flour, cheese, etc " Katerfelto declared himself "the greatest philosopher in this kingdom since Sir Isaac Newton "

A still more famous quack flourished about the same time—a Mr Graham He operated a so-called "Temple of Health," and claimed he could explain the secret of "living with health, honor, and happiness in this world, for at least a hundred years " A means for insuring this was the frequent use of mud-baths

Graham's assistant was a lady called "Vestina, the Goddess of Health " She sat chin-deep in mud while Graham, elaborately gowned and wigged, expounded on the advantages of beauty and vigor One old historian infers it was the facial loveliness of Vestina that attracted devotees to mud rather than the results accomplished by it, and then he goes on to state that Vestina later "became celebrated as the wife of Sir William Hamilton, and the great counsellor and friend of Lord Nelson "

BENZYL BENZOATE TREATMENT OF SCABIES IN A STAGING AREA

SEYMOUR L. HANFLING, Maj ,(MC),AUS, and A ALLEN GOLDBLOOM, Lt Col ,(MC),AUS*

(From the Medical Service, Station Hospital, Camp Kilmer New Jersey)

FROM its inception in June, 1942 to December, 1944, this Staging Area Station Hospital had treated all cases of scabies by hospitalization and the long-accepted 15 per cent precipitated sulfur ointment routine The ointment was applied twice daily for at least three days During this period of over two and one half years, 723 cases were treated with a loss of over 2,000 man-days and an incalculable loss of time due to disruption in unit processing In addition to these hospitalized cases, many alerted cases of scabies were given four ounces of this ointment, printed instructions, and allowed to proceed with their units Whether these completed their course of treatment will never be known.

In the Fall of 1944, one of the authors (S L. H.) having worked with the British and having seen the results of scabies treated with benzyl benzoate which was first introduced by Kissmeyer,[1] of Denmark, in 1937, decided to investigate the possibilities of this form of therapy The literature was checked for technic and results of treatment,[2-6] and permission was obtained to use benzyl benzoate in the treatment of these cases

The liquid was obtained in a 23 per cent alcoholic solution and treatment was begun on December 1, 1944 In the nine months since then, 1,266 cases have been treated with a liquid spray of benzyl benzoate with a saving of over 3,700 man days in hospitalization, plus other advantages to be described later

The technic employed was as follows The area dispensary surgeons and the medical processing officers sent all questionable cases of scabies to the Dermatology Ward for consultation Here, all cases other than scabies were weeded out Those with established diagnoses were then directed to an adjacent building where a trained attendant was on twelve-hour duty and twenty-four hour call The patient showered and scrubbed himself thoroughly While this was being done, all the patient's cotton clothing, soiled linen, and whenever possible, blankets were steam sterilized If wearing woolen clothing, he was advised to have them dry cleaned at once. The patient was then sprayed from chin to toes by means of a continuous pressure hand spray, particular attention being paid to the more heavily infected areas The patient had his face covered during this procedure to protect his eyes. He was instructed not to bathe until the following day when he was to return for a second spray treatment At that time, the entire treatment was repeated and the patient instructed not to bathe for at least twenty-four hours Upon the patient's return for his second spray, he was questioned as to the relief of symptoms and a complete record was kept of results

The liquid used originally was a 23 per cent solution in alcohol When DDT became available, this was added to the solution in the following formula

Benzyl benzoate	10 per cent
DDT	1 per cent
Procaine hydrochloride	2 per cent
Alcohol, ethyl, q s, ad	4,000 cc.

This formula has the incidental advantage of being practically 100 per cent effective in one application in the treatment of pediculosis pubis

During the initial month of this therapy, all cases were admitted to the hospital to determine the efficacy of our treatment Sixty-seven cases were followed for at least seventy-two hours after the second spray Of these, 65 were relieved of all complaints and cleared of all lesions prior to discharge The 2 remaining cases were improved but not cleared and so were discharged to their units on an ambulatory status to continue treatment with 15 per cent precipitated sulfur ointment

Following this series, which proved to us the efficacy of benzyl benzoate in the treatment of scabies, all cases, except those with decided secondary infection, were treated on an ambulatory status. Since initiating this therapy, 1,266 soldiers were sprayed (See Table 1) Functioning as a Staging Area Station Hospital until V-E Day and as a Disposition Area Station Hospital for returning troops since then, there has been little opportunity to follow up these cases However, almost 40 per cent were in camp twenty-four hours after the initial spray and returned for a second treatment These were all questioned and over 97 per cent reported complete relief of the itching at night previously present, which verified the results of our original series of 67 cases.

TABLE 1

Period of Treatment	Cases Sprayed Once	Cases Sprayed Twice Improved	Cases Sprayed Twice Unimproved	Percentage Improved of Cases Sprayed Twice
Dec. 1 1944 to Sept. 1 1945	1,266	459	12	97 4 per cent

* Dr Goldbloom and Dr Hanfling are now in practice in New York City

The advantages of this form of treatment over precipitated sulfur ointment or any other sulfur preparation are many The saving of time in hospitalization is obvious and of prime importance Instead of a minimum of three days in the hospital with the associated disruption of routine to the unit and the soiling of a complete set of personal and bed linen, the latter at the estimated cost of seventy cents per patient, all patients can safely be treated on an ambulatory basis Because of the simplicity of the treatment, patients will return whenever possible to complete the therapy The total time lost, including the traveling to and from the barracks on two consecutive days, is less than three hours The messiness of the sulfur ointment therapy on an ambulatory basis makes any effective volatile liquid spray preferable

A second advantage of the benzyl benzoate therapy was the absence of secondary dermatoses so commonly seen after twenty-four to thirty-six hours of sulfur treatment No soldier in this series complained of more than a temporary local burning in the areas of excoriation, despite the fact that benzyl benzoate has been seen to cause a severe dermatitis when applied too freely or too frequently Cases have been seen in this Dermatology Clinic of severe reactions following self-treatment The total absence of reactions in our cases is undoubtedly due to the proper application of the solution, not more than twice by a trained technician

The question of sterilization of clothing and blankets is one frequently raised and of primary importance Opinions among the British vary There are some who regard it as unnecessary[2,10] and a waste of time and money, while there are others that feel that fomites, and not direct contact alone, can cause a spread of this infection [4 5 11] Our opinion is that without spread by fomites the Army would not have the high incidence it has There is not enough direct contact to explain it On the other hand, there is a routine story of the use of unclean blankets and a week or so later, developing an itch This Dermatology Service does steam-sterilize all cotton clothing, linen and blankets and, advises that wools be dry cleaned These precautions should eliminate any possibility of reinfection

Summary

1. From June, 1942 to December, 1944, 723 cases of scabies were hospitalized and treated with 15 per cent precipitated sulfur ointment, resulting in the loss to the Army of over 2,000 man days

2 In December, 1944, the ambulatory treatment of scabies with a spray of an alcoholic solution of benzyl benzoate was inaugurated In the nine months since then, 1,266 cases were treated, 471 cases were checked, and 459 or 97 4 per cent showed disappearance of symptoms in twenty-four hours

3 The first 67 cases were followed in the hospital for at least three days after completion of the treatment Sixty-five were discharged cured after two applications

4 Over 3,600 man-days were saved by this ambulatory treatment

5 Attention is called to the advantages of this therapy in the saving of hospital linen and the absence of secondary dermatoses

Conclusions

1 An efficient and nontoxic form of treatment for scabies is a 10 per cent alcoholic solution of benzyl benzoate applied with a spray gun on two occasions, twenty-four hours apart

2 Clothing may or may not be sterilized but we believe it advisable

3 Treatment is over 97 per cent successful.

4 The final formula used has the incidental advantage of being practically 100 per cent effective in one application in the treatment of pediculosis pubis

5 In view of the simplicity of the application of this liquid by means of a spray gun or a soft paint brush, we believe this therapy can be employed to advantage, not only by the Army Medical Corps, but also by the civilian medical practitioner

References

1 Kissmeyer, A Lancet 1 21 (Jan 2) 1937
2 Graham, J Brit M J 1 413 (April 3) 1943
3 Gordon, R., and Unsworth, K. Liverpool School Annals of Tropical Medicine and Parasitology 37 195 (Dec. 31) 1943
4 Slepyan, A H, Lt. (j g) U S N R. J A M.A. 124 1127 (April 15) 1944
5 Mallen, K. C Brit. M J 2 452 (Oct. 17) 1942
6 Buchan, J F Brit. M J 2 227 (Aug 16) 1941
7 King, R E Brit. M J 2 626 (Nov 9) 1940
8 Mackenzie, I F Brit M J 2 403 (Sept. 20) 1941
9 Carter, Dorothy Brit. M J 2 401 (Sept. 20) 1941
10 Mellanby, K Brit M J 2 405 (Sept 20) 1941
11 Buxton P A Brit. M J 2 397 (Sept. 20) 1941
12 Geffen M Brit M J 2 825 (Dec. 23) 1944
13 Eddy, G War Medicine 6 319 (Nov) 1944

WASHINGTON INSTITUTE PUBLISHES TWO NEW JOURNALS

The *Quarterly Review of Psychiatry and Neurology* and the *Quarterly Review of Urology* are two new publications to be issued shortly by the Washington Institute of Medicine

They are sponsored by boards of well-known specialists of which Dr Winfred Overholser, of St Elizabeth's Hospital in Washington, heads the former and Dr Hugh J Jewett, of Johns Hopkins, the latter The publication office is at 1720 M Street, Washington, D C

POSTURAL HEADACHE AND ATTACKS OF LOSS OF TONE IN A CASE OF CALCIFIED SUPRASELLAR TUMOR*

ALFRED GALLINEK, M D , New York City

(From the Department of Neurology of Columbia University, College of Physicians and Surgeons, and the Neurological Institute)

THE patient, a 36-year-old white man, married, American-born, was first seen at my office on October 25 1944. He was admitted to the Neurological Institute on November 8, 1944, and discharged on November 14, 1944 He was in his usual good state of health until 1941, when he developed the first of a series of attacks of headaches which have occurred intermittently up to the present time Prior to his admission to the Neurological Institute in November, 1944, the maximum frequency of the headaches had been twice per week. Recently, on occasions, they have been more frequent. All headaches usually begin late in the afternoon or early evening and the patient soon after having experienced the headaches for the first time, discovered that he could eliminate the headaches by lying down. He also noticed that he could aggravate the headaches by bending over or stooping. The localization of the headaches is always bifrontal, in the orbits behind the eyes, and across the bridge of the nose. The quality of the pain is described as nagging and annoying occasionally with a throbbing component. During the last year 1945, there have been several episodes of nausea and vomiting, relieved by lying down. Since 1943 there has been occasional photophobia, blurring of vision, and occasional urinary urgency There has been no tinnitus, vertigo deafness, diplopia, nor somnolence.

In 1942 the patient experienced the first of a series of weak spells. These spells occurred very infrequently in the beginning—only one spell in 1942, two spells in 1943, none in 1944, and seven in 1945

The first so-called weak spell occurred while the patient was walking down the street at the end of his day of laborer's work, no more tired than he usually was at this time He first noticed numbness of the forehead and both sides of the lower face This was followed by flushing and sweating in these areas and a sense of heat across the waist. Intense weakness then appeared in the back and legs, and in about one minute after onset of the initial numbness, he fell to the ground with perfect preservation of consciousness. He was assisted to his feet and immediately walked away without difficulties He had no headache

The second spell occurred while he was hanging clothes in a closet. He suddenly felt weak in the legs, began to sag a little, and about a minute later fell to the floor with preservation of consciousness There was no accompanying weakness of the arms The vasomotor symptoms of the first spell were not present. He arose unassisted almost immediately and sat down for several minutes. He was then able to resume his duties.

On two occasions while walking, he felt numbness in his face and weakness in his legs, but succeeded in preventing collapse by sitting down. After resting for several minutes, he was able to resume walking.

Several of the subsequent attacks of loss of tone were preceded by headache in addition to numbness in his legs. During the last year, the duration of attacks of loss of tone has been about five minutes from the onset of the first symptoms, until the moment when he is able to resume standing or walking

The character of the headaches has not changed materially The patient always emphasizes their localization as "going through or behind the eyes." Invariably they have been completely relieved by resting in a recumbent position for about fifteen to thirty minutes. Almost without exception they have occurred only in the evening. They never have prevented the patient from working full time Until recently, he worked nine hours as a stock clerk spending considerable additional time commuting. Now he has changed to a somewhat less strenuous job, working eight hours a day

At the age of six the patient fell out of a tree hitting his head on a rock. He had twenty stitches in his scalp He does not remember any details, but remembers that he did not have to be hospitalized At nine he had an operation for strabismus. Some time during his childhood he was treated in a hospital for diphtheria and during that period developed malaria. Otherwise, his past history is entirely noncontributory He has no sleep disturbances, his appetite is unchanged During the period of observation, which means for the last thirteen months he has lost about ten pounds There is no history of polydipsia, or polyuria. His sex life is normal

On examination this 36-year-old patient weighed 125 pounds and was five feet six inches in height. He was of slight body build. There were no abnormalities on general examination He was right handed. The left eye showed poor convergence and the left palpebral fissure was slightly wider than the right. These changes were probably due to the aforementioned operation

Both disks showed slight papilledema (O.D ½ diopter, O S. 1 diopter) with blurring of the nasal margins and a moderate temporal pallor There was a marked constriction of both visual fields. The visual acuity, after correction of compound hyperopic astigmatism, was 20/30 bilaterally There was hippus and slight nystagmus at left lateral gaze

Otherwise, the cranial nerves were normal except for a slight rigidity of the facial expression and vague asymmetry in the innervation of the left mouth, which might or might not represent a minimal left central facial weakness. Slightly rigid posture was noticeable particularly on walking. Muscle status, strength coordination, and tendon reflexes in the upper extremities were normal tendon reflexes in the lower extremities were very active and equal, there was no clonus. An inconsistent tendency toward dorsal flexion of the big toe has been occasionally observed in the left foot, also some fanning There was a downward drift in the left upper extremity with convergence and pronation in the right upper extremity The sensory system was normal in all its details.

The initial spinal fluid pressure was 200 mm. the final pressure, after withdrawal of 10cc., was 170 mm. On readmission in May, 1945, the initial pressure was

* Presented at a Combined Meeting of The New York Neurological Society and Section of Neurology and Psychiatry of the New York Academy of Medicine, December 11 1945.

130 mm , and on second readmission in June, 1945, the initial pressure was 140 mm , and the final pressure, after withdrawal of 10 cc , 70 mm

Blood Kline test was negative, urine analysis, negative, spinal fluid total white blood cells, 3, total protein, 160 mg per cent, colloidal gold, 1100000000, Wassermann test, negative

Glucose tolerance blood sugar fasting, 90 mg per cent, glucose, one-half hour, 129 mg per cent, one hour, 126 mg per cent, two hours, 104 mg per cent, three hours, 89 mg per cent, four hours, 92 mg per cent

Anteroposterior and left lateral stereos of the skull showed a very large circumscribed shadow of calcium of almost bony density, within the cranial cavity, lying in the midline in the suprasellar region The inferior margin was relatively straight A small calcium shadow was seen posterior to this large mass, apparently the posteriorly displaced pineal gland The sella turcica was slightly enlarged The posterior clinoid processes were definitely atrophic The bones of the vault showed no definite abnormality

A 16 lead electroencephalogram with monopolar and bipolar recording was essentially normal There were no focal signs, the basal metabolic rate was 14 per cent, x-ray of the chest, normal, audiogram, normal

Analysis of Symptoms

In analyzing the clinical symptomatology of this case, there are the following symptoms In the first place, the headaches to a great extent are dependent on and relieved by changes in posture They are of intermittent character Second, we have the attacks of loss of tone in the lower extremities The third symptom group is represented by the moderate papilledema, constriction of the visual fields, and resultant difficulties in vision In addition, there are slight Parkinsonian features and a moderately low basal metabolic rate

It certainly, at first glance, is surprising to find only this comparatively meager group of symptoms in a lesion of such unusual size This tumor certainly must occupy most of the region of the third ventricle and its adjacent structures Tumors in that region are known to have scanty symptoms Wilson[1] stated that there is no distinctive syndrome of the third ventricle and Dandy,[2] in discussing benign tumors of the third ventricle, stated that "not the least reason for suspecting a tumor of the third ventricle is their silence" However, he stresses the intermittent character of headache, dizziness, visual disturbances, and their dependency on posture He also mentions intermittent attacks of weakness of the extremities

Wilson, as well as Dandy, refers only to tumors inside of the third ventricle, not to tumors involving the ventricle as well as adjacent structures For the latter type Fulton and Bailey[3] have enumerated not less than nine syndromes the infundibular syndrome (polyuria, adiposity), hypersomnia, thalamic syndrome, extrapyramidal syndrome, decerebrate syndrome, Parinaud syndrome (paralysis of conjugate vertical ocular movements), syndrome of the body of Luys (hemichorea), hypopituitary syndrome (infantalism, hypotrichosis, lowered metabolism), and the uncinate syndrome Of this manifold and varied series of syndromes, only two items are faintly distinguishable extrapyramidal features and a moderately low basal metabolic rate Cerebellar symptoms, also described as occurring in suprasellar tumors involving the region or neighborhood of the third ventricle (Allen and Lovell, Bailey[4]), are missing and so are disturbances of the heat regulating mechanism observed in lesions of the periventricular zone (Strauss and Globus[5])

In a recent paper Wilfred Harris[6] has stressed the importance of paroxysmal and postural headaches as pathognomonic of intraventricular cysts and tumors He described two cases of colloid cysts In addition to paroxysmal headaches with sudden onset and sudden disappearance depending on posture, he also described in his cases, sagging of the legs as seen in this case One of his two patients could voluntarily terminate his headaches by throwing his head backwards. The symptom of postural, paroxysmal, intermittent headache, has been known for a long time and is described in the older literature under the name of "Brun's symptom" (Henneberg[7]) Oppenheim[8] described intermittent headache with nausea and dizziness precipitated by movements of the head as pathognomonic of Cysticercus of the fourth ventricle or occlusion of the aqueduct of Sylvius We now realize that they probably can be caused by obstruction anywhere in the ventricular system and that they are certainly more frequent in lesions involving the third than in those involving the fourth ventricle Stookey[9] described the same type of headaches as caused by intermittent obstruction of the foramen of Monro by neuroepithelial cysts He found in his cases a history of sudden, violent onset of symptoms lasting for a few hours or days, and recurring after periods of relative freedom from all signs He stressed the immediate transition from well-being to an excruciating headache and the striking relief that could be obtained by lying down or extension or tilting of the head In a case of third ventricle tumor described by Ford,[10] the paroxysmal headache was so severe that the patient had to be restrained Bailey[3] described a patient who had to lie down and sleep in order to overcome intermittent headache This patient also suffered from the effects of a colloidal cyst

Intermittent disturbances of vision and relief by change of posture were described by Weisenburg[11] in a case of a small choroid plexus tumor in the upper portion of the third ventricle which closed the foramina of Monro A similar observation was made by Schüeller [12] Pain and discomfort not only in the head but behind the eyes, as seen in this patient, have also been observed by McKenzie and Sosman[13] in their series of craniopharyngiomas

The mechanism of the intermittent paroxysmal postural headache is explained by Harris by a block of one of the foramina of Monro He believes that relief of the headaches is due to escape of the fluid from a distended lateral ventricle Considering the size of the lesion in our case, it seems likely that compression of and relief of pressure on both veins of Galen with resultant changes in the venous outflow of the choroid plexus of the lateral and third ventricle,[1 2] play an important role.



FIG 1

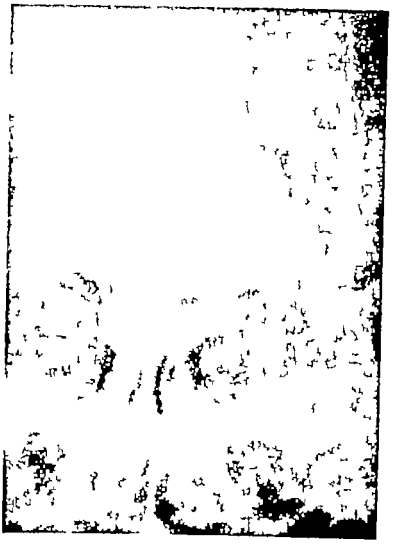


FIG 2

Attacks of loss of tone in the lower extremities as seen in our case, were seen by Wilfred Harris[6] in a case of a colloidal cyst in the foramen of Monro Harris objects to using the term cataplexy in reference to these spells. This is a comparatively unimportant question of nomenclature The attacks of loss of tone also mentioned by Dandy[2] as being observed in intraventricular tumors of the third ventricle are certainly not completely identical with the typical cataplexy seen in conjunction with narcolepsy The affective component seen in most cases of idiopathic cataplexy was entirely missing in our case.

Diagnosis

In trying to arrive at a diagnosis of the nature of the lesion, we have to remember that calcification may occur in neoplastic as well as non-neoplastic intracranial pathologic conditions, the latter group comprising hematomas, tubercles, aneurysms or abscesses, areas of meningeal disease and encephalitis, and calcified parasites.[14] Tuberculomas cause small, multiple globular calcium deposits [15] and have no resemblance to the lesion seen in our case. They are described as dense, irregular masses, measuring not more than 1 to 2 cm. in diameter [14] Parasites are usually located in the fourth ventricle and show also multiple small areas of calcification,[15] being not larger than pea-sized dense with irregular contours.[14] Speaking of non-neoplastic pathology only the possibility of a hematoma deserves some consideration, particularly since there is a history of head injury However, it seems that the appearance and shape of the lesion is much more suggestive of a calcified neoplasm, since the appearance of calcified hematoma is characterized by irregular, dense, roughly triangular shadows.[14]

The list of tumors which might calcify comprises glial tumors, meningiomas hemangiomas, cholesteatomas (epidermoids), dermoids, and craniopharyngiomas. Of these only meningioma, dermoid, and craniopharyngioma have to be discussed

The solid, dense appearance of the lesion favors meningioma. In this case the point of origin would have to be searched for in the anterior falx. The calcifications or ossifications in meningiomas, however are rarely demonstrable by x-rays since commonly they are of microscopic size only [16] In suprasellar meningiomas especially, calcifications are particularly rare Meningiomas arising from the falx usually give no roentgenologic evidence of their presence.[16]

The suprasellar localization is certainly suggestive of craniopharyngioma. Calcification in craniopharyngiomas is usually irregular appearing in streaks,[15] being of patchy, spotty, blotchy character [3] The shadows are frequently only faint, irregular and flocculent,[14] or delicate and spongy The outline of the sella is abnormal in 76 per cent, showing enlargement of the fossa with irregularity and depression of the floor [13] For these reasons, the lesion certainly cannot be considered to be a typical craniopharyngioma.

The calcifications occurring in dermoids and cholesteatomas, according to Camp may be mistaken for calcifications in Rathke's pouch tumors. Dermoids show a predilection for the neighborhood of the sella,[14] and the roentgenogram of a calcified lesion even larger than ours, situated somewhat more anteriorly, is interpreted by Camp as a dermoid The only other similar roentgenogram which could be found in the literature (Pancoast, Pendergrass, and Schaeffer[17]), is an enormous suprasellar calcified

lesion, somewhat closer to the sella than in our case with no evidence of increased intracranial pressure

The roentgenogram in our case is not a typical dermoid either, since in dermoids the calcification usually outlines only the wall of the cyst and, therefore, is exhibited in the roentgenogram as a circular shadow [14] It, therefore, has to remain undecided for the time being, whether we are dealing with an unusual craniopharyngioma, an unusual dermoid, or a meningioma.

The question came up whether the diagnosis could have been furthered by air encephalography or ventriculography It was felt that not much additional information could be expected from these tests, and that they might be dangerous

The problem of surgical approach was discussed seriously In view of the size and the localization of the lesion, there is no doubt that a surgical removal would be difficult and hazardous McLean[18] calls craniopharyngiomas the most discouraging of neurosurgical lesions A similar view is expressed by Bailey [19] The fact that the patient is able to work and able to lead a normal life certainly favors a most conservative attitude, particularly since all subjective symptoms disappear for a period of about two months after withdrawal of 10 to 15 cc of spinal fluid

The discrepancy between the magnitude of the lesion and the comparatively mild character of the symptomatology is certainly striking The case is also instructive as to the diagnostic value of intermittent postural headaches and attacks of loss of tone

Summary

The case of a patient with an unusually large calcified suprasellar lesion is described The outstanding features of the symptomatology are postural headache and attacks of loss of tone The diagnostic aspects (dermoid, craniopharyngioma, meningioma) are discussed

References

1 *Wilson, S A Kinnier Neurology*, Williams & Wilkins Co , Baltimore, p 654–655 1243, 1940
2 Dandy, Walter E. Benign Tumors in the Third Ventricle, Springfield and Baltimore, Charles C Thomas, 1933
3 Bailey, Percival Intracranial Tumors, Springfield and Baltimore, Charles C Thomas, 1933
4 Allen, S S , and Lovell, H W Arch Neurol & Psychiat 28 990 (Nov) 1932
5 Strauss, I , and Globus, J H Arch. Neurol. & Psychiat. 25 506 (March) 1931
6 Harris, Wilfred Lancet, 247 506–522 (Nov 18) 1944
7 Henneberg, R Handbuch der Neurologie, Bumke & Foerster, eds , Julius Springer, Berlin, 1936, p 309
8 Oppenheim, H quoted after Henneberg
9 Stookey, Byron Bull Neurol Inst. New York 3 446 (1934)
10 Ford, F R. J A M A 82 1046 (March 29) 1924
11 Weisenburg, T H Brain 33 236–260 (1911)
12 Schüller, Arthur Roentgen Diagnosis of Diseases of the Head, St. Louis, C V Mosby & Co , 1918 p 200
13 McKenzie, and Sosman, H Am J Roentgenol 11 171 (1924)
14 Camp, John D Am J Roentgenol 23 615 (June) 1930
15 Dyke, C G The Roentgen Ray Diagnosis of Diseases of the Skull and Intracranial Contents, Diagnostic Roentgenology, Thomas Nelson and Sons, New York, 1941, pages 1–34
16 Sosman, M C , and Putnam, T J Am J Roentgenol. 13 (1925)
17 Pancoast, Henry Khunrath, Pendergrass, Eugene Percival, and Schaeffer, Jacob Parsons The Head and Neck in Roentgen Diagnosis, Springfield, Charles C Thomas, 1940
18 McLean, A J Handbuch der Neurologie, Bumke and Foerster, eds , Julius Springer, Berlin, 1936, p 196
19 *Bailey Percival Arch Neurol & Psychiat.* 2 137 (Feb) 1924

INTERNAL HERNIA STRANGULATED BY MECKEL'S DIVERTICULUM

Walter W Mott, M D , F A C S , White Plains, New York

THE patient, Mrs F D , age 47, was admitted to White Plains Hospital on October 26, 1945 with symptoms of partial intestinal obstruction Onset had been three days previously with pain in both lower quadrants Some gas and fecal matter were obtained with enemas until the past twenty-four hours, when distention increased and vomiting occurred

The patient had had two previous similar attacks, for several days, each time an operation was contemplated However, she continued to pass small quantities of gas with enemas and there was no fecal vomiting Finally the evident obstruction was relieved with colon irrigations and repeated enemas She had had a round ligament suspension done twenty-five years ago Her daughter, 23 years old, was operated on by me last year for signs resembling those of subacute appendicitis in lower left quadrant Meckel's diverticulum 4 inches long and 1 inch in diameter was found and removed, confirming preoperative tentative diagnosis

On admission to the hospital the patient was given 5 per cent saline with glucose, and several stimulating enemas, without passage of gas She was operated on twelve hours after admission Novocaine and pontocaine spinal anesthesia were used

A midline incision from umbilicus to pubes was made The distended coils of the small intestine were presented One loop was extruded from the abdominal cavity, and in spite of gentle handling this ruptured, spilling intestinal contents, mostly outside of the wound The rupture was repaired by a double row of fine chromic sutures The distended coils were replaced in the abdomen, and the collapsed loop of ileum was followed down deep in the pelvis to the site of the obstruction

The obstruction was found to be caused by a large Meckel's diverticulum, which had become adherent at the tip to its own loop of bowel, and formed a semicircle of 3 inches in diameter and 1½ inches radius through which a loop of ileum had prolapsed, and had become twisted and obstructed

There was no sharp band of strangulation, and the loop was easily reduced from its herniated position

The distended coils of intestine were dark red, but in no place purplish, and they had not lost their lustre. The diverticulum was freed at its tip, and amputated at the base by crushing clamp, carbolic and alcohol, and two layers of chromic suture Ten Gms. of sulfanilamide were placed in the peritoneal cavity, and Penrose and rubber tube drains placed in the pelvis. The wound was closed in layers by interrupted chromic, a w tension sutures and interrupted silk were used in the skin

The patient left the operating table in poor condition. She was given 500 cc. of whole blood postoperatively and 1/6 grain of morphine A rectal tube was inserted and Wangensteen suction started Four hours after operation some flatus and liquid were expelled via rectum Five hundred cc. of blood was given and 1 Gm of sulfadiazine every four hours. For the next twenty four hours the patient was very restless and confused and the abdomen was distended No flatus or feral matter was expelled with enemas. Prostigmine was given and repeated

The day following operation another 500 cc. of whole blood was given and 2,000 cc. of saline in glucose. For the next twenty four hours her abdomen continued to be distended and she appeared to be in a very critical condition In the following twenty four hours she voided very small quantities of concentrated urine. She belched occasionally but there was very little gas passed by rectum. The pulse gradually improved Her sulfanilamide blood level on the second day was 4 mgs. per cent. Another 1,000 cc. of saline and glucose was given on the third day The pulse was of better quality and the Wangensteen drainage was working well. Cracked ice and spoons of tea were started by mouth closing off the tube each time Peristalsis began to be felt about the third day and from then on the patient began to pass gas by rectum The Wangensteen drainage was continued for eight days after the operation She expelled large amounts of flatus. Abdominal distention subsided and the wound drained moderately and her general condition seemed satisfactory until about her seventeenth postoperative day when her temperature started to rise She complained of pain in her left lower quadrant and her abdomen became somewhat more distended Penicillin was started at this time Her temperature rose up to 103 F on the twenty-first day A decision had just about been made to explore the wound with the thought that there was possibly a collection of pus walled off in the pelvis, when the patient passed a large stool, very foul smelling and containing greenish yellow pus Apparently the abscess had ruptured into the rectum From then on the temperature subsided She had no more pain and the purulent discharge from the bowel ceased She was discharged on the thirtieth postoperative day At the time of this report she was eating well, the wound was healed, and there were no weaknesses of the abdominal wall and no distention

170 Maple Avenue

SENSORY AID FOR THE BLIND BEING DEVELOPED

Development of a sensory aid for the blind which operates on electronic principles akin to radar and which was first initiated at the request of the Surgeon General has reached an advanced stage according to an announcement by the War Department.

The experimental model, weighing 9 pounds and connected with a single earphone, contains a 3 watt lamp which focuses a narrow ray of light through a lens.

Any object within twenty feet of the device will reflect the light back toward a second lens, which, in turn, transfers the light to a photo electric cell, divided into five units for computing distance. The cell then produces electrical bursts of energy or sound tones and these are transmitted to the ear through a standard hearing device. The handle of the device is parallel to the direction of the first light ray, enabling the user to detect, through the position of his hand, the direction of the object

Although the laboratory model of the device has been completed and tested at Signal Corps Engineering Laboratories, it is not yet considered sufficiently perfected to be practical for use, and requires further development before being placed in production.

—Release from the Office of the Surgeon General

PNEUMONIA OF ORNITHOTIC ORIGIN

Report of Two Cases Occurring in the Same Family Following Contact with Pigeons

LESTER COHEN, M D , IRVING GRAY, M D , F A C P , and SOLOMON LONDON, M D , Brooklyn, New York

(*From the Medical Service of the Coney Island Hospital*)

THE INCREASING incidence of nonbacterial pneumonia is absorbing the attention of the clinician as well as of the laboratory investigator. Following the high incidence of psittacosis in 1934, atypical pneumonia appeared to be related to exposure to birds of the psittacine family [1] Subsequently, other families of birds, including the canary, finch, barnyard fowl, pigeons, and doves, were shown to be harbingers of the virus [1]

Reiman[2] in 1938, reported a form of atypical pneumonia in which the responsible infectious agent was a virus An instance of atypical pneumonia or virus pneumonia was reported by Stickney and Heilman[3] and proved to be transmitted by a common bird, the dove, which had been infected by the barnyard fowl Meyer and Eddie[4] reported that a random sampling of birds in pigeon lofts and barnyards containing turkeys, chickens and geese, revealed a rather high incidence of infected birds Favour[5] in 1943, reported 1 probable and 2 definite cases of ornithotic pneumonia In this communication we are reporting two instances of atypical pneumonia—in husband and wife who had come in intimate contact with pigeons The patients had had two pigeons in their bedroom for one week prior to the onset of their illness

Case Reports

Case 1 —S B (#98725), a 56-year-old man, was admitted to the Hospital on August 3, 1942 For several days prior to admission, the patient complained of weakness, dizziness, and headache These symptoms became progressively worse For several days prior to hospitalization, the headache especially became increasingly severe, and the temperature rose to 104.5 F The patient had a slight cough, there was no expectoration, he was not dyspneic, and he had no chills On examination by one of us (L C), impaired resonance and inconstant rales were found at the right base There was no evidence of any rash, and the respirations were not increased In view of the fact that the patient had fever and pulmonary signs, sulfadiazine therapy was instituted Complete blood study when the patient was first observed, revealed a normal hemoglobin and red blood cell count, white cells, 6,700, with a differential count of 72 per cent polymorphonuclear leukocytes (68 per cent segmented, 4 per cent nonsegmented), and 28 per cent lymphocytes At the end of forty-eight hours, the temperature still remained elevated. The headaches became increasingly severe, there was slight cough and occasional expectoration, sputum was typed for pneumococci and reported as negative When the patient was admitted to the Hospital, the essential findings were related to the chest There was diminished resonance over the right lower chest, with harsh, intensified vesicular breathing and showers of moist respiratory rales over the same area The patient was well nourished and well developed, and despite the high fever, did not appear acutely ill. Examination of the heart revealed normal findings except for an accentuated A-2 and signs of bradycardia The liver edge was felt one and a half fingers below the costal margin Blood pressure was 120/70 For the first forty-eight hours after admission, temperature fluctuated between 101 and 103 F , respirations were 30 There was a persistent bradycardia, the pulse rate ranged between 60 and 68 The failure of the patient to respond to "sulfa" therapy, the absence of pneumococci on examination of the sputum, and the findings suggestive of a pneumonitis in the right lower lobe indicated that the origin of the pneumonia might possibly be due to a virus disease The possibility of typhoid fever was considered because of the persistent bradycardia and leukopenia Shortly after admission to the Hospital, questioning of the patient revealed the fact that he had been presented with two pigeons, approximately a week before the onset of his acute illness, and further, it was learned that these pigeons were kept in the bedroom In view of this history, and because of the atypical character of the clinical course, a diagnosis of virus pneumonia was considered and an attempt was made to determine whether the birds might have been vectors The birds, however, had been given to a pigeon fancier, and could not be traced

Laboratory Studies —Blood chemistry and urine examinations revealed normal findings Agglutination reactions for typhoid, paratyphoid, melitensis, and proteus were all negative in dilution of 1 to 20 through 1 to 320 Blood Wassermann test was negative Blood count was red blood cells, 4,000,000 per c.mm , white blood cells, 5,500 per c.mm , hemoglobin, 100 per cent (14 5 Gms), polymorphonuclears, 77 per cent, lymphocytes, 66 per cent; monocytes, 7 per cent X-ray study of the chest on August 4 (twenty-four hours after admission to the Hospital), revealed an area of parenchymal infiltration above the dome of the right diaphragm A second x-ray study on August 11, revealed a complete resolution of the pneumonic process previously noted.

Clinical Course —For a period of six days following admission to the Hospital, the temperature ranged between 100 and 103 F and then remitted to 98 8 F on the seventh day On the eighth day, the temperature rose again to 101 F and returned to normal within four days The abnormal physical signs in the right lower chest, gradually receded and normal breath sounds were heard ten days after Hospital admission. At no time was bronchial breathing heard over the right lower lobe Exaggeration or intensification of the bronchovesicular breathing and a varying number of moist rales were heard over the right and left lower lobes during the acute illness, and these findings gradually subsided The patient was discharged as recovered on the seventeenth day

Case 2 —D B (#98724), a white woman, aged 44, was admitted to the hospital on August 5, 1942

She had given nursing care to her husband for approximately forty-eight hours after the onset of his acute illness, when she began to complain of "fever headaches and weakness." Her temperature ranged from 100 to 103 F. There were no abnormal physical signs on examination of the chest at the onset of her illness and there were no clinical signs of improvement after the use of sulfadiazine for a period of forty-eight hours. Five days after the onset of her acute illness, examination of the chest revealed diminished breath sounds and a moderate number of fine crepitant rules at the right base.

The patient did not appear acutely ill at the time of her admission, or in fact, at any time during her stay in the Hospital. The progression of her symptoms paralleled those of her husband. A blood count taken prior to Hospital admission revealed the following: Hemoglobin and red blood cell count findings were normal. White blood cells were 7,100, polymorphonuclears, 77 per cent (5 per cent nonsegmented), lymphocytes, 14 per cent, monocytes, 4 per cent, blood pressure was 130/40.

Laboratory Studies.—Blood chemistry and urine examination revealed normal findings. Agglutination reactions for typhoid, paratyphoid melitensis and proteus were all negative in dilution of 1 to 20 and 1 to 320.

Blood Wassermann test was negative. Blood count revealed the following: red blood cell count—4,640,000, white blood cell count—6,200, hemoglobin—90 per cent, polymorphonuclears—70 per cent (3 per cent segmented), lymphocytes—30 per cent. On examination of the sputum, no tubercle bacilli and no pneumococci (either by the Neufeld method or on culture) were found. X-ray examination of the chest on August 8, three days after admission to the hospital, and a subsequent film on August 10, revealed findings of a pneumonitis in the midportion of the right lower lung field. A subsequent x-ray film taken on August 28, twenty-three days after admission to the hospital, revealed complete resolution of the parenchymal infiltration previously noted.

Clinical Course.—On admission to the Hospital, the patient's temperature was 101 F., pulse rate, 76, and respirations, 24. During the first week, the temperature ranged between 99.6 and 100 F. and during the second week, between 100 and 101.6 F. Thereafter, there was a gradual decline and return to normal.

A bradycardia was present during the entire course of the patient's illness. Occasionally, the pulse was as low as 50, and never rose above 76, except on the thirteenth day when the pulse was elevated to 90 and from then on paralleled the degree of temperature.

On physical examination, exaggerated voice and breath sounds with harsh breathing and a moderate number of moist rales were heard over the right lower lobe. At no time was there any bronchial breathing. The harsh breath sounds and the moist rales persisted to a varying degree for approximately three weeks. The patient was discharged as recovered, twenty-seven days after admission to the Hospital.

Complement Fixation Studies.—Three days after the husband (S. B.) was admitted to the Hospital (August 6, 1942), the blood was obtained and the serum was sent to Dr. Lewis Thomas, of the Rockefeller Institute for Medical Research, for serologic study to determine the presence of complement fixing bodies for psittacosis or ornithosis. The report of this study was as follows:

Date	Time after Onset	Complement-Fixation Titer
August 6, 1942	10 days	1:8
August 18, 1942	22 days	1:16

Blood serum obtained from the patient (D. B.) was sent to Dr. Thomas for a complement fixation study for psittacosis and ornithosis. Report of this study is as follows:

Date	Time after Onset	Complement-Fixation Titer
August 6, 1942	0 days	1:32
August 12, 1942	15 days	1:64
September 30, 1942	2 months	1:128

In his personal communication to us, Dr. Thomas stated that "S. B. is questionable but D. B. is to be considered a proved case of psittacosis or related virus infection." The complement fixation titer increases with time, and usually reaches its maximum within two to six weeks after the infection has set in. We were unable to obtain further specimens of blood from the husband (S. B.) after he had left the Hospital.

Comment

The onset of the infection in both the husband and the wife was gradual, and initiated without the usual dramatic onset typical of pneumonia. There was no shaking chill, pleuritic pain, cough, or bloody expectoration. There was no previous history of upper respiratory infection. The severe headache was a prominent feature of the clinical picture.

The cough was not severe, and there was very little expectoration. The physical signs were meager and at no time were there the usual clinical signs of pneumonia. Both patients were in good general physical condition, and did not appear acutely ill at any time during their illness. The disparity between the x-ray findings and the physical findings was striking. Following administration of the sulfa drug there was no improvement in either the husband or the wife. The persistent neutropenia and bradycardia in both patients led us to suspect the possibility of an enteric fever. The failure of the sulfadiazine to produce either clinical improvement or a drop in the fever led us to believe that we were not confronted with the usual type of bacterial pneumonia. At no time in the clinical course of either patient were there any signs of severe toxemia or prostration. A state of well being was evident at all times. The atypical pneumonia following exposure to contact with birds of the psittacine family is well known. Emphasis should be placed upon the fact that the virus carried by the parrots is also carried by other common birds which may subsequently become vectors of atypical pneumonias. Although the complement fixation test was positive in low dilution in the husband only, it appears reasonable to conclude that his pneumonia was also of ornithotic origin in view of the contact with pigeons such as his wife had. Furthermore the clinical course, laboratory findings, and x-ray findings in both husband and wife were essentially the same.

References

1 Meyer, K F Medicine, 21 175 (1942)
2 Reiman, H A J A M A 111 2377 (1938)
3 Stickney, J M, and Heilman, F R Proc Staff Meet. Mayo Clinic 17 369 (1942)
4 Meyer K F, and Eddie, B Proc. Soc Exper Biol. & Med 49 522 (April) 1942
5 Favour, C B Am J M S 205 102 (1943)
6 Personal Communication of Dr Lewis Thomas

MEDICINE'S DEBT TO PASTEUR

Fifty years ago, on September 28, 1895, Louis Pasteur died in his seventy-third year Though not a medical man he contributed more, both directly and indirectly, to the advance of medical science in the second half of the nineteenth century than perhaps any other man The first half had seen the building up of solid knowledge of the correlation between physical signs and morbid anatomy, but of the causes of disease there was, as Osler said, "Before Pasteur, Egyptian darkness" In the retrospect one is struck with the beautifully logical development of his ideas, which grew from a minor point to wider problems He was impressed by Laplace's vision of "a Galileo or a Newton arising through a series of inductions from particular phenomena to others more far-reaching," and this characterized all his work Thus, trained as a chemist, he turned to crystallography, (incidentally creating stereochemistry) and by his studies of dextrorotatory and levorotatory tartaric acids showed that only the former underwent fermentation, and that by means of living organisms—a thesis persistently denied by Liebig When asked what was the use of his more recondite researches, he retorted by repeating Benjamin Franklin's question, "What is the use of a newborn child?"—a hint which might be taken by those present-day scientists who would restrict scientific research to subjects of "social value"

Pasteur quickly showed the social value of his researches in crystallography by curing the diseases of beet sugar, wines, and beer, but what authority could have anticipated this? Moreover, he said, "What would be most desirable would be to push these studies far enough to prepare the road for a serious research into the origin of various diseases [such as] putrid and contagious ones," believing, as the far-sighted Robert Boyle had expressed it in the seventeenth century, that "he who could discover the nature of ferments and fermentation would be more capable than anyone else of explaining the nature of certain diseases" Accordingly Pasteur started the study of silkworm disease, which was devastating the industry in these worms in France, and restored it to prosperity by discovery of the parasite responsible He was bitterly opposed by the believers in spontaneous generation—a theory which it might have been supposed had been killed by Redi in the seventeenth century, but far from it, for this was the root of the opposition to the germ theory of disease To do his opponents justice, they felt, as Piorry put it, "it is not the disease, an abstract thing, which we have to treat but the patient whom we must study with the utmost care" Their mistake was to deny the germ theory entirely, if they had not done so they might have realized that Pasteur himself had presented them with a proof that the soil mattered as well as the seed when he showed that animals naturally immune to an infection lost that immunity if placed under unfavourable conditions Undeterred by opposition Pasteur went on to investigate the epidemics of "splenic fever" which were destroying valuable flocks and herds throughout France He proved that they were due to infection by anthrax and perpetuated through the action of earthworms bringing to the surface the bacilli and spores from the buried bodies of animals that had died from the disease His studies of chicken cholera led him to the important discovery of methods of attenuation of viruses and thus to the preparation of vaccines "Is it not permissible," he said, "to believe by analogy that a day will come when easily applied preventive measures will arrest the ravages of epidemic diseases?" A dictum of his that "the best proof that an observer is on the right track lies in the uninterrupted fruitfulness of his work" was now to be strikingly illustrated by the application of his principle of attenuation to the treatment of hydrophobia Early impressions persist, and one of Pasteur's childish recollections was the terror inspired in the Jura by the inroads of a mad wolf He therefore attacked the problem with great energy and, as is well known, with great success, to which the foundation of the Pasteur Institute in Paris by public subscription was a striking witness Here, with the assistance of Roux, Yersin, Chamberland, and Metchnikoff, his beneficent work continued and expanded, giving rise to similar institutes in various parts of the world But there is no institute for hydrophobia in Great Britain, for the muzzling order stamped out the disease here Pasteur's last years were rejoiced by the discovery of diphtheria antitoxin by Roux and Yersin at the Institute, and shortly after by Yersin's discovery of the plague bacillus in India But perhaps his greatest pride in his followers was for Lister, whose earlier adaptation of Pasteurian methods to the control of sepsis after operation is recognized throughout the world as one of the greatest boons to suffering humanity—a striking instance of the fruitfulness of a single idea faithfully pursued

Pasteur's work, here rapidly sketched, was the measure of the man, patient and indefatigable, remorseless in his criticism of his own findings, single-minded in pursuit of truth, and devoted to the welfare of mankind and therefore a firm believer in the internationalization of science No man can have met with fiercer or more bitter opposition than this great benefactor It is to be regretted that he spent so much time confuting adversaries who had only the flimsiest evidence to support them, but for one of his temperament it was impossible to leave the battlefield against ignorance just as it was impossible to deny pity and help to real suffering A hard hitter in controversy, he had also a gift for loyal and devoted friendship Perhaps his creed was best expressed in words from his oration at the opening of the Pasteur Institute—words which are even more relevant today than when they were spoken "Two contrary laws seem to be wrestling with each other nowadays the one of blood and death, ever imagining new means of destruction and forcing nations to be constantly ready for the battlefield, the other a law of peace, work, and health, ever evolving new means of delivering man from the scourges which beset him The latter places one human life above any victory, while the former would sacrifice hundreds and thousands of lives to the ambition of one Which of these two laws will ultimately prevail God alone knows"—*Brit M J, Sept 29, 1945*

Department of Workmen's Compensation

Conducted by David J Kaliski, M D, Director

THE difficulty inherent in the diagnosis of silicosis is apparent to all well-qualified specialists in pulmonary diseases Attention is invited to the following abstracts of discussions* which took place recently at the tenth annual meeting of the Industrial Hygiene Conference at the Mellon Institute in Pittsburgh, Pennsylvania, as indicating the need for great caution in making a diagnosis of pulmonary silicosis. Under the New York State Law, only total disability is compensable (article 4A) although a number of bills have been introduced in the Assembly and Senate to widen the benefits to include partial disability

Accurate Diagnosis of Silicosis. Possible Sources of Error

Discussion by Dr Leroy U Gardner, New York — The diagnosis of silicosis rests on three bases, a history of adequate exposure to free silica dust the demonstration of a characteristic nodular pattern in an x ray film of the chest, and a physical examination which reveals very few abnormal signs in most uncomplicated cases One's objective may make him forget that, not one, but all three of these factors are essential to the diagnosis From the lawyer or the physician representing a claimant for compensation we hear that the plaintiff must have silicosis because all of his industrial life has been spent in an industry whose atmosphere contains so many millions of particles of free silica dust. Yet a glance at the claimant s x ray films may show nothing to support the contention. From the roentgenologist or the internist of an urban medical center comes the diagnosis of silicosis because the film reveals a generalized nodular pattern and the subject reports that he has worked at a dusty job Neither roentgenologist nor internist is in a position to obtain the details of the occupational h story that will indicate whether the dust contained significant quantities of free silica.

Unless there is proof that the subject has been exposed to free silica dust for periods measured in years we have no right to assume that a nodular x-ray pattern is indicative of silicosis. Such patterns may be produced by other causes some of them the result of inhaled materials other than free silica some may be due to infections or systemic diseases which should be disclosed by a thorough physical examination

Among these conditions is the so-called arc-welder's siderosis. All substances of high atomic weight are opaque to x-ray, and in sufficient local concentration they cast shadows on a film. Examples of such substances are the compounds of barium and the rare earth minerals. On the other hand organic iron from the blood may at times cast nodular shadows which simulate silicosis

Another disease is now being recognized which superficially resembles nodulation of silicosis This is pulmonary sarcoidosis, apparently a tubercle-like infection of unknown cause This disease occurs here and there throughout the population at large but has frequently been attributed to pulmonary irritants of industrial environments. One case from a rayon mill was recalled, one from an asbestos plant and another in a graphite minor Recently, a considerable number has been found in industries using beryllium and its compounds. It has not occurred in every plant using these materials. It has not been possible to reproduce sarcoidosis with beryllium compounds in animals Much must be done before it can be concluded that sarcoidosis is an industrial disease

Many have seen or heard of the condition commonly nicknamed "Wheatena," or miliary calcification of the lungs. Here the x ray reveals nodules often scattered throughout both lungs, but these nodules are of unusual density and their distribution is not uniform It is assumed that they represent healing of some form of infection, the nature of which is still unknown It could not be tuberculosis, for these people have never been sick. The cases are most common along the Ohio River and in Missouri and Kansas

The knowledge that such conditions exist should make physicians more cautious in diagnosing silicosis, particularly in cases from industries where environmental conditions are unfamiliar or not clearly defined More progress would be made if roentgenologists would merely report a shadow pattern as nodulation with the qualification that this could be interpreted as silicotic in origin if supported by a history of adequate exposure to free silica.

Discussion by Dr A. G Crunch.—Four types of cases illustrating erroneous diagnosis of silicosis were described First was a group of men exposed to dust from milling rare earth oxides and fluorides used in core material for illuminating carbons. Occasional batches containing silica are mixed perhaps once or twice a month, but this exposure was not significant.

One case was a man 60 years old who had had influenza and chronic bronchitis. His x-ray picture was startling. An award of total disability from silicosis was made although the presence of other conditions was recognized. A young man in the same department who had been exposed for a much shorter time had a similar x ray picture following an attack of influenza. The Compensation Board decided he had silicosis but granted no compensation because there was no evidence of disability From subsequent examinations of five or six more men in this department, another similar case was found. This man had no disability and made no claim These cases illustrate conditions from inhalation of x ray opaque dust rather than the fibrosis from silica exposure.

Other cases have come up as the result of physical examinations by draft boards One man in his early twenties had had only seven weeks of plant exposure three weeks on one milling unit and four weeks on another, where he had occasion to load one or two bags of mica into the mill daily He was declared unacceptable by the draft board on account of advanced silicosis. Subsequent examinations showed decreases and reappearance of shadows. After twenty months, the x ray picture showed no evidence of nodulation or linear markings. During the

* From *Industrial Medicine* January 1946.

two years of study the boy felt well and had no clinical symptoms The case was finally diagnosed as Boeck's sarcoid

Another case was of a man 30 years old who worked in a dust-free plant The only silica used was in a filter on another floor at the opposite end of the building The x-ray picture showed widely diffuse shadows, and, although not particularly nodular, the case was declared to be silicosis After extensive study the case was diagnosed as mitral stenosis, a heart condition, the shadows were due to congested pulmonary vessels

Discussion by Dr O A Sander—The term pneumoconiosis simply means dust added to the lungs Contrary to a fairly common interpretation, it does not necessarily indicate fibrosis in the lungs Similarly, the term siderosis describes lungs in which iron oxide dust has been deposited and is without any implication so far as fibrosis is concerned This meaning is contrary to Jenkins' original use of the word in describing cases of actual silicosis with concurrent deposition of iron oxide Only two known substances, silica and asbestos, qualify as fibrosis-producing agents Others may be shown to produce secondary fibrotic action, but none is known today

Legislation Regarding Silicosis

The value of periodic physical examination is emphasized by legislation in various states as exemplified by amendments to Workmen's Compensation Laws

Michigan has amended its statute to provide that all employers subject to the provision of the compensation act "shall furnish to their employees without charge, a complete physical examination at regular intervals, but not more than one examination in each period of six months, and shall furnish to the employee a true copy of the medical report when the presence of silicosis, pneumoconiosis or other dust disease is found" This act became effective May 28, 1945, therefore, the initial physical examination of all employees must be completed by November 28, 1945

Minnesota has amended its statute by requiring annual medical examinations of employees exposed to the hazards of silicosis and asbestosis, the cost of such examination to be divided equally between employer and employee Reports of such examinations, together with x-ray films and other original exhibits, are required to be filed in the office of the Commission, making the reports a public record Upon the termination of employment, the employer may request the employee to submit to a final medical examination, by giving ten days' notice in writing, of the time and place where the examination is to be made Any employee who refuses such examination, thereby waives any right to compensation for occupational disease that later develops

---

NEW YORK'S BLUE CROSS PLAN ISSUES ANNUAL REPORT FOR 1945

A total of 423,474 persons enrolled in Associated Hospital Service, New York's Blue Cross Plan, during the past year bringing the overall enrollment to 2,226,523, or one out of every four persons in Greater New York, it is revealed in the annual report for 1945

A total of $12,015,911 22 was paid to hospitals during 1945 for the care of 173,638 persons who benefited by the service.

With the exception of maternity cases 92 per cent of those who received care in semiprivate accommodations in member hospitals had their hospital bills paid in full

The financial statement reveals admitted assets of $16,597,832 31 as of December 31, 1945, a gain of $2,990,640 11 over the preceding 12-month period Of the total assets, $14,147,000 is invested in United States Government holdings, cash on hand is $1,974,422 90, subscription charges in course of collection, $426,162 36, accrued interest on bonds, $48,839 35, and other assets, $1,407 70

Liabilities which total $10,687,383 96 include reserves for unpaid hospital claims, $2,650,000, for unearned subscription income $2,642,034 45, for deferred maternity benefits, $1,800,000, for epidemics and other contingencies, $3,365,000, for Social Security and withholding taxes, $47,405 44, and for other liabilities, $182,944 07

According to the report childbirth and other obstetric cases represent more than 18 per cent of the total number for which subscribers were hospitalized in 1945, surgical cases, including tonsillectomies, diseases of the digestive system and genitourinary system, benign tumors, and injuries and poisonings represent approximately 53 per cent, while medical cases, including diseases of the respiratory, digestive, urinary, and circulatory system represent nearly 28 per cent

The report discloses that the average hospital stay for a Blue Cross subscriber is less than for a non-subscriber

In a statement to subscribers, included in the report, Louis H. Pink, president, states "Blue Cross members who need hospitalization are less likely to delay going to the hospital They, therefore, recover sooner This bears out the doctors' contention that relief from worry has a therapeutic value all its own"

FELLOWSHIP EXAMS FOR COLLEGE OF CHEST PHYSICIANS

The next oral and written examinations for Fellowship in the American College of Chest Physicians will be held at San Francisco on June 29, 1946 Applicants for Fellowship in the College who plan on taking the examination should communicate with the Executive Secretary, American College of Chest Physicians, 500 North Dearborn St, Chicago 10, Ill

The Twelfth Annual Meeting of the College is scheduled to be held at the Sir Francis Drake Hotel, San Francisco, June 29 to July 2

Correspondence

The Wagner Murray Dingell Bill

To the Editor

I recently had my first opportunity to read the several reports of the New York State Legislature Commission on Medical Care. Considering that the commission had spent many months studying the subject estimating that to provide "free medical service to everyone in the State would cost at least $400,000,000 a year, it seemed to me that the majority acted very wisely in reporting that it was unwilling "to recommend an experiment on such an enormous scale and at such cost and risk' until there had been more experience in the field of medical and hospital insurance.

If this report is given the wide publicity which it deserves it should serve to dampen the enthusiasm of proponents of the Wagner-Murray-Dingell Bill contemplating universal medical service not for one state alone but for the entire United States.

I have been strongly opposed to that bill and similar proposed legislation, but while officially connected with the State Department of Health, did not feel free to express my views publicly The department had no declared policy in this matter and I knew that anything I said might be construed as representing department opinion. Now that I am retired there can be no such implication That my views are reasonably unbiased might be assumed from the facts that while I was the son of a practicing physician and practiced medicine myself for a few years, the last thirty years of my professionally active life have been spent in full-time public health work I have no axe to grind

I have always felt that it was unfortunate, if more or less inevitable, that the views and opinions to which the general public has been most (and almost exclusively) exposed, have been those of the extremists on both sides. These have been the active proponents who for political, humane or other reasons have been all-out for compulsory nation-wide compulsory 'health' insurance and the opponents purporting to speak for organized medicine who, for so long, flatly denied that there was any medical care problem. The public has heard relatively little from the conservative "in-between' majority of members of the medical profession

The well-to-do have no need for government-administered medical care. The indigent already have it through welfare agencies and free clinics I know from long personal observation however, that there are thousands of low income self-respecting and self-supporting families who never have adequate medical care. They cannot afford to pay for it, will not accept charity and therefore, go without. These constitute the real problem.

The necessarily limited voluntary insurance plans now being promoted by medical organizations represent a step in the right direction I doubt if even when supplemented by expanded public health services, they offer a full solution. However, if drastic, radical and politically conceived legislation can be averted and opportunity given for deliberate and adequate study, on an unbiased unemotional and nonpolitical basis a satisfactory solution should ultimately be worked out. It is another case of the longest way around being the shortest way home.

I am opposed to the idea of government financed and administered medical service, as contemplated in the Wagner Murray-Dingell bill both because of the almost prohibitive cost and because it would be practically certain to result in less efficient and, perhaps even less available medical service than we already have in normal times

I have seen the Federal government's control over state activities, through Federal financing in several fields constantly growing When the investment of Federal funds in any state or local activity has once been begun it becomes increasingly difficult to break away from it Since such funds may be used only subject to Federal regulation and direction, each new extension gives the government further control over local policies and activities I personally feel that in the public interest it is time to call a halt

It is remarkable how many people seem to have the idea that the states are getting something for nothing when they accept Federal funds The fact is of course that it is all coming from our pockets. Once in the National treasury we have little control over its use The Federal government is too far from the people What hope can there be of ever balancing the national budget and reducing taxes if curtailments in government spending are constantly offset by the launching of new multi-billion dollar projects? It certainly is no time for experiments both expensive and questionable.

The Federal Emergency Medical and Infant Care plan (wives and children of members of the armed forces) has given us our best example of the use of Federal funds in providing medical care. This has been administered by the State Department of Health, subject to regulation and control by the Federal Childrens Bureau.

On the whole and *as an emergency measure*, it has served a useful purpose, giving obstetrical and other medical care in hundreds of cases in which service of equal quality might not otherwise have been available. On the other hand it has been a more or less constant "headache' to the participating physicians and the administering agency and equally worthy cases have had to be denied such care because of their inadvertent failure to comply with details of the Federal regulations

The Childrens' Bureau regulations were minutely detailed and so frequently amended that it was difficult even for the State administering officers to keep up with the changes Yet it was difficult, and sometimes impossible to secure changes in requirements which were objectionable from the standpoints of physicians, patients, and the administering agency Health department officials had to make frequent and sometimes, protracted trips to Washington and members of the Central Office and district staffs had to devote a disproportionate amount of time and effort to the administration of this measure sometimes at the expense of other important health activities The amounts of the Federal funds allocated to the State for this project by no means represented the full cost of the service

In this matter we were dealing only with obstetrical and other medical care for a limited group. If such technicalities and difficulties were involved, even in this limited service what would the situation be if the undertaking were that of administering full medical care for all the people of the State? It is almost beyond my imagination and I cannot conceive of the results being satisfactory to any of the parties concerned.

In the light of experience with "E.M.I.C.," it is

not too far-fetched to imagine, with a system of government-administered medicine, an episode something like the following Someone being ill, a family calls its government-approved physician He says "I have already made all the calls the regulations allow me to make for that condition Before I can make any more, I will have to take it up with Albany I can't afford to jeopardize my standing on the approved list" Albany replies "We regret that we cannot approve this apparently necessary service As you know, we are bound by the Federal regulations However, we will be glad to take the question up immediately with Washington." In due time Washington writes "Further calls, under the circumstances which you describe, are not permitted under Rule 4123-A-191 Since, as you know, these regulations apply throughout the United States, we do not feel that an exception would be warranted in this instance" By this time, the need for the service no longer exists

Physicians, like other people, differ in personal characteristics and in competence In the main, they are honest, reasonably unselfish and competent Due in some measure to the nature of their work, they are inclined to be individualists and would chafe under regimentation A close patient-physician relationship is essential for satisfactory medical practice Production-line methods could not be conducive to the best type of medical service

Reference was made in one of the minority reports of the State Commission to the fact that various polls had shown large majorities of the persons canvassed to favor compulsory health insurance This may be important from a political viewpoint but throws little light on the merits of the question, since most of them had not been in a position to make reliable analyses of the problem Most people who have family physicians respect them and value their services If the people canvassed had had all of the facts, their points of view might have been quite different

I have indicated that I recognize, as I believe most physicians do, that there is a serious medical-care problem which should ultimately be solved The Wagner-Murray-Dingell Bill does not offer a practical solution. In my opinion its enactment into law would be little short of a national catastrophe

Yours in the common interest of the public and the profession,

PAUL B BROOKS, M D
Former Deputy State Health Commissioner—retired
Altamont, N Y , April 17, 1946

RAY MAY DOUBLE PENICILLIN OUTPUT

The nation's production of penicillin soon may be doubled—because two research workers trained a deadly ray of ultraviolet light on selected mold spores to see what would happen

This was announced on March 25 by the Wisconsin Alumni Research Foundation, which reported that a cubic centimeter of the new strain of mold produced an average of 761 units of the germ-killing drug, compared with 369 units from the strain which has been the basis of much of this nation's production.

The new strain, known as Q-176, has not been patented, the foundation said, and a number of major drug manufacturers are using it

Cultures have been supplied to England, France, China, and other countries

The original British scientists who produced the drug in 1940 were getting about two units of penicillin for every cubic centimeter of the broth in which the mold is cultured.

Discovery of new strains and improved production methods slowly boosted the yield to 169 units *Dr* Milislav Demerec, of the Carnegie Institution, was credited with accomplishing the first significant break in developing new strains by artificial means, the foundation said, when he produced a group of promising spore variants with x-ray treatments One of his cultures, X-1612, produced an average of 369 units in tests at the University of Wisconsin and became the basis of the nation's production

Working with funds supplied by the foundation, two members of the staff of the University of Wisconsin botany department, Myron P Backus and John F Stauffer, recently started two lines of progeny from two spores of X-1612 and exposed the second generation spores to powerful ultraviolet irradiation

The "black-light" rays killed all but 500 of the several million spores exposed. The hardy survivors were carefully screened without noteworthy result until they came to Q-176, which had produced 761 units with a high of 904.

Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL. *The members of the committee are Oliver W H Mitchell, M.D., Chairman (428 Greenwood Place, Syracuse), George Baehr, M.D., and Charles D Post, M.D*

Dr Griggs Speaks to Rockland County Society

DR. LEON H GRIGGS, associate professor of medicine, New York University College of Medicine, discussed common diseases of the skin illustrated with color photography at a meeting given for the Rockland County Medical Society on Wednesday April 24

The meeting was held at the Recreation Pavilion, Summit Park Sanatorium, Pomona

This postgraduate instruction is provided by the Council Committee on Public Health and Education of the Medical Society of the State of New York.

Lecture for Oswego County

THE Oswego County Medical Society will hear a lecture on "The Treatment of Fractures by the General Practitioner" on June 5 in the Fulton Club Fulton at 9 00 P.M The speaker will be Dr Sawnie Renard Gaston, instructor in surgery, College of Physicians and Surgeons, Columbia University

Sullivan County Meeting

DR. WARD L LKAS assistant professor of obstetrics and gynecology University of Rochester School of Medicine and Dentistry, spoke on the hemorrhagic states of pregnancy at a meeting given for the Sullivan County Medical Society on May 8, at the Lenape Hotel, Liberty

Chemung County Holds Spring Teaching Day

THE Medical Society of Chemung County had a spring teaching day on April 24 It began with a lecture on recent advances in hepatitis and cirrhosis of the liver The lecture was given by Dr William F Lipp associate professor of medicine University of Buffalo School of Medicine. Dr Harold G Wolff, associate professor of medicine and psychiatry, Cornell University Medical College, spoke on the subject, "Headache."

A social hour and dinner were followed by the First Annual Elliot T Bush Memorial Lecture, which was entitled "Clinical Uses of Products of Human Plasma Fractionation" and presented by Dr Charles A. Janeway, senior associate in medicine at Peter Bent Brigham Hospital visiting physician at the Children's Hospital and assistant professor of pediatrics and instructor in bacteriology at Harvard Medical School

---

AMERICAN ASSOCIATION FOR THE STUDY OF GOITER

The annual meeting of the American Association for the Study of Goiter will be held at the Drake Hotel, Chicago, Illinois, on June 20 21 and 22. Please make your reservations early as they are limited.

No meeting has been held since 1941 due to the war The program committee request that those who desire to read a paper send the title at once to the Chairman Dr S F Haines, Mayo Clinic, Rochester, Minnesota, in order that the programs may be printed and distributed promptly This committee is planning a full and interesting program with special features on the treatment of thyroid disease. There will be papers discussing the use and danger of thiouracil in toxic goiter and on many other phases of thyroid disease.

Medical News

Plan Urged to Get New Psychiatrists

GOVERNMENT subsidizing of a $100,000,000 program to train 2,000 to 3,000 psychiatrists within the next five years was called recently by Dr Lawrence S Kubie, of Columbia University, College of Physicians and Surgeons, as the only way to break the "rehabilitation bottleneck" and keep neurotic war veterans from spending the rest of their lives in hospitals He put the cost of failure to supply enough trained psychiatrists at $6,600,000,000

Dr Kubie presented his plan before a group of the 2,000 psychologists, psychiatrists, and social workers attending the twenty-third annual meeting of the American Orthopsychiatric Association at the Hotel New Yorker and Manhattan Center

The training of one psychiatrist, Dr Kubie said, would cost $25,000—$15,000 less than the cost of caring for one neurotic veteran for life

The solution to the manpower problem, Dr Kubie said, lay in tapping the only reservoir of medical manpower—medical officers returning from duty in the armed services If medical officers are to be induced to study psychiatry, subsistence allowances must be provided to assure them economic security during the period of training, he declared

The shortage of trained personnel is paralleled by the shortage in existing training facilities, Dr Kubie said, pointing out that the United States had only about 400 recognized psychiatric training posts "and of these only about 50 to 75 per cent are of first-rate quality" A closely supervised training program, he added, would incorporate the best State and private mental hospitals, where no teaching or research are now carried on

For administration of the plan, Dr Kubie suggested that a national mental hygiene research and training institute be responsible, with States and medical schools, for selecting civilian teachers and civilian students, and cooperate with the military in choosing veteran students The coordinating agency would allocate salaries to teachers, subsistence allowances to students and funds for psychiatric research

Dr Allan O Whipple Receives Judd Award

DR ALLAN O WHIPPLE, Valentine Mott Professor of Surgery in the College of Physicians and Surgeons of Columbia University, was recently designated by the board of managers of Memorial Hospital as the recipient of the annual Judd award for having made "the greatest advancement to the discovery of a cure for cancer"

He was nominated for the award through the medical board of this institution, the basic unit of Memorial Cancer Center, 444 East Sixty-Eighth Street

The center is raising a $4,000,000 fund to accelerate its attack on the cancer problem

The citation noted Dr Whipple's special achievements in surgery in the field of cancer relating to the duodenum and pancreas, adding that his method "has established entirely new and successful opportunities for control and cure of a group of cancers previously deemed hopeless"

It pointed out also that Dr Whipple "has long been a notable American surgeon, a leader in a school of surgical thought and a distinguished citizen"

The Judd award was established ten years ago under the will of Katherine Berken Judd, of New York City, who died in 1934 and left a trust fund to provide an annual prize of $1,000 to encourage research in the causes and cure of cancer

Medical College Plans Expansion

THE Long Island College of Medicine, one of the five medical schools in New York City, has announced that a contract has been signed to purchase all but a small portion of a six and one-half acre tract of land facing Kings County Hospital in the geographical center of Brooklyn for an additional campus for the 86-year-old medical college

It is proposed that the buildings the College now utilizes on Henry Street in downtown Brooklyn be redeveloped as a clinical teaching center, in cooperation with the Long Island College Hospital, and that new basic science and other teaching facilities and research laboratories be built at the Kings County site Proposals to extend the College's activities in industrial medicine are being incorporated in the planning for the Henry Street campus

The College expects to continue its "multi-center" plan of clinical teaching in which ten hospitals and two health agencies in Brooklyn now cooperate and to extend its affiliations where definite gains in the educational, research, or service phases of the program are indicated.

Fund for Medical Study Given to Cornell

CORNELL University Medical College has announced the receipt by its Department of Public Health and Preventive Medicine, of a $200,000 grant from the Marcelle Fleischmann Foundation for a study of tropical diseases

The money, which will be given at the rate of $20,000 a year for twenty years, will be specifically used, in the terms of the gift, "to promote the study of immunologic and allergic manifestations of exotic disease and to provide for a better understanding of their prevention and treatment in relation to other allergic diseases"

Present plans call for a staff of six, headed by Dr Morton C Kahn of the faculty of the college, to investigate such fields as malaria, filaria and schistosomes

[Continued on page 1142]



SOME ADVANTAGES

of

Campbell's STRAINED BABY SOUPS

Q *The edible solids of the meats are retained Why ?*

A While the juices of meats contain valuable nutriments, the fibrous parts contain even more. In the prepara tion of Campbell's Strained Baby Soups the meats are prepared so that *all* of the edible solids as well as all the meat juices are retained to aid baby's growth and well being

Q *The utmost precaution is used to retain natural flavors. Why ?*

A Every mother wants her baby s food to be palatable Campbell s prep aration and cooking methods have been devised to retain natural flavors as far as possible. Babies develop preferences early, accept some foods reject others Their acceptance of Campbell s Strained Baby Soups is indicated by the increasing demand for these soups wherever they have been introduced

Q *All the Vegetables get special handling. Why ?*

A Unless vegetables are prepared with the greatest of care and skill, they are likely to lose a large propor tion of their valuable vitamins Campbell s have developed a method based on the latest scientific knowl edge which retains the minerals and efficiently conserves the vitamins

A comprehensive analysis of each soup may be had upon application to Campbell Soup Company, Camden New Jersey

5 KINDS

LIVER
CHICKEN
LAMB
BEEF
VEGETABLE

All in Glass Jars



Campbell s Strained Baby Soups represent fine quality in ingredients In care and method of cooking in retention of minerals and conser vation of vitamins *and in good flavor* Every re source of Campbell s Kitchens is devoted to that aim

LOOK FOR THE RED-AND-WHITE LABEL

[Continued from page 1140]

County News

New York County

The annual meeting of the College of Physicians and Surgeons Alumni Association was held Saturday evening, March 2, at the University Club in New York There were approximately 300 members of the Association attending

Maj Gen William J Donovan was the guest of honor and speaker of the evening He gave a stirring talk on the American Intelligence Service as it functioned during the war and as it exists today

Dean Willard Rappalye spoke on the maturing plans for the college during the postwar period Dr John H. Keating, president of the Association, was the toastmaster

The following officers were elected for the next year president, Dr B S Oppenheimer, vice-president, Dr Carnes Weeks, treasurer, Dr James A Corscaden, secretary, Dr Charles C Lieb, historian, Dr T Loyd Tyson, and librarian, Dr Martin deForest Smith

In addition to the five officers, Council members are Dr W C White, Dr Martin deForest Smith, and the retiring president, Dr John H Keating

* * *

The annual alumni reunion of the Cornell Medical College was held on March 21, 1946 This included a day session for a scientific meeting at the College, a luncheon given by the Board of Governors of the New York Hospital, and a dinner-dance in the evening at the Starlight Roof of the Waldorf-Astoria Hotel.

* * *

Peptic ulcer was the subject discussed at the March meeting of the New York County Medical Society A panel discussion was held with Dr Luther B MacKenzie as moderator Participants at the meeting were Drs Burrill B Crohn, Nathan C Foot, George J Heuer, John H Mulholland, March Sussman, and Harold Wolff

Niagara County

Dr Lyman H Wheeler, of Lockport, has been appointed to the newly-created post of medical consultant Dr Wheeler, who also is health officer of both the city and town of Lockport, was endorsed by the Niagara County Medical Society for medical consultant

Duties of the medical consultant will include weekly calls at the County Welfare Office to discuss proposed medical care with the case supervisors and the commissioner He also will check bills for medical services and make recommendations where there is a question regarding the services *

* * *

A significant discussion of the "socialized medicine" issue and an analysis of the responsibility of physicians and pharmacists to each other and to the public featured the March dinner meeting of the Niagara Falls Academy of Medicine

Dr Robert L. Swain, of New York City, editor, educator and one of the country's outstanding leaders in the pharmaceutical profession, was the guest speaker at the meeting, to which all pharmacists and medical men of this city and surrounding communities were invited.*

* Unless otherwise noted, it is to be assumed that item is from a local newspaper.

Oneida County

County physicians who have recently been discharged from service and have resumed private practice include the following Dr Laurence S MacMillan, of Rome, Dr H G Ross, of Utica, formerly of St Johnsville, Dr Joseph R Mascaro, Dr Jack Getzlek, Dr Bralum A Mandour, Dr Claude H Vadney, Dr Joseph G Novek, Dr Eliot M Friedman, Dr John S Fitzgerald, Dr Frank A. Graniero, and Dr M R. Smith, all of Utica

* * *

An Oneida County organization of Friends of Medical Research has been formed with Alan Stevenson as county chairman as well as chairman of activities for Utica and New Hartford

Chairman for communities in the county include Rome, Dr Lewis J Shelter, Boonville, James D Capron, Camden, Mrs Gordon Young, Vernon, Barton Morris, Waterville, Gardiner Callanan, and Oriskany Falls, Lionel Krohn These chairmen will distribute literature in their communities informing the public of the status of medical research.

* * *

Dr David E Bigwood, Jr , of North Hornell, is Utica's new health officer

The physician has spent the last six and a half years in county and state public health work He will take over the vacancy created by the resignation of Dr Hugh H Shaw *

* * *

Dr Alexander S Traficante, senior psychiatrist and eye physician at Rome State School, has resigned to open his own office at Rome Traficante was appointed to the resident staff October 1, 1933

He was graduated from the University chester School of Optometry in 1928 and the College of Physicians and Surgeons, 1932

Dr Traficante entered the Lutheran Brooklyn, in June, 1932, and until July specialized in eye work He also did clinical in the eye department of the Boston City from 1931 to 1932.*

* * *

Lieut Comdr Harold A O'Connor, Waterville, has been appointed as the neuropsychiatric and neurology departm U S Naval Hospital, Norman, Okl O'Connor received his medical degree town University and spent two years' Morrisania City Hospital, Bronx, and residency at Brooklyn and Creedm He held a commission in the Army and served on the staff of the stat Plattsburg Barracks He was a qu trist in the New York State Departm Hygiene before his entry into the Corps He expects to be separate vice in the near future, and retur practice

* * *

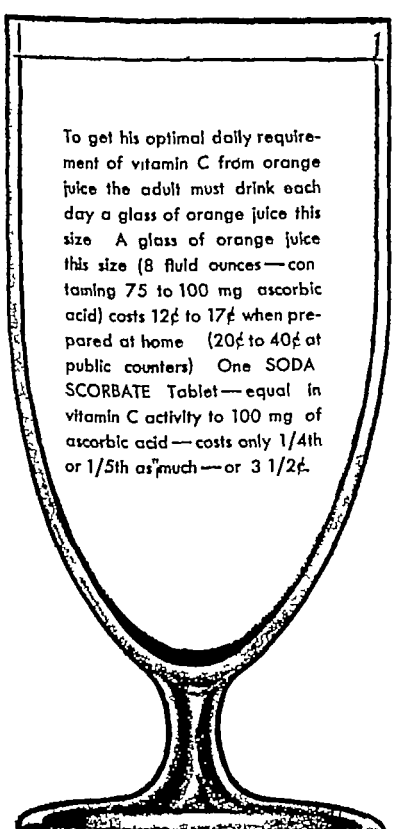
Promotions of four Syracuse ph

[Continued on page 1

Glassful?—or Thimbleful?

As you know, Doctor, so much vitamin C is lost in cooking that one of the few practical ways to get one's daily requirement from the diet is from orange juice Most of your patients will tell you they drink a glassful every day, but what do they mean by "a glassful"?

Thimbleful would be more like it. Today especially, with oranges so expensive, the housewife feels it necessary to cut down on the daily orange juice intake Thimble-like glasses — 2-ounce, 3-ounce, 4-ounce — are the rule rather than the exception



How much orange juice does a 12 year old need for his optimal daily vitamin C requirement? How much orange juice does a grown up need? The child in health should have from 2 to 5 ounces, depending on his age. The adult in health should have 8 ounces.

When prepared at home, an 8-ounce glass of orange juice costs 12c to 17c—a cost of about $3 50 to $5 00 per person each month This is all right for your patients who can afford it but for those who must count the cost, the least expensive way is by means of synthetic vitamin C.

SODASCORBATE offers distinct advantages to your patients who are unable to tolerate ordinary vitamin C. The *first* and *only* sodium ascorbate in *dry* neutral form, SODASCORBATE Tablets permit full and frequent doses of vitamin C without the gastric irritation acid-shift or other undesired after-effects that so often result from large doses of straight ascorbic acid.

The average dose for adults and children over 12 years is one tablet three times daily, or as indicated by the condition. For children under 12 one half tablet three times daily May be dissolved in milk for babies and young children.

Supplied in bottles of 40 and 100 tablets as well as in 'hospital size' bottle containing 500 tablets. For samples and literature sign and mail the coupon

SODASCORBATE

VAN PATTEN PHARMACEUTICAL CO
500 N Dearborn, Chicago 10, Ill. NYSJ-5

Please send samples of SODASCORBATE and monograph "New Horizons in Vitamin C Therapy"

Dr _____

Address _____

Town _____ State _____

[Continued from page 1142]

from overseas duty with the 52nd General Hospital, Syracuse Hospital unit in England, were announced by the War Department recently Dr Wardner D Ayer, and Dr Richard S Farr, were advanced from lieutenant colonel to full colonel

Dr Wendell V Brown, and Dr John B Stevens, majors when they returned from overseas last fall, were advanced to lieutenant colonel *

• •

Dr James R Wilson, of Syracuse, after fifteen years' service in Syracuse with the Children's Bureau, at Syracuse University College of Medicine, and in private practice, left for Chicago in February on leave of absence from the university to become secretary to the council on foods and nutrition of the American Medical Association

Dr Wilson was honored at a dinner given by the Children's Bureau and friends and associates at Hotel Syracuse, and before his departure fifteen persons gathered at his home to sign a scroll presented at the dinner which expressed appreciation of his work in pediatrics

• • •

"Narcotic Control in New York State" was the subject of a talk given to the County Medical Society by Mr Frank J Smith at the March meeting Mr Smith is supervisor of the Bureau of Narcotic Control in New York State

Dr Lucyan F Klimas, and Dr Leon E Sutton spoke at a meeting of the Syracuse Academy of Medicine on March 19 Dr Klimas discussed "Chorio-epithelioma," and Dr Sutton's subject was "Plastic Surgery of the Face" The latter was illustrated by motion pictures

Onondaga County

Several Onondaga County physicians have recently been discharged from service Dr Willard A. Loomis, Jr, a major with the Army Medical Corps, has reopened his office in Baldwinsville Dr Norman Livshin has returned to Syracuse after serving four and one-half years with the Navy as Commander He will specialize in eye, ear, and throat surgery Dr H Walden Retan and Dr Charles C Heck also have been released from the Navy as Commanders, and have resumed their practice in Syracuse Dr Philip H Rakov, also of Syracuse, was recently released from duty as a captain with the Army Medical Corps Dr Francis Lonergan, of Preble, who served with the U S Navy for three years is now associated with Dr William R. Winne, of North Syracuse

• • •

Lieut Col Daniel K Adler, was recently appointed resident physician at Mt Sinai Hospital, New York City, starting April 1 Until then he was connected with Presbyterian Hospital in New York He expects to locate his practice in Syracuse

Col. Adler saw service in the Belgian bulge, Germany and Austria. Prior to that he was stationed in Newfoundland in charge of the chemical and research laboratory Later he was transferred to the Yankee division.

A graduate of the College of Medicine, Syracuse University, he served his internship in Cleveland Hospital and Bronx Hospital, from where he entered service

Ontario County

Dr Paul V Newland, of the Clifton Springs Sanitarium and the Clinic medical staff, is to open an office for the practice of medicine in Geneva, on or about July 1 Dr Newland's resignation from the Sanitarium medical staff, took effect April 15 It is understood that Dr Newland's practice will be in the line of internal medicine with special reference to diabetes and cardiology He plans to take a postgraduate course in cardiology following his departure from the Sanitarium *

Orange County

Dr William A. Shearer, of Newburgh, has resumed practice there after serving for three and one-half years with the U S Medical Corps A former major, Dr Shearer participated in the Rhineland and Northern France campaigns He established his practice in Newburgh in 1938

• • • •

Dr R. Joseph Bacchi, of Brooklyn, a practicing physician in New York for the past twenty-five years has opened an office in the former home of the late Dr E Ross Elliott, in Montgomery

Dr Bacchi was graduated from Fordham Medical College in New York in 1921 and after a year's internship in St Peter's Hospital, Brooklyn, he opened an office in New York He has also been connected with Columbus Hospital, New York, and was on the surgical staff of Kings County Hospital for five years

• • •

Dr Samuel H Littenberg, who practiced medicine in Florida before entering the Army, has now returned and opened offices in Warwick for the general practice of medicine and surgery

Oswego County

After nearly fifty years of continuous practice of medicine in Oswego, Dr Frederick L SinClair, has retired from the profession

Dr SinClair was closely associated with his brother, the late Dr Franklin D SinClair, until the latter's death twelve years ago The brothers were born in Bath and together they attended the Eclectic Medical College in New York City They were graduated together and also served their internships in New York after which they took postgraduate courses in medicine *

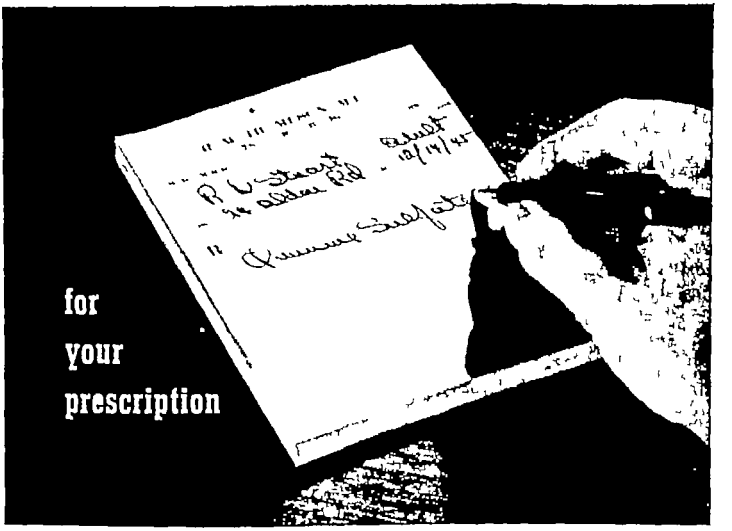
Queens County

Dr Ida M Mintzer, director of dermatology, of the Queens General and Jamaica hospitals, attending dermatologist of the Triboro Hospital, associate dermatologist, Skin and Cancer Hospital, and instructor in dermatology, New York Medical College, spoke to the Queens County Medical Society in March on the subject of common skin diseases and their treatment

• • •

The Queens County Medical Society has announced the organization of a veterans committee to assist members in housing, medical education, or other problems which have arisen since their discharge from the armed forces Dr Louis M Wiener, of Jackson Heights, is the chairman *

[Continued on page 1146]



QUININE *IS AGAIN AVAILABLE*

RESERVED exclusively for the use of our Armed Forces throughout the War, Quinine has now been released for civilian use as an antimalarial and therapeutic agent.

Merck & Co., Inc. contributed to the Wartime quinine program by supplying a substantial part of the Government's stock pile from our reserve stocks. We also expanded our production facilities and continued the manufacture of Quinine and other Cinchona Salts for our Armed Forces and essential public health needs throughout the War.

We are pleased that we can again make Quinine available to the physician for the treatment of malaria and other conditions in which it has proved so effective.

MERCK
PRESCRIPTION
CHEMICALS

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

[Continued from page 1144]

• • •

Dr Vincent Juster, of Jamaica Estates, president of the Queens County Medical Society, was sworn in as chief of the Medical Board of the City Employee's Retirement System by Mayor O'Dwyer February 14 in City Hall

Dr Juster, a surgeon, is connected with Mary Immaculate Hospital in Jamaica *

• • •

Dr Joseph W Mooney, of Jackson Heights, has been promoted to lieutenant-colonel in the New York State Guard

Colonel Mooney will serve as chief medical officer of the 1st Brigade, with headquarters in each regiment

A resident of Queens for twenty years, Colonel Mooney is a former president of St Clare's Hospital, Manhattan

• • •

Three Queens County physicians who have recently been discharged from service are Dr Reuben Leass, Dr A Neustadter, who served with the Army Medical Corps, and Dr Elias W Lang, who served in the Public Health Service They have resumed their private practices

• • •

In April, two talks were given to Society members "Problems of Practice in the First Year of Life" by Gaylord W Graves, M D, clinical professor of pediatrics, New York University Medical School, and "Bursitis, Sprains, Strains," by Ernest W Lampe, M D, associate professor, surgery, Cornell University Medical College, attending surgeon, New York Hospital and Bellevue Hospital

• • •

The Queens Society held a dinner on March 26, which preceded a talk on "The Indications for Surgery in the Treatment of Gastric and Duodenal Ulcers," by Dr J William Hinton, associate clinical professor, Columbia University Medical School, associate attending, New York Post-Graduate Hospital. A scientific exhibit on peptic ulcers, was presented by the Society's Scientific Committee in conjunction with Queen's County Cancer Committee

Rensselaer County

Newly-elected officers of the County Society are president, Dr Ranald Mussey, vice-president, Dr F J Fagan, secretary, Dr Robert Earl DeFriest, and treasurer, Dr Henry Engster

At the regular monthly dinner meeting held in March, Dr Henry Engster lectured on "Ureteropelvic Obstructions," giving many case histories and demonstrating them with x-rays Dr Eugene Connally led the discussion on this subject

• • •

Dr James V Barrett, of Troy, recently returned from service in the U S Navy, has been named fire and police surgeon in the Department of Public Safety to succeed Dr Richard P Doody who has resigned

Dr Barrett was graduated from Albany Medical College in 1933 and has been engaged in private practice since 1935

During World War II he served more than forty months in the U S Navy He served overseas with Marine assult troops and participated in the invasions of the Gilbert and Marshall Islands, Guam and Saipan Dr Barrett was wounded by shrapnel during the invasion of the Marshall Islands in February, 1944. *

• • •

Dr Stephen H Curtis, of Troy, addressing a meeting of the Rensselaer County Medical Society at the Troy Club, stated that plans for a voluntary medical insurance plan for residents of the Troy area is expected to begin operations this summer *

• • •

Capt Samuel J Werlin, of Troy, has been made chief of medical services in the 115th Station Hospital in Germany where he has been for some time Captain Werlin, former Troy pediatrician, entered service March 10, 1944, and has been overseas for seventeen months He received his captaincy about a year ago *

• • •

Dr Warren A Gunther, of Troy, has been promoted to the rank of lieutenant commander in the Navy and is now in charge of the orthopedic ward at the Naval Hospital at San Diego Commander Gunther saw action with the Navy Medical Corps in New Guinea, the Philippines, and Leyte and for a time was stationed in Australia

He is a member of the staff of Samaritan Hospital *

• •

Dr Joseph A Padalino, of Troy, has been certified by the State Department of Mental Hygiene as a qualified examiner and psychologist *

• • •

Rensselaer County physicians who have been discharged from the service include Dr Rudolph F Amyot, of Cohoes, Dr Clarence R Becker, Dr A J Fantauzzi, and Dr Eugene J Hanratta, Jr, all of Troy They will resume their former practices.

Richmond County

Dr John J Goller, of Silver Lake, Dr Lewis D Foote, of St George, and Dr William H Borlow, of New Dorp, have reopened their offices in Staten Island, following their discharge from service

Rockland County

Dr Bart E Corsentino, of Haverstraw, has received the appointment of censor for northern Rockland County of the Comitia Minore of the Rockland County Medical Society

Dr Corsentino is consulting physician of the New York State Reconstruction Home in West Haverstraw *

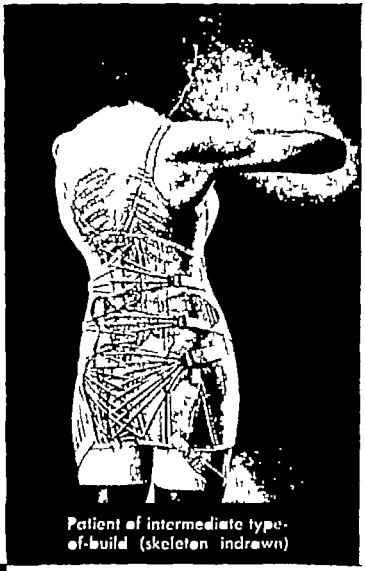
• • •

Dr David Selman,. of Spring Valley, who has served the past three and a half years with the U S Army Medical Corps has entered the practice of general medicine and obstetrics in Spring Valley He is a brother of Dr A N Selman who has practiced in the community for many years

[Continued on page 1148]

CAMP

Orthopedic Support FOR Chronic Low Back Pain



Patient of intermediate type-of-build (skeleton indrawn)

This lumbosacral support is specifically designed to limit the range of the lumbar spine bending when either the framework or soft tissues of the low back are the seat of injury or disease. Effective support is given the gluteal region, the lumbar spine and the sacro iliac and lumbo sacral joints. The adjustment about the pelvic girdle prevents undue pressure of the upper adjustments and yet the presence of the center adjustment gives relief and comfort to the patient. Provision is made for reinforcement with aluminum uprights when indicated.

CAMP

ANATOMICAL SUPPORTS

Prescribed in many types for the condition illustrated and for Prenatal, Postnatal, Post operative, Pendulous Abdomen, Visceroptosis, Nephroptosis, Hernia and Orthopedic conditions.

S H CAMP & COMPANY
Jackson Michigan

World's Largest Manufacturers of Scientific Supports

Offices in NEW YORK • CHICAGO
WINDSOR, ONT • LONDON, ENG

If you do not have a copy of our "Reference Book for Physicians and Surgeons", copy will be sent upon request

[Continued from page 1146]

Dr David Selman was graduated from Cornell University in 1934 and from the University of Dublin Medical School in 1939 He received obstetrical training at the famed Rotunda Hospital in Dublin

He served an internship at the Nyack Hospital, at Mt Sinai Hospital, New York City, and at Newark Beth Israel Hospital

In July, 1942, he entered the U S Army as a first lieutenant and later received promotion to the rank of captain. He served at Camp Lee, Virginia, for sixteen months and was then transferred to Hawaii where he remained until last month when he returned to the States *

St Lawrence County

Dr Louis J Benton, Dr Edward P Whalen, and Dr Rutherford Rodger, of Ogdensburg, have opened offices in that city after being discharged from the Army Medical Corps

Saratoga County

A meeting of the Saranac Lake Medical Society was held on March 20 in the John Black Room of the Saranac Laboratory

Dr John W Hirshfeld, of Ithaca, spoke on the subject, "The Managment of Perforated Peptic Ulcers"

* *

Dr John A. Esposito, has resumed his practice in Saratoga Springs after serving in the U S Army Medical Corps as captain

Dr Esposito was a member of the Saratoga Hospital Staff when he was commissioned in 1942 and has served thirty-four months with the Third Auxiliary Surgical Group serving in North Africa, Italy, England, Germany, and France In England he studied at the University of Edinburgh, while on extended leave

He was graduated from New York Medical College, New York City, in 1937 and interned at William McKinley Memorial Hospital, Trenton, New Jersey

He has a presidential unit citation, meritorious unit plaque, and six battle practice station stars He participated in two invasions, Sicily and Normandy, and was at the Battle of the Bulge *

* * *

Dr Vincent R Kelleher, former resident of Fort Edward, who recently was released from active Army duty as a lieutenant colonel, has opened an office in Saratoga for the general practice of medicine

Dr Kelleher was graduated from Marquette University and the Medical College of Marquette at Milwaukee, Wisconsin, in 1939 and served as an intern at St Peter's Hospital, Albany, until he was commissioned in the Army in January, 1941 He served through the European campaigns with the Medical Corps *

* * *

Reminiscences of the practice of medicine and surgery over the past fifty years featured a recent dinner meeting of the Saratoga County Medical Society held at Newman's Lakehouse at which several county doctors with a half-century or more of practice were honored

The 50-year men are Dr John F Humphrey, Dr Frederic J Resseque and Dr G Scott Towne, of Saratoga Springs, Dr John R. Purcell, Dr Arthur W Johnson, and Dr William Van Doren, of Mechanicville, and Dr J R MacElroy, of Jonesville

Schenectady County

Schenectady County physicians who have been recently released from service and have resumed their practice include Dr Angelo DiDonna, Dr Michael J Tytko, Dr Jacob Frumkin, Dr Frederick A Groff, Jr , Dr Gomer Richards, Dr Seymour A Horwitz, all of Schenectady, and Dr George C von Borstel, of Scotia Dr Raymond J Byron, also recently discharged, is associated with Dr John C Younie, who has been established in Schenectady since 1932 Dr Carl F Runge and Dr George A Reich also have announced the opening of joint offices in Schenectady Dr Runge and Dr Reich were recently discharged from the Army Medical Corps

Schoharie County

Dr John H Wadsworth, of Cobleskill, who was recently honorably discharged from the Army Air Force with the rank of captain, reopened a medical office in Cobleskill on April 1

Dr Wadsworth served overseas as flight surgeon four years and four months, including service in the Caribbean area and the China-India-Burma theater *

Steuben County

Dr Leon M Roe, of Cansiteo, arrived home in January from Medford, Oregon, where he was on duty at the U S Naval Hospital, Camp White, Oregon, completing three and a half years in the U S Navy Dr Roe has reopened his office in Canisteo

Dr Roe entered the U S Navy Sept, 21, 1942, as lieutenant j g He was stationed in U S Training School, Fisher's Island, N Y , for one year, as medical officer In Sept , 1943, he was ordered aboard the USS Livermore as lieutenant s g He served aboard this destroyer in European and Mediterranean waters for twenty-two months The Livermore saw action in Anzio beachhead where a landing was made by Allied forces

The Livermore engaged in the invasion of Southern France

In November, 1944, the Livermore returned from the European coastal war and engaged in convoying troopships carrying U S Army men and equipment to Europe Dr Roe was detached in June, 1945, and ordered to Camp White, Oregon He was honorably discharged as lieutenant commander *

Sullivan County

Dr Edmund T Rumble, who formerly lived at Cochecton is returning to Callicoon to resume his practice

Dr Rumble was separated from the Medical Corps of the Navy on November 22 after forty months' service In the Navy he first served fourteen months aboard ship, this duty ending when the ship was lost in an enemy air attack off Guadalcanal. Five months later, in January, 1944, he returned to duty recovered from the injuries received in the action off Guadalcanal.

[Continued on page 1150]

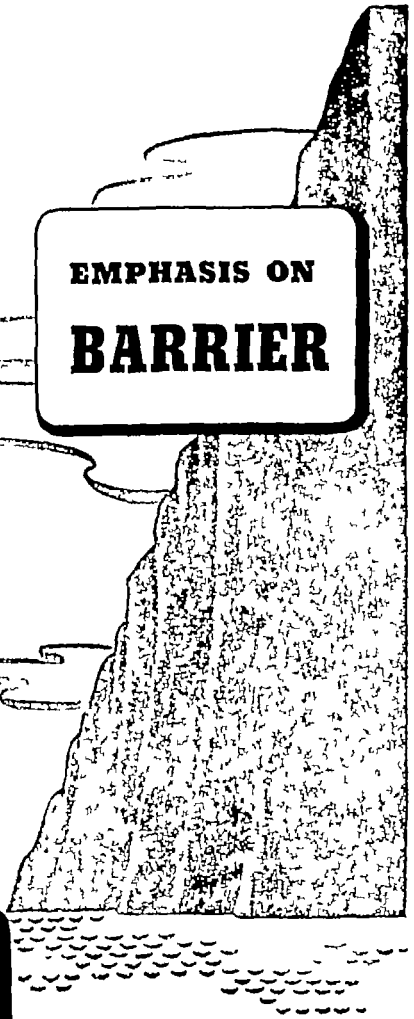
AUTHORITATIVE clinical investigators place strong emphasis on the importance of the barrier in conception control.

In a recent comprehensive report,[1] physicians indicated an overwhelming preference for the diaphragm and jelly method (93% of 36,955 new cases).

In keeping with these expressed opinions we continue to suggest that for the optimum in protection the physician prescribe the combined use of occlusive diaphragm and spermatocidal jelly.

You assure your patient a product of highest quality when you specify *Ramses*

EMPHASIS ON BARRIER



Competent observers report:

"Jellies and creams used without mechanical devices yield relatively high protection, but studies have not proven them fully dependable to block the external os, or to invalidate all sperm."[2]

"When no type of occlusive pessary can be fitted or when the woman refuses to use one she only other reliable method is the use of the condom. With proper technic and instruction this method is highly reliable but has many disadvantages which the diaphragm method overcomes."[3]

1. Clinic Reports: Planned Parenthood Services in the United States. Human Fertility 10: 25 (Mar.) 1945.
2. Dickinson, R.L.: Techniques of Conception Control. Baltimore: Williams and Wilkins Co. 1942.
3. Warner, M.P.: J.A.M.A. 115: 279 (July 27) 1940.

gynecological division

JULIUS SCHMID, INC.

423 West 55 Street New York 19, N. Y.

QUALITY FIRST SINCE 1883

[Continued from page 1148]

Dr Rumble then served in Naval Hospitals, at Philadelphia, St Albans, and Pearl Harbor Between tours of duty at the hospitals he also took a course of instruction at the Columbia-Presbyterian Medical Center

Suffolk County

Dr Roland Jones, of Center Moriches, was recently elected president of the Suffolk County Medical Society Other officers elected were Dr Thomas W Faulkner, of Huntington, Dr Wilbur S Stakes, of Patchogue, vice-president, Dr Edwin P Kolb, of Holtsville, and Dr Willetts W Gardner, of Patchogue, secretary and assistant secretary, respectively Dr Grover A Silliman, of Sayville, treasurer The censors include Dr Paul Nugent, East Hampton, Dr Leon Barber, Patchogue, Dr Louis Garben, Islip, Dr Arthur Soper, Kings Park, and Dr Earl McCoy, of Central Islip

The delegates include Dr John L Sengstack, of Huntington, and Dr David Corcoran, of Central Islip Dr Roland M Jones is the delegate to the Second District Branch

• • •

Suffolk County physicians who have recently received their honorable discharge from the service include the following Dr C E Drysdale, Dr Wickham F Case, Dr Percy Tuthill, Dr Herman P Saltz, and Dr Daniel Bradley

• • •

The following physicians announce that they are now associated as a medical group with offices at the Hampton Clinic, Southampton Drs William C T Gaynor, David H Hallock, Edwin H Heller, and Herman Rubler

Tioga County

The Tioga County Medical Society held its second meeting in a series of postgraduate studies at the Green Lantern Inn, Owego, in February

Dr A Wilbur Duryee, associate clinical professor of medicine of the College of Physicians and Surgeons, Columbia University, spoke at the meeting *

Tompkins County

Dr C Stewart Wallace, former regimental surgeon for the 24th Marine Corps Infantry Regiment, Dr Anthony J Leone, former flight surgeon with the Army Air Forces, and Dr Joseph L Leone, former battalion surgeon with the Air Forces, all of Ithaca, have resumed their medical practice in Ithaca

• • •

Dr John W Hirshfeld, formerly of Ithaca, has returned to this town to open a practice in surgery in association with Dr H Bruner Sutton Dr Hirshfeld was an investigator under the Office of Scientific Research and Development in a Wayne University project for the study of the effects of sulfonamides, penicillin, and streptomycin on burns, accidental wounds, and infection

•

The annual meeting of the County Medical Society was held on Tuesday, December 18, 1945 at 7 00 P M Dr R. H Broad, president, presided over the meeting with thirty-two members and guests present

The following officers were elected for the current year president, Dr R. H Broad, vice-president, Dr L H Speno, secretary-treasurer, Dr W Wilson, delegate, Dr N S Moore, alternate, Dr L. P Larkin, censors, Drs F Beck, C D Darling, L P Larkin, R. J Low, and C S Wallace

A most interesting talk was given by Dr W A Hagan, dean of the New York State Veterinary College at Cornell University on the American Military Government in Germany Dean Hagan recently, spent three months in Germany as advisor on veterinary medicine to the American Military Government His comments were largely limited to public health problems and their difficult problem of solution with the personnel available

Warren County

Dr Maxwell A Mintz, former lieutenant commander attached to the Navy Coast Guard at Groton, Connecticut, opened offices in Glens Falls on March 1

Dr Mintz, who prior to service in the armed forces, practiced as an eye physician in New York City, has been released from Navy duty He has been in service since 1942 and has been in charge of the eye department at the Station Hospital at Groton *

Wayne County

Dr John C Carmer and Dr James H Arseneau, of Lyons, were elected first and second vice-presidents, respectively, at the recent annual meeting of the Wayne County Medical Society Dr Dwight F Johnson, Newark, was re-elected president, and Dr Irving M Derby, Newark, was chosen secretary-treasurer, succeeding Dr Thomas C Hobbie, of Sodus, who resigned after five years in that position

Personal experiences of several of the members while with the armed forces were an interesting part of the meeting program Those who spoke were

Dr C Dupha Reeves and Dr Evan G Tansley, of Newark, Dr Charles M Single and Dr Robert G Stuck, of Wolcott, Dr Lloyd F Davey, as yet not released, Williamson, Dr Donald Bovet, Marion, and Dr Clifton G Myer, Lyons

Westchester County

Maj James Russell Montgomery has been discharged and has returned to his medical practice in White Plains and New York He has returned as head of the Obstetrical Department at White Plains Hospital, and as associate attending physician at Sloane Hospital for Women, Columbia-Presbyterian Medical Center

• • •

Dr David V Pecora, of Yonkers, has been discharged from the Army after three years of service in the Medical Corps He spent twenty-one months in the European Theater of Operations, and was stationed at the Station Hospital, Brookley Field, Alabama, before receiving his release from service

• •

Dr A C Emmel, of Mount Vernon, and Dr Harry Klapper, of White Plains, were recently ap-

[Continued on page 1152]

THE VALUE OF KNOX GELATINE IN PEPTIC ULCER MANAGEMENT

Many physicians are finding Knox Gelatine a practical aid in the frequent between meal feedings that are so often desirable in the management of peptic ulcer

Given at hourly intervals, Knox Gelatine provides a satisfactory control of the gastric secretions and brings relief from the painful symptoms.

Also, many physicians regularly prescribe the *Special Ulcer Diet* described in the Knox booklet, "Peptic Ulcer Dietary" This is a complete diet bland and liberal in calories and protein We will be happy to send you as many copies as you wish

For the free *Peptic Ulcer Dietary* and any of the other dietaries listed here address your request to Knox Gelatine, Box 474, Johnstown N Y

FREE!

Peptic Ulcer Dietary	Diabetic Diets
Knox Gelatine Drink	Infant Feeding
Feeding Sick Patients	Reducing Diets and Recipes

Protein Value of Plain, Unflavored Gelatine

KNOX GELATINE U. S. P

PLAIN UNFLAVORED GELATINE ALL PROTEIN NO SUGAR

Knox Products Keep Pace Through Laboratory and Clinical Research

[Continued from page 1150]

pointed by County Executive Herbert C Gerlach as members of the Board of Managers of the Westchester County Laboratory, under the County Health Department The positions carry no salary *

Wyoming County

Dr Bruno Tryka resumed practice in January, reopening the offices in his home in Perry

Dr Tryka recently received his honorable discharge from the Army Medical Corps with the rank of major He had served in the army for four years and nine months.*

Ulster County

The Ulster County Medical Society is sponsoring a movement for the establishment of a cancer clinic in Kingston and the erection of a suitable building for diagnosis and treatment of cancer It is proposed to have the building close to the laboratory

Dr Francis E O'Connor, chairman of the Medical Society's Cancer Committee, says his committee is ready to raise the sum necessary through public subscription and he feels confident that there are many families throughout the city and county who, having had experience with the dread disease, would be willing to assist financially toward the building fund *

* * *

Dr Robert F Mosely, Jr, has resumed his medical practice at Kingston upon his return from service with the U S Army Dr Mosely was commanding officer and chief of the surgical service of the 94th Station Hospital which operated for one year in the United States and two years in India *

A COMMUNITY ACTS AGAINST SOCIALIZED MEDICINE

The Community Council in Churchville, New York, has issued the following resolution against socialized medicine

"Whereas we believe that the American Medical Profession is eminently competent to solve the medical problems of this country,

"Now Therefore Be It Resolved, that we unequivocally oppose any law, measure, plan, or scheme of socialized medicine, particularly the Wagner-Murray-Dingell bills, now being considered by the Congress of the United States, for the following reasons

1 It would lower the high standards of medicine as it is now practiced

2 It would be an unwarranted tax burden upon the American people

3 It would violate the privileged relationship between patient and physician so essential to the successful practice of medicine"

There were 80 representative people present at the February meeting of the Churchville Community Council The above resolution was adopted unanimously by the Council after a thorough presentation of the question by Drs Frederick W Dietel and E H Vail Copies of this resolution were telegraphed to Senators Wagner and Mead, Representative Wadsworth, the Senate Finance Committee, and the House Ways and Means Committee

---

HEROES IN THE MAKING

It was British humour that saved the situation in the dark days of the early blitzes, and evidently it was sustained until victory was finally assured

On Victory Day, when crowds filled the London streets and military forces with bands playing proudly paraded, a paternal Bobbie noticed a woman whose proper place, he opined, was the maternity hospital

"Mother," he said kindly, "You oughtn't to be in this crowd

"I'm afraid the excitement will be too much for you, let me get you out of the crowd I'll find a seat for you somewhere"

But the woman protested

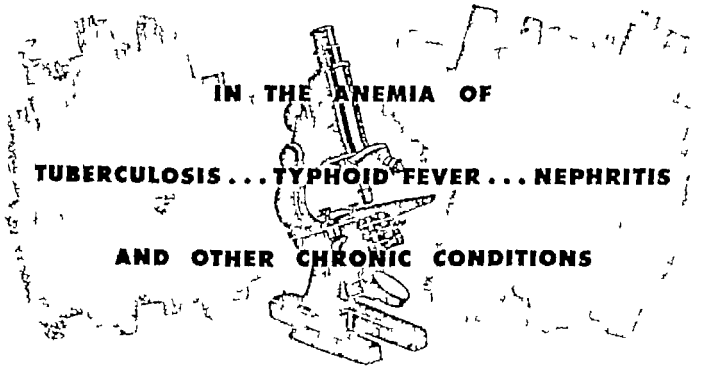
"I've looked forward to seeing this day with my baby," she pleaded.

"But, mother," said the constable, "After all, the little chap can't see the parade"

"No," she replied, "But I would like to give the little blighter a chance to hear the music"

Of such stuff are heroes made —*Tonics and Sedation, J A M A, March 9, 1946*

Number 4 of a Series



HEPATINIC

Two factors function in chronic infections to produce the usually concomitant hypochromic anemia—

(a) increased destruction or increased utilization of red cells due to the infection

(b) impaired intake or utilization of diet

Consequently one phase of medical management of chronic infections includes eradication of the coexisting anemia. Hepatinic presents iron in preferred form, together with crude (unfractionated) liver concentrate, enhanced by the addition of the B complex The crude (unfractionated) liver concentrate is subjected in manufacture to a special process of enzymatic digestion , assuring maximum assimilation

Taste Appeal!

Taste is important in hemopoietic tonics Hepatinic—pleasantly palatable—is readily accepted even by finicky taste-conscious patients Samples will be sent to physicians on request

FORMULA:

Each fluidounce contains Ferrous Sulfate 12 gr., Crude Liver Concentrate (equivalent to 660 gr fresh liver) 60 gr fortified to represent Thiamine Hydrochloride 2 mg Riboflavin 4 mg Niacin amide 20 mg together with pyridoxine, pantothenic acid choline, folic acid vitamin B_{12}, vitamin B_{11} biotin inositol para amino-benzoic acid and other factors of the vitamin B complex.

Elixir Hepatinic is supplied in bottles of one pint and one gallon

McNeil Laboratories
INCORPORATED

Necrology

Oscar Baer, M D, of Niagara Falls, died on December 30 at the age of 67 As the consulting physician for the first prenatal clinic in Niagara Falls, Dr Baer played an important role in gaining for it state-wide recognition as a model in its field He also served as first chief of obstetrics on the staff of Memorial Hospital He was author of *Diet Charts*, a standard reference book, and other works

Dr Baer was elected, at various times, chief of the staff at Memorial Hospital, president of the Niagara Falls Academy of Medicine, and president of the Niagara County Medical Society He was a graduate of the New York Homeopathic Medical College, class of 1911

Arthur B Berresford, M D, of Ithaca, died on April 16 at the age of 42 Dr Berresford received his degree from Boston University School of Medicine in 1935 From 1942 to 1944, he was research fellow in the Department of Allergy, Roosevelt Hospital, New York City He was on the staffs of Memorial Hospital and the Cornell Infirmary The author of several scientific articles on allergy and a book on bronchial asthma, he was, also, coauthor of the book *Know Your Hay Fever* He was a member of the American Academy of Allergy, American Medical Association, and New York State and Tompkins County medical societies

Louis Bernstein, M D, of Brooklyn, died on April 24, 1945 He was 67 years old A graduate of the New York College of Medicine, class of 1904, he was a member of the American Medical Association and the Medical Society of the State of New York

Frank A. Brockmyre, M D, 68, of Canandaigua, died on February 7 He received his medical training at Hahnemann Medical College, Chicago, from which he was graduated in 1901 For several years Dr Brockmyre had been a member of the staff of Thompson Memorial Hospital, both as attending physician and surgeon He was a member of the Ontario County Medical Society, the New York State Medical Society, and the American Medical Association

James Bronson Conant, M D, of Amsterdam, died on January 5 He was 75 years old In 1896 he received his degree from the College of Physicians and Surgeons, Columbia University and a number of years later, pursued a postgraduate course at Vienna, Austria. Dr Conant was a member of the American College of Surgeons, American Medical Association, the Medical Society of the State of New York, and the *Medical Society of Montgomery County* He was an ex-president of the staff of the Amsterdam City Hospital and a member of the staff of St Mary's Hospital

William B Conner, M D, of Rochester, died on February 24. He was on the attending staffs of Highland, St Mary's and Genesee hospitals He was a member of the Rochester Academy of Medicine, Monroe County Medical Society, and Rochester Pathological Society

Dr Conner was a graduate of the University of Pennsylvania School of Medicine in the class of 1901 He was 69 years old

Gerald Edward Dailey, M D, of Gloversville, died March 3 at the age of 54 He was a graduate of Albany Medical School Dr Dailey was a member of the American Medical Association, the Medical Society of the State of New York, and the Fulton County Medical Society

Howard I. Davenport, M D, of Auburn, died on January 9 He was 67 Dr Davenport was a member and past-president of the Cayuga County Medical Society, a trustee of the Cayuga County Laboratory, a member and consultant on the staffs of both the Auburn City Hospital and the Mercy Hospital, and a member of the Medical Society of the State of New York He was graduated from Johns Hopkins Medical School in 1905

William H Davidson, M D, of Troy, died on March 9 at the age of 61 He received his degree from Albany Medical College and pursued two years of study of the eye in Paris and Vienna He was a member of the American Medical Association, and New York State and Rensselaer County medical societies

Earle V Gray, M D, of Helmuth, superintendent of Gowanda State Hospital at Helmuth for twenty-two years, died on April 21 at the age of 64 He had been on the Gowanda Hospital staff since 1909 He also had taught at the Cleveland Homeopathic Medical College, from which he was graduated in 1905

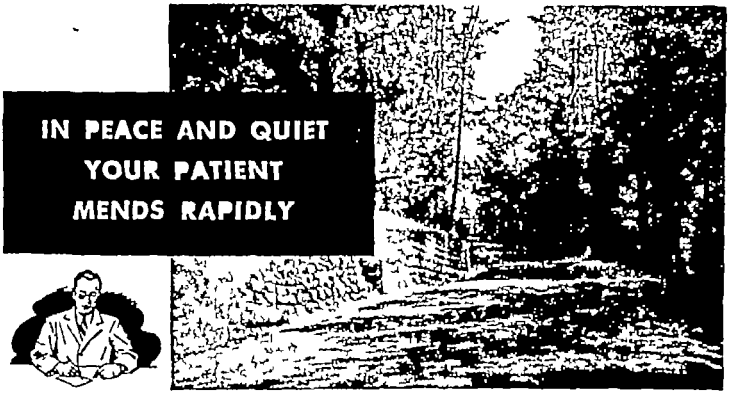
Hedley C W Graham, M D, of Rochester, died on January 12 at the age of 86 He was a graduate of Queens University, Kingston Dr Graham was physician for the Baltimore and Ohio Railroad and the Rochester Transit Corporation, surgeon for the Gleason Works and the Buffalo, Rochester and Pittsburgh Railway, and honorary surgeon for the Strong Memorial staff He was a member of the Monroe County Medical Society

Katharine S Munhall, M D, of Buffalo, died on April 15 at the age of 84 She was a graduate of the Women's Medical College, Pennsylvania, class of 1893, and one of Buffalo's earliest women physicians

Richard Mollenhauer, M D, of Mount Vernon, died on April 16 at the age of 92 He was a graduate of Bellevue Medical College, class of 1880

Leo Wolfson, M D, of Poughkeepsie, died on March 15 at the age of 45 Dr Wolfson studied medicine at the Syracuse University Medical College and was graduated in 1929 At the time of his death, he was supervising psychiatrist at the Hudson River State Hospital He received the Fellowship in child psychiatry in the Michael *Reese Hospital, Chicago, in 1938* Dr Wolfson had for a period of years conducted numerous clinics in child guidance in Poughkeepsie and in other cities in that vicinity In 1943, he became a Diplomate of the American Board of Neurology and Psychiatry The last three years, Dr Wolfson had been in charge of electric and insulin shock therapy at the hospital

He was a member of the Medical Society of the State of New York, Dutchess County Medical Society, the American Psychiatric Association, and the American Soviet Medical Society For the latter he had done considerable translation of Russian medical articles



Nature endowed the Saratoga Spa with naturally carbonated mineral waters of great therapeutic value, and she placed them in surroundings of surpassing beauty and serenity

Here, in peace and quiet, your patients achieve the mental and physical relaxation that gives full scope to the restorative powers of the Spa's famed waters

In superb facilities erected by the State of New York, they receive the benefit of your continuing medical direction in regimens which you yourself recommend for the treatment of cardiac, vascular or rheumatic disorders of a chronic nature

Well trained physicians are available in Saratoga Springs for consultation with your patient on the details of the program

Practitioners who found the Spa a valued adjuvant in less busy times are today doubly conscious of its service in lightening their postwar burden

PHYSICIAN, GIVE HEED TO THINE OWN HEALTH"

Many physicians have recently come to the Spa for the same kind of treatments that helped their patients here. After a restorative "cure" at the Spa, you, too, would return to your practice refreshed, revitalized, ready for the busy days that still lie ahead

THE SARATOGA SPA

For professional publications of the Spa, and physician's sample carton of the bottled waters with their analyses, please write W. S. McClellan, M. D., Medical Director Saratoga Spa, 155 Saratoga Springs, N. Y.

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION

Hospital News

Governor Dewey Wants VA to Buy Halloran

GOVERNOR Dewey has proposed that the United States Veterans Administration purchase the $12,000,000 Halloran General Hospital on Staten Island at a price sufficient to enable the State to build, in the metropolitan area, a hospital for mentally defective infants and children.

The Governor, in a letter to Gen. Omar N Bradley, director of the Veterans Administration, rejected the latter's request that the State lease the hospital to the Veterans Administration for two years after the current Army lease expires late this year

Mr Dewey stressed the State's urgent need for hospitals to care for defective children, but he said he also recognized the need for hospitals to care for war veterans

Purchase by the government of the Halloran Hospital, coupled with an adequate purchase price and top priorities for building a new State hospital, would take care of Federal and State needs

The only existing Veterans Administration hospital in New York City is Kingsbridge in the Bronx, which provides 1,900 beds The latter hospital had a waiting list of 3,600 during one week in April

Hospital Discharges 1,000th Former Alcohol Addict

THE 1,000th patient was dismissed in April from Knickerbocker Hospital's year-old wing for the treatment of chronic alcoholics The rehabilitation project is now a definite part of the hospitalization routine at Knickerbocker, the first general hospital to admit liquor addicts as such

"We are satisfied that alcoholism should be treated as a disease and that good medical treatment, together with the help of Alcoholics Anonymous (a private group which helps in readjusting chronic inebriates) is the first step toward recovery and the resumption of normal life in the community," said A. Robert Munro, of the board of trustees

At Knickerbocker, a semiprivate hospital at 70 Convent Avenue, eighteen beds in private and semiprivate wards have been set aside under the supervision of Dr William Silkworth

Patients, directed there by Alcoholics Anonymous, usually spend five days, for which they pay $65 They receive a brain defogging medical treatment, which includes Vitamin B_1

During their stay patients are visited only by members of Alcoholics Anonymous and are dismissed in the company of some Alcoholic Anonymous member for continuing consultation and advice

Newsy Notes

The growing importance of, and need for women in the medical profession was underscored by leaders in medicine, business, and government at a dinner on April 23 at the Hotel Roosevelt inaugurating the New York Infirmary's campaign for $5,000,000

The infirmary, until recently the New York Infirmary for Women and Children, was founded ninety-three years ago by Elizabeth Blackwell, and is still staffed entirely by women doctors It is seeking the funds so that it may move from its present crowded quarters at 321 East Fifteenth Street to a building expected to be built on York Avenue between Sixty-Second and Sixty-Third Streets

• • •

Parsons Hospital in Queens has announced plans for a $200,000 addition adjoining the present structure at 35-06 Parsons Boulevard, Flushing

The new building will have 60 beds—all for maternity cases

Announcement of the project follows by three weeks the news that the Van Wyck Sanitarium would erect a $200,000 building at 144-01 Liberty Avenue, South Jamaica

A third project to provide urgently-needed Queens Hospital facilities is the $2,000,000 expansion program of Jamaica Hospital, for which a fund drive is under way This project would give the borough 600 additional beds *

Directors of the Brockport Central Hospital in Rochester have announced the purchase of the Shafer property and building on Main Street. This location and building has housed the hospital for more than fifteen years

The Central Hospital is a nonprofit organization, supported by public subscription in the area served It was organized about 10 years ago

The Lakeside Memorial Hospital, Rochester, fund campaign, which has received subscriptions in excess of $140,000 will be used to erect a new structure Pending construction, the hospital board authorized the purchase of the present site to insure operation of the hospital until the new building is constructed *

• • •

Robert Olcott, a member of the board of governors of Albany Hospital, has given $12,125 in personal securities to the hospital's $3,000,000 building fund

Mr Olcott, who also is chairman of the board of the Mechanics & Farmers Bank, asked that the contribution be used to memorialize a visitors' room in the name of his late uncle, Dudley Olcott *

• • •

A new medical center to house medical and dental offices, medical laboratories, operating rooms and an

* Asterisk indicates that item is from a local paper

[Continued on page 1158]

HYDROSULPHOSOL

Provides all 9 desired requisites as a superior therapy in thermal, acid and caustic burns.

Provides for mechanical exclusion of air at site of burn • Insures prompt relief of pain • Aids in abating burn shock • Bacteriostatic influence • Non-toxic effect • STIMULATES TISSUE REPAIR • Rapidly reduces inflammation and edema • Results in absence or marked reduction of scar tissue • Tends to shorten convalescent period.





AVAILABLE FORMS

AQUEOUS SOLUTION:
Bottles of 8 4 and 1 fluid ounce

OINTMENT:
Jars of 1 lb and 1 oz.

ORDER TODAY *through your surgical or hospital supplier*

HYDROSULPHOSOL is a true solution of sulfur bearing compounds resulting solely from the reduction of flowers of sulfur by a catalytic process. In aqueous solution it is capable of rapidly releasing its high concentration of sulfhydryl ion (SH radical) in such form as can be effectively utilized by the body in the synthesis of sulfur-containing amino acids functionally active in cell stimulation and directly related to tissue respiration and repair

Unlike the sulfa group and many other sulfur compounds, Hydrosulphosol is non toxic when administered orally or topically applied in heavy concentrations, and will not result in damage to liver and kidney function

Reprints of scientific papers by authoritative investigators available on request

Distributed by

REES-DAVIS DRUGS, INC.

MERIDEN CONNECTICUT

[Continued from page 1150]

X-ray laboratory will be erected in Tompkinsville, Staten Island

The building will contain 19 rooms, including a dental office and waiting room

The center is to be used chiefly for diagnostic work *

. . .

North Shore physicians of the last century were prominent among the founders of the Nassau Hospital at Mineola which marks its fiftieth anniversary during the week of May 19 The celebration will be combined with the observance of National Hospital Day

Among the physicians who signed the articles of incorporation were Dr James S Cooley, of Glen Cove, Dr Joseph H Bogart, of Roslyn, and Dr John Mann, of Jericho

The program will be inaugurated by Vesper Service at the Cathedral of the Incarnation on Sunday, May 19 On Wednesday, May 22, and Thursday, May 23, exhibits of the work of the various departments of the Hospital will be open to the public in the auditorium on the hospital grounds

Nassau Hospital will observe "Open House" on Wednesday, May 22, from six to eight and on Thursday, May 23, from three to five

A booklet on the history and work of the hospital is being prepared and will be ready for distribution during Anniversary Week *

. . .

About 400 colleagues and friends of Dr E John Dolan, Bronx surgeon, attended a testimonial dinner in the Biltmore Hotel recently to honor him for his long service to the medical profession

The event was sponsored by the Association of Private Hospitals, of which he has been president for the past seven years, and by the attending staff of Westchester Square Hospital

Dr Dolan, besides being surgical director of this hospital, is visiting surgeon at Fordham Hospital, St Joseph's Hospital for Chest Diseases and St Elizabeth's Hospital, and consulting surgeon to Goshen Emergency Hospital and Good Samaritan Hospital, Suffern *

Improvements

Formal presentation of a new fracture table was made by representatives of Little Falls American Legion post to Little Falls Hospital in March *

. . .

Delivery to the Cohoes Hospital of the ambulance secured in the project sponsored by the Cohoes Rotary Club and financed by a drive was made in April

In addition to providing the ambulance, suitable arrangements were made for its housing and maintenance *

At the Helm

Dr James E Fish, former colonel in the U S Army Reserve who recently returned to the practice of surgery at Melrose and Boston, Massachusetts, has been appointed director of Ellis Hospital in Schenectady to succeed Miss Mary G McPherson who is retiring after more than twenty-one years as administrator of that institution.

Dr Fish received his medical degree from the Harvard Medical school in 1927 He served for a time as a student assistant in the pathology laboratory of Professor Erdheim at Vienna and then in 1928 received a surgical appointment at Massachusetts General Hospital, Boston, Massachusetts

A fellow of the American College of Surgeons, he has been on the medical staff of Harvard University and director of a clinic there He was called to active service with the army in 1941 *

. . .

Dr John A Lichty, who served as second assistant director of Strong Memorial Hospital, Rochester, under Dr Albert W Snoke before entering service in the U S Navy in August, 1943, has been appointed assistant director of Strong Memorial to succeed Dr Snoke

Dr Basil C MacLean, director of Strong Memorial, made the announcement

The newly appointed assistant director received his medical degree from the University of Rochester in 1932 He served a year's internship at the New York Hospital and a year at the New Haven Hospital, New Haven, Connecticut.

Coming to Strong in 1928 as a student, he later served on the resident staff, then as instructor in pediatrics and assistant pediatrician of the medical school and the hospital

Dr Albert W Snoke has taken up his duties as director of Grace-New Haven Community Hospital, New Haven, Connecticut *

. . .

The General Hospital of Syracuse which will observe its fiftieth anniversary at the end of the year, enters 1946 with a completely modern plant and in good financial position, stated William G Morton, retiring president of the board of trustees, at the annual meeting in March

Ernest L Owen, retiring treasurer of the board and publisher of *The Post-Standard*, was elected president of the board Other new officers are Philip R Chase and Mrs Henry W Brown, vice-presidents, Mrs J D Taylor, Jr, secretary, Asher S Markson, treasurer, Carl P Wright, assistant treasurer, and Mr. Chase, treasurer of expansion fund

Re-elected for three years were trustees, John F Marsellus, Stuart F Raleigh, Mrs Brown, Mrs William B Gere, Mr Morton, Mr Markson, Mr Chase and Charles S Estabrook

Last year marked the end of the construction program which was begun four years ago A new nurses' home, providing facilities for 68 nurses, was dedicated early in the year A modern kitchen and cafeteria were opened in June *

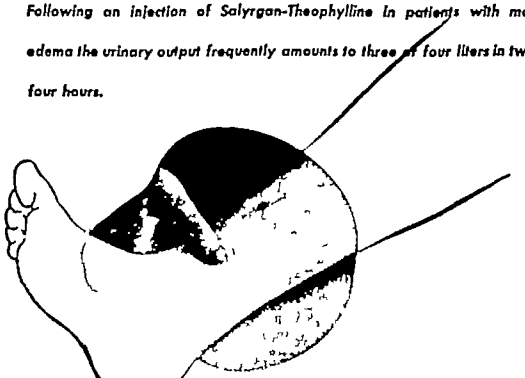
[Continued on page 1160]

For congestive heart failure

NEXT IN IMPORTANCE TO DIGITALIS

In many cases of congestive heart failure mercurial diuretics are next in importance to digitalis in maintaining the patient's comfort and prolonging life

Following an injection of Salyrgan-Theophylline in patients with marked edema the urinary output frequently amounts to three or four liters in twenty-four hours.



Through such diuresis the heart is relieved of the added burden of propelling the blood through the compressed blood vessels. The blood volume is decreased, and in all probability the efficiency of the heart is increased by elimination of myocardial edema.

•

Salyrgan-Theophylline is available in ampuls of 1 cc. and 2 cc. for intramuscular or intravenous administration. For oral use (as an adjunct to decrease the frequency of injections and when parenteral therapy is impracticable) tablets in bottles of 25, 100 and 500.

SALYRGAN-THEOPHYLLINE

"Salyrgan" Reg. U.S. Pat. Off. & Can.
Brand of Mersalyl and Theophylline

potent mercurial diuretic

WINTHROP CHEMICAL COMPANY, INC.
Pharmaceuticals of merit for the physician
New York 13 N Y Windsor Ont

[Continued from page 1158]

Dr Benjamin Palmer Whitaker, professor of social studies and former acting president of Union College, Schenectady, was named a member of the board of managers of Ellis Hospital in March *

• • •

Appointment of Dr Benjamin Freedman, resident physician at Pawling Sanitarium since 1935, as superintendent of that institution was announced recently by the board of managers there

At the same time the board announced that Dr Harry T Wygant who had been acting superintendent of the sanitarium since 1943 has resigned *

• • •

Dr C W Woodall is chairman of the new Ellis Hospital medical board, appointed recently by the hospital Board of Managers The Board members represent the four divisions of the hospital

Dr Woodall represents the surgical division and Dr A. H Congdon, the medical division, Dr W C Ostrom, specialties, and Dr Joseph Cornell, a re-appointee, gynecology and obstetrics They succeed Dr G M Clowe, Dr Albert Grussner, and Dr A. R Warner

Dr Grussner was named president of the staff and Dr Charles Rourke, secretary, at a recent staff meeting

Dr Clarence Ackerknecht has been appointed to the attending staff in obstetrics, and Dr Edward O'Keefe, to the attending staff in ear, nose and throat work *

• • •

Nineteen part-time senior consultants to the staff of the Bronx Veterans Hospital have been appointed by Maj Gen. Paul R Hawley, acting chief medical director of the Veterans Administration, it has been announced at Washington. The consultants were recommended by five medical schools and the manager of the hospital

The Bronx hospital will be the third to establish a system of part-time consultants and full-time resident physicians drawn from the communities in which the institutions are located

The consultants named are

Dr John E Scarff, neurological surgery, Columbia, Dr Maurice J Hickey, oral and facial surgery, Columbia, Dr J Herbert Conway, plastic surgery, Cornell, Dr Philip D Wilson, orthopedic surgery, Columbia, Dr Fred W Stewart, pathology, Cornell, Dr Archie Dean, neurology, Cornell, Dr R Towney Patton, ophthalmology, Columbia, Dr David H Jones, otolaryngology, Columbia, Dr Thomas Rennie, psychiatry, Cornell, Dr Harold Wolff, neurology, Cornell

Also Dr J Gardner, Hopkins, dermatology, Columbia, Dr Russell L Cecil, internal medicine, Cornell, Dr Karl Harpruder, physical medicine, Columbia, Dr Robert F Loeb, internal medicine, Columbia, Dr Arthur C DeGraef, internal medicine, New York University, Dr Charles Gottlieb, radiology, New York University, Dr J Burns Amberson, chest disease, Columbia, Dr Ralph E Herendeen, radiotherapy, Cornell, Dr Frederick E. Bancroft, surgery, Columbia and New York Medical College *

• • •

E Reid Caddy, director of St John's Hospital, announced in March the appointment of Dr Joseph Battaglia as director of the department of pediatrics, succeeding Dr Paul L Parrish

At the same time Mr Caddy said Dr Charles W Mueller will succeed Dr Cameron Duncan as director of the department of obstetrics and gynecology *

• • •

Dr Herbert M Bergamini has been appointed medical director of the Saranac Lake General Hospital

Dr Bergamini has been identified with the Saranac Lake group since his retirement as head of the Army's medical work at the Lake Placid club during the World War He has built hospitals and formed hospital organizations for the Army and before his military days was a noted specialist in New York City *

• • •

Dr James E Fish, of Boston, a former colonel in the United States Army, was appointed director of Ellis Hospital, Schenectady, in March

Dr Fish entered Army service in 1941, and was discharged after serving with the Medical Corps in Hawaii, in December, 1945 He previously was on the medical staff at Harvard university, where he received his A.B and his M D degrees in 1927 He studied also in Vienna, and in 1928 was a surgeon on the staff of Massachusetts General Hospital, Boston *

MANUSCRIPTS INVITED FOR NORTON MEDICAL AWARD

The book publishing firm of W W Norton & Company announce that they are again inviting manuscripts for submission to be considered for the Norton Medical Award of $3,500 offered to encourage the writing of books on medicine and the medical profession for the layman The first such award was made to *The Doctor's Job*, Dr Carl Binger's book, published last Spring, which gave the doctor's point of view on his work.

Announcement will be made shortly of the winning book for 1946 Closing date for submission of manuscript this year is November 1, 1946

All particulars relating to requirements and terms may be had by addressing W W Norton & Company, Inc, 70 Fifth Avenue, New York 11, N Y

HALCYON REST
784 BOSTON POST ROAD RYE, NEW YORK
Henry W Lloyd, M.D., Physician-in-Charge
Licensed and fully equipped for the treatment of nervous, mental, drug and alcohol patients, including Occupational therapy Beautifully located a short distance from Rye Beach. TELEPHONE: RYE 650 *Write for illustrated booklet*

AMINO ACIDS BENEFICIAL IN TREATMENT OF STOMACH ULCERS

A treatment for stomach ulcers that provided relief from pain in one to two days and disappearance of the ulcers on x ray films in two to three weeks in more than a score of cases was reported October 19, 1945 from the experimental surgery laboratory of the New York University College of Medicine.

The treatment, while not a "cure," was conservatively described in the report as "efficacious in promptly bringing acute peptic ulcers to a state of quiescence" It involves frequent feedings with "amigen" a protein hydrolyzate (predigested protein) now widely used in treating cases of severe malnutrition, extensive burns, and surgical convalescence.

It was during studies of the use of high amino-acid feedings in convalescence after stomach operations that the value of the treatment in ulcer cases was first suspected. Four patients in poor physical condition who were waiting for operations for stomach ulcers were given what the researchers call the "hyperalimentation' or 'high-feeding" treatment, primarily to prepare them for the operation All four experienced relief in twenty-four hours and all gained an average of a pound a day for the first eight to 10 days.

"One patient was so improved that he left the hospital refusing operation," the report says. The other three patients underwent operations. In one case the ulcer was completely healed over and only slight scars remained of what had been a serious stomach-ulcer condition In the other 2 cases the ulcers were still present but both were healing rapidly and marked improvement was evident.

Encouraged by this success, the researchers have since tried the treatment in 20 other cases over the past year, and in all cases the results have been similarly successful.

Proteins—which, with fats and carbohydrates, form the basis of nutrition—are composed of twenty-three amino acids eight of which are now known to be essential for life. The process of digestion, among other things, breaks down the proteins into these essentials so that they can be used by the body as "building blocks" in the continuous process of growth and repair Hydrolyzates of amino acids are simply proteins (milk proteins or packing house products) which have been digested in a manufacturer's vats by acids, alkalis, or enzymic action and thus relieve a patient's digestive canal of the necessity of digestion.

The preliminary work in discovering the role of the aminos in diet has been done on animals at several American universities, while much of what is known of their use in the treatment of human illness has been done at New York University, notably by a brilliant Chinese-born researcher, Dr Co Tui

"The follow-up results now available show that 22 of the 30 patients were discharged over three months ago' the report says.

These results suggest that this treatment does not insure against a recurrence of symptoms when the patient returns to old habits associated with persistence of ulcers, such as irregular feedings the eating of rough food, or indulgence in tobacco or alcohol.

'INTERPINES'
Goshen, N Y
Phone 117
Ethical — Reliable — Scientific
Disorders of the Nervous System
BEAUTIFUL — QUIET — HOMELIKE
Write for Booklet
FREDERICK W SEWARD M. D., *Director*
FREDERICK I SEWARD M. D *Resident Physician*
CLARENCE A POTTER M. D., *Resident Physician*

Medical Economics
An original plan to increase your income from professional services It is ethical. It has proven its worth in thousands of doctors offices
Crane Discount Corporation
230 W 41st St. New York 18, N Y

BRIOSCHI
A PLEASANT ALKALINE DRINK



Actively alkaline. Contains no narcotics, no injurious drugs. Consists of alkali salts, fruit acids, and sugar, and makes a pleasant effervescent drink.
Send for a sample
G. CERIBELLI & CO.
121 VARICK STREET NEW YORK

Woman's Auxiliary

To the Medical Society of the State of New York

Highlights of the Convention

THE tenth annual meeting of the Woman's Auxiliary to the Medical Society was held at the Hotel Pennsylvania, New York City, Monday and Tuesday, April 29 and 30, 1946, with Mrs Edwin A Griffin, president, presiding

Mrs F Leslie Sullivan led in prayer and the Collect Mrs Charles R Seymour led in the salute to the Flag

Mrs George P Bergman extended a welcome to all present Mrs John J Buettner responded

Celebrating our tenth anniversary, the past presidents were our honored guests and introduced Mrs John L Bauer, Mrs Francis R Irving, Mrs Daniel J Swan, Mrs Luther H Kice, Mrs F Emerson Noll, Mrs F Leslie Sullivan, and Mrs Carlton E Wertz Mrs George B Adams and Mrs G Scott Towne were absent

The memorial service was conducted by Mrs Albert Bell, assisted by Mrs Thomas Cann as soloist

Reports of all elected and appointed officers were given and placed on file

Dr Edward R. Cunniffe, President of the State Medical Society, welcomed the Auxiliary and expressed thanks for the work performed by the members

Mrs Thomas E Bullard prepared and read a history of the first ten years of the Auxiliary

Delegates to Atlantic City for 1947 are as follows Mrs F Leslie Sullivan, Mrs Emerson Noll, Mrs Carlton Wertz, Mrs Luther H Kice, Mrs Alfred Madden, Mrs. Charles Seymour, Mrs Edwin Griffin, Mrs William Lavelle, Mrs John J Rainey, Mrs Daniel J Swan, Mrs Carlton Potter, Mrs John J Buettner, Mrs Louis A Van Kleek, Mrs B J Golly, Mrs Harold Johnson, Mrs John Louis Neubert, Mrs Albert F R. Andresen, Mrs William John Jameson, and Mrs Walter Arthur Schmitz

The Tellers Committee consisted of Mrs B F Golly, Chairman, Mrs Dance, Mrs Godfrey, and Mrs Kelly Total number of ballots cast was 83

Mrs Alfred Madden was presented the gavel by Mrs Griffin and the other elected officers assumed their respective places on the rostrum

A preconvention and postconvention Executive Board Meeting was held and we start another year under the capable leadership of Mrs Madden

The newly elected officers for 1946–1947 are as follows president, Mrs Alfred L Madden, Albany, president-elect, Mrs Harry F Pohlmann, Middletown, first vice-president, Mrs John J Buettner, Syracuse, second vice-president, Mrs Walter G Hayward, Jamestown, recording secretary, Mrs. John J. Rainey, Troy, treasurer, Mrs Fred G Jones, Utica, and corresponding secretary, Mrs Arthur F Holding, Albany The directors for one year are Mrs Luther H Kice, Garden City, and Mrs F Leslie Sullivan, Scotia, for two years, Mrs Carlton E Wertz, Buffalo, for three years, Mrs Edwin A Griffin, Brooklyn, and Mrs Charles R Seymour, Binghamton The chairmen of Standing Committees are Archives, Mrs Thomas M d'Angelo, Flushing, Convention, Mrs Kenneth G Jahraus, Buffalo, Finance, Mrs William Lavelle, Long Island, Historian, Mrs Thomas E Bullard, Schuylerville, Hygeia, Mrs Lee R. Sandborn, Angola, Legislation, Mrs Gerald C Cooney, Syracuse, National Bulletin, Mrs Kenneth P Foster, Gloversville, Organization, Mrs Herman W Galster, Scotia, Parliamentarian, Mrs Morris H Newton, Little Falls, Physicians' Home, Mrs. M M Monserrate, Binghamton, Press and Publicity, Mrs Bradford F Golly, Rome, Printing and Supplies, Mrs Leonard A Hulsebosch, Glens Falls, Program, Mrs Michael M Schultz, Hollis, Public Relations, Mrs James W Bucci, Albany, and War Participation, Mrs Joseph Elia, Niagara Falls

The advisory council consists of Dr Clement J Handron, Chairman, Troy, Dr Harry F Pohlmann, Middletown, Dr Nathan B Van Etten, New York City

The President's Message

WHEREAS, the object of the Woman's Auxiliary is to aid the American Medical Association in every way requested, and

WHEREAS, the most urgent need at the present time is for widespread dissemination of knowledge concerning the hazards of medical legislation,

"Therefore, be It Resolved that the House of Delegates of the American Medical Association request the Woman's Auxiliary to use evey avenue possible to bring such information to its members and through them to the public"

This resolution was introduced by Doctor Francis Borzell, Vice-Speaker, and adopted by the House of Delegates of the American Medical Association It indicates to each State Auxiliary one of its major lines of work The thing has been specified, and it remains only for us to accomplish the end desired

Public Relations and Legislation will work together on this.

With the war over we can, this year, move ahead in organization and membership We must bend our efforts toward regaining those members lost because of the war With the return of our doctors new members are found each month on the rosters of the country societies These mean potential members to the Auxiliary

With the removal of newsprint limitations, press and publicity will be able to branch out with the ultimate goal of our publication. Watch the JOURNAL closely It will be worth your while

The Bulletin chairmen feels that to be better informed each county officer and board member, as well as the State Board, should subscribe to our national magazine, *The Bulletin of the Woman's Auxiliary to the American Medical Association* It is our direct contact with the over-all plan of the Woman's Auxiliary

The Chairman on Archives will see that statistics and data are available on request to the chairmen of

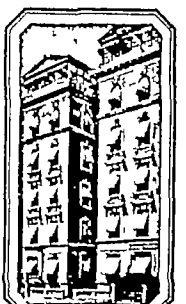
[Continued on page 1164]

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 — *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment endorsed by many physicians Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY

COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24, N Y Tel SChuyler 4-0770

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y

FOR MENTAL AND NERVOUS PATIENTS. An unInstitutional atmosphere. Treatment modern, scientific individual. Moderate rates. Licensed by dept. of Mental Hygiene (See also our advertisement in the Medical Directory of N Y., N J and Conn) Address inquiries to MARGARET TAYLOR ROSS, M.D *Physician-in-Charge.*

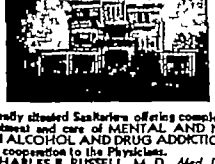
WEST HILL

West 252nd St. and Fieldston Road
Riverdale-on the-Hudson, New York City

For nervous, mental, drug and alcoholic patients. The sanitarium is beautifully located in a private park of ten acres. Attractive cottages scientifically air-conditioned. Modern facilities for shock treatment Occupational therapy and recreational activities. Doctors may direct the treatment. Rates and Illustrated booklet gladly sent on request.

HENRY W. LLOYD, M.D., *Physician in Charge*
Telephone: Kingsbridge 9-8440

RIVERLAWN SANITARIUM

FOUNDED  1895

A convenient situated Sanitarium offering complete facilities for the treatment and care of MENTAL AND NERVOUS CASES and ALCOHOL AND DRUG ADDICTIONS We extend full cooperation to the Physician.

CHARLES B RUSSELL M. D., *Med Dir*
45 Totowa Ave. PATERSON N J Armory 4-2349

BRUNSWICK HOME

A PRIVATE SANITARIUM. Convalescents, postoperative, aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M. D., Supt.
B'way & Louden Ave., Amityville N Y., Tel. 1700, 1, 2.

DR BARNES SANITARIUM

STAMFORD, CONN.

45 minutes from N Y. C. via Merritt Parkway

For treatment of Nervous and Mental Disorders, Alcoholism and Convalescence. Carefully supervised Occupational Therapy Facilities for Shock Therapy Accessible location in tranquil beautiful hill country Separate buildings

F H. BARNES M.D., Med. Supt. *Tel. 4-1143

FALKIRK

IN THE

RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg
CENTRAL VALLEY Orange County N Y

LOUDEN-KNICKERBOCKER HALL, INC

81 LOUDEN AVENUE - Tel Amityville 53 - AMITYVILLE, N Y

A private sanitarium established 1886 specializing in NERVOUS and MENTAL diseases.

Full information furnished upon request

JOHN F LOUDEN, *President* JAMES F VAVASOUR, M.D., *Physician in Charge*

NEW YORK CITY OFFICE, 67 West 44th St., Tel. VAnderbilt 6-8723

[Continued from page 1162]

all committees The State Executive Board will direct what shall be filed and how

The Parliamentarian will oversee the use of that *framework of all good organizations*—Parliamentary Law

The Committee on War Participation is to continue with postwar plans direct from the national organization

The *Hygeia* Committee chairman is already busy with ideas to sell the magazine not only to doctors and dentists but with especial emphasis on libraries and schools

The Finance committee will budget our spending so that we will be an example to the nation by living within our means

The Chairman of Printing and Supplies will continue to obtain efficient correspondence material suitable to our organization

The committee on Physicians' Home will not forget that charity begins at home, and that this is one place where we are helping ourselves

The records of all our progress and good deeds will be kept by the Historian

One of the most vital committees is that on Program Besides instructing ourselves on the Volunteer Health plans, and the legislative problems that concern us, we will have some fun. We have done with little pleasure for five years now, so how about a few social affairs—alone, with our husbands, a dance, a dinner with a short skit, a hamburg roast, covered dish supper, or what are you interested in? There is nothing better than a "get-together," as our Constitution puts it, to promote harmony among physicians' families Surely this is one way to help present a united front If we can smooth out any differences so that each will get along with the other in our own little corner of the world, then who shall say we have not done our bit toward peace?

Lastly, remember the Convention The Chairman and her committees will see to it that 1947 and Buffalo will bring a bang-up time

"The Future belongs to those who prepare for it" That is our purpose Each officer and chairman working to help all the counties, and each county in turn playing its invaluable role in the success of State and National organization It is all your Auxiliary and will be no better than your support of its purposes Medicine and doctors have been in existence ever since the beginning of history With that in mind, we know that our work has just started It is up to us to recognize our place in the future, to take our place fearlessly, and to hold it steadfastly We do not build on sand We are not working for this year alone, nor for next year, but with the knowledge that any help we give organized medicine is a contribution to the health of the Nation, and so to the advancement of civilization

For results, worthy of this aim, we appeal for the active cooperation not of just a few, but of every doctor's wife in New York State!

Mary G Madden, *President*
(Mrs Alfred L Madden)

THE PROBLEM OF TUBERCULOSIS

Tuberculosis deaths in the upstate area are expected to be well under the 1942 and '43 figures, when the first increases in the past twenty years occurred Although the death rate has been set back to about what it was five years ago, great success in finding unknown cases of tuberculosis and getting them under care and treatment for cure and prevention has been achieved through taking x-rays of the chests of many thousands of industrial workers and other workers Sanatorium services, however, are still handicapped by shortages in medical and nursing personnel

The continuing problem of tuberculosis was emphasized in a statement by Judge Cantline and Mr Nelbach, who pointed out that more than 500 new cases and 200 deaths are being reported each month in the State outside of New York City Also, about 500 residents of New York State were discharged from the Army and Navy each year because of tuberculosis

A significant event in 1944 was the setting up of a tuberculosis control division in the U S Public Health Service with provision of financial assistance to the states for their control programs, in recognition of tuberculosis as a major public health problem on the national level

The virtual elimination of diphtheria as a destroyer of young children has been hailed For the first nine months of 1944 only one death has occurred upstate among six million people and 3 in New York City among eight million, as compared to 5 and 14 deaths, respectively, for the same period a year ago Prior to the continuous immunization campaign against diphtheria which was started in 1926, there were almost 600 deaths caused each year by diphtheria in the upstate area alone

The statement warned that a 20 per cent increase in early cases of syphilis has been occurring in these wartime years as compared to the prewar period, and urged unremitting law enforcement measures to reduce commercialized prostitution as a leading source of infection to servicemen and civilians

"Christmas Seal sale funds help to bring the aid and resourcefulness of an army of citizens to these campaigns," the statement concluded—*Release from State Charities Aid Association*

CLASSIFIED

PATENT ATTORNEY

Z. H. POLACHEK, Patent Attorney Engineer
Specialist in patents and trademarks. Confidential advice
1234 Broadway N Y C. (at 31st) LOngacre 5-3058

NASSAU MEDICAL EXCHANGE
5 Beekman St. (Agency) Co 7-5669

We place medical assistants, lab and x-ray technicians nurses, doctors, secretaries, receptionists, etc.
When you need medical personnel won t you try our service?

FOR SALE

Metal office furniture, instruments for general surgery microscope lights test lenses, drugs, books. Any fair offer considered Dr Cooley Wellsville, N Y

FOR SALE

House with fully equipped office including portable X Ray in Central New York community Immediate occupancy Box 4039 N Y St. Jr Med.

FOR SALE

Urological Table and X Ray Call Astoria 8-0467 Long Island City N Y

For your personnel problems

Emily Ross

PERSONNEL SERVICE INC

M V STEWART, Manager Medical Dept. — Longacre 3-5858, 11 W 42nd St., N Y 18

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service Paine Hall graduates have character intelligence, personality and thorough technical training. Let us help you find exactly the right assistant.

Est 1917
Paine Hall

101 W 31st St., New York
BRyant 9-2831
Licensed by State of N Y

SUPERIOR PERSONNEL Assistants and executives in all fields of medicine—young physicians, department heads, nurses, staff personnel, secretaries, anaesthetists, dieticians and technicians.

Patricia Edgerly

NEW YORK MEDICAL EXCHANGE
489 FIFTH AVE., N Y C. (AGENCY) MURRAY HILL 2-0676

POSITION WANTED

Pathologist American Board Diplomate and certified by New York State Health Dept. desires hospital or group association Box 4020 N Y St. Jr Med.

HOSPITAL ADMINISTRATOR

Desirous of investing moderate capital and services in small hospital or sanitarium. Twenty years experience managing and directing institutions. Recently relieved from the service Box 5200 N Y St. Jr Med.

IT IS THE CONTINUED USE OF **ALKALOL** that best demonstrates its efficacy

NON-TOXIC BLAND EFFICIENT

THE ALKALOL COMPANY—Est 1896 at TAUNTON, MASS

LEG MAKE-UP FOR THE *ALLERGIC PATIENT*

3 SHADES
- FLESH-LOW (LIGHT)
- #10 (MEDIUM)
- SUNTAN (DARK)

AR-EX COSMETIC HOSE contains no resin, aniline dyes, or other known skin irritants. Goes on smoothly does not rub off, but is easily removed with soap and water *Send for Free Formulary*

AR-EX Cosmetic Hose

FREE FORMULA!
DR.
ADDRESS
CITY
STATE

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST. CHICAGO 7, ILL

Officers—County Medical Societies—1946

TOTAL MEMBERSHIP AS OF MAY 15, 1946—19,971

President		*Secretary*		*Treasurer*	
R G Leddy	Albany	A Vander Veer	Albany	F E Vosburgh	Albany
I Felsen	Wellsville	E B Perry	Belfast	D Grey	Belfast
F La Gattata	Bronx	G B Gilmore	Bronx	J A Landy	Bronx
V W Bergstrom	Binghamton	M A Carvalho	Binghamton	L J Flanagan	Binghamton
L R. Stoll	Salamanca	W R Ames	Olean	W R Ames	Olean
C W Bullard	Auburn	S J Karpenski	Auburn	L H Rothschild	Auburn
R E Storms	Westfield	E Bieber	Dunkirk	C E Hallenbeck	Dunkirk
W T Boland	Elmira	E D Smith	Elmira	M F Butler	Elmira
W D Mayhew	Oxford	J H Stewart	Norwich	J H Stewart	Norwich
E W Sartwell	Plattsburg	K M Clough	Plattsburg	K M Clough	Plattsburg
L M Niesen	Hudson	L J Early	Hudson	L J Early	Hudson
F A Jordan	Cortland	W A Wall	Cortland	F F Sornberger	Cortland
G B Ewing	East Branch	F R. Bates	Walton	F R. Bates	Walton
G J Jennings	Beacon	A A Rosenberg	Poughkeepsie	A A Rosenberg	Poughkeepsie
P A Steele	Buffalo	L W Beamis	Buffalo	R. L Scott	Buffalo
J Breen	Schroon Lake	J E Glavin	Port Henry	J E Glavin	Port Henry
J N Hayes	Saranac Lake	D H Van Dyke	Malone	D H Van Dyke	Malone
J F Sarno	Johnstown	L Tremante	Gloversville	J A Shannon	Johnstown
P P Welsh	Leroy	P J Di Natale	Batavia	P J Di Natale	Batavia
F E Persons	Lexington	W M Rapp	Catskill	M H Atkinson	Catskill
B J Kelly	Frankfort	F C Sabin	Little Falls	A L Fagan	Herkimer
S E Douglas	Adams	C A Prudhon	Watertown	L E Henderson	Watertown
T B Givan	Brooklyn	B M Bernstein	Brooklyn	I E Sirus	Brooklyn
B M Phelps	Lowville	J F Rudmin.	Port Leyden	J F Rudmin	Port Leyden
H J Schneckenburger	Nunda	F J Hamilton	Hemlock	F J Hamilton	Hemlock
F Ottaviano	Oneida	L S Preston	Oneida	G S Pixley	Canastota
J S Houck	Rochester	C S Lakeman	Rochester	J L Norris	Rochester
M F Geruso	Amsterdam	S Partyka	Amsterdam	M T Woodhead	Amsterdam
W C Atwell	Great Neck	W C Freese	Baldwin	W C Freese	Baldwin
R B Henline	New York	B W Hamilton	New York	F Beekman	New York
C M Brent	Niagara Falls	C M Dake	Niagara Falls	D B Fitzgerald	Lockport
H D MacFarland	Utica	O J McKendree	Utica	R C Hall	Utica
F S Wetherell	Syracuse	I L Ershler	Syracuse	A C Hofmann	Syracuse
B C Hurlbutt	Rushville	D A Eiseline	Shortsville	D A Eiseline	Shortsville
R W Thompson	Cornwall-on-Hudson	E C Waterbury	Newburgh	E C Waterbury	Newburgh
E T Eggert	Knowlesville	A. H Snyder	Holley	A H Snyder	Holley
H F McGovern	Fulton	W F Fivaz	Fulton	W F Fivaz	Fulton
A. M Skinner	Oneonta	M F Murray	Cooperstown	J M Constantine	Oneonta
G H. Steacy	Lake Mahopac	Garrett W Vink	Carmel	Garrett W Vink	Carmel
V Juster	Jamaica	E A Wolff	Forest Hills	A A. Fischl	Long Island City
J F Connor	Troy	R. E De Friest	Troy	H. C Engster	Troy
M S Lloyd	New York	H. Friedel	St George	H Dangerfield	St. George
F J Schwartz	Spring Valley	R L Yeager	Pomona	M R Hopper	Nyack
T M Watkins	Potsdam	C F Prairie	Massena	L T McNulty	Potsdam
F G Eaton	Saratoga Springs	M J Magovern	Saratoga Springs	J M Lebowich	Saratoga Springs
W E Gazeley	Schenectady	N H Rust	Scotia	R E Faulkner	Schenectady
R. G S Dougall	Cobleskill	D R Lyon	Middleburg	D L Best	Middleburg
W C Stewart	Watkins Glen	C W Schmidt	Montour Falls	C W Schmidt	Montour Falls
S B Folts	Interlaken	F W Lester	Seneca Falls	F W Lester	Seneca Falls
J I Yanick	Hornell	R J Shafer	Corning	R. J Shafer	Corning
R. W Jones	Center Moriches	E P Kolb	Holtsville	G A Sillman	Sayville
R S Breakey	Monticello	D S Payne	Liberty	D S Payne	Liberty
H. S Fish	Waverly	P E Zoltowski	Waverly	P E Zoltowski	Waverly
R. H Broad	Ithaca	W Wilson	Ithaca	W Wilson	Ithaca
H Silk	Kingston	F H Voss	Kingston	C B Van Gaasbeek	Kingston
J A Glenn	North Creek	L C Huested	Glens Falls	L C Huested	Glens Falls
Leslie A. White	Whitehall	D M Vickers	Cambridge	C A. Prescott	Hudson Falls
D F Johnson	Newark	I M Derby	Newark	I M Derby	Newark
I Zadek	Mt Vernon	E J Dealy	White Plains	H W Kipp	Ossining
A Kosseff	Attica	G W Nairn	Warsaw	G W Nairn	Warsaw
W P Rhudy	Penn Yan	R F Lewis	Penn Yan	R. F Lewis	Penn Yan



Welcome Relief

in POISON IVY DERMATITIS

The tormenting itch of Rhus dermatitis has few equals in routine medical practice Many patients receive early welcome relief after injections of POISON IVY EXTRACT Arlington

POISON IVY EXTRACT Arlington is an absolute alcohol extract of Rhus leaves of established potency The use of absolute alcohol results in an extract of greater dependability Use as supplied for diagnostic patch test and for treatment of poison ivy dermatitis.

Clinical evidence indicates that a single excitant is responsible for dermatitis due to poison ivy poison oak, and poison sumac. Thus, this extract is equally applicable to dermatitis caused by contact with any of these plants.

DOSAGE: As soon as possible after appearance of symptoms, three subcutaneous injections of 0.1 cc. each are given at daily intervals.

POISON IVY EXTRACT

Arlington

SUPPLIED in rubber-stoppered vials containing 3 cc.

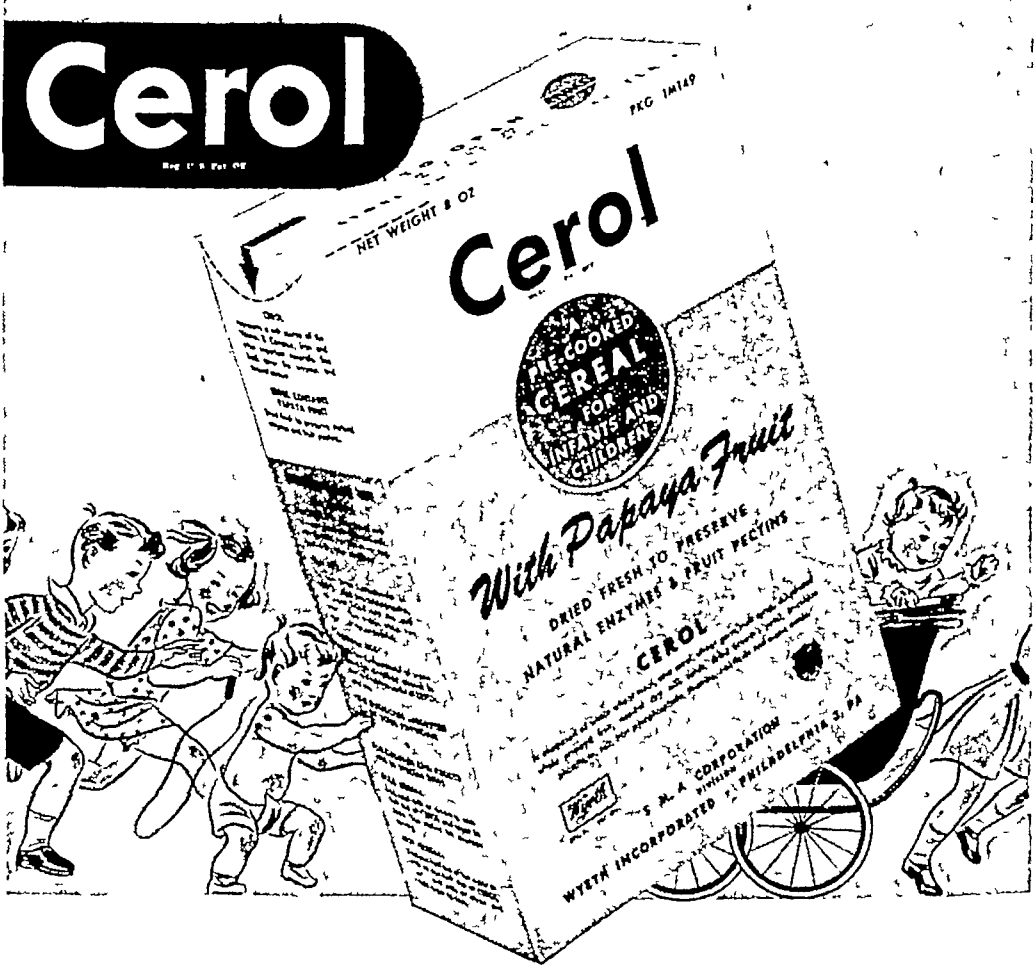


THE ARLINGTON CHEMICAL COMPANY
YONKERS 1 *Arlington* NEW YORK

A NEW CEREAL FOR

Infants and Children WITH PAPAYA FRUIT

DRIED FRESH TO PRESERVE NATURAL ENZYMES AND PECTINS



THE LATEST ADDITION to the famous S.M.A Infant Foods —CEROL something new in infant feeding—FLAVORED with mellow papaya fruit—FORTIFIED with vitamins and minerals—READY TO SERVE a nutritious, precooked, multi-grain cereal—Supplied in 8 oz. packages.

Wyeth
REG U S PAT OFF

S M A DIVISION • WYETH INCORPORATED • PHILADELPHIA 3 • PA

When Vitamins Are Not Enough

In malnutrition, convalescence, anorexia and old age, more than vitamins are often indicated. Besides vitamins there are maltose, dextrose and dextrins and other food elements present in Maltine with Vitamin Concentrates

Some of the food elements in Maltine with Vitamin Concentrates— approximate content per 30 cc. (2 tablespoonfuls)

VITAMIN A	10,000 U.S.P. units
VITAMIN D	1,000 U.S.P. units
THIAMINE HYDROCHLORIDE	3 mg.
RIBOFLAVIN	4 mg.
NICOTINAMIDE	40 mg.
+ MALTOSE	8.6 gm.
+ DEXTROSE	4.2 gm.
+ DEXTRINS	10.2 gm.
+ PHOSPHORUS	278 mg.
+ CALCIUM	303 mg.
+ CHOLINE*	36 mg.
+ INOSITOL*	44 mg.
+ FOLIC ACID*	22 mcg.

*These constituents are members of the natural B Complex. Their need in human nutrition has not been established

Two tablespoonfuls supply at least twice the minimum daily requirements of the above vitamins and supplementation of other easily digested food elements. The Maltine Company, New York 22.

MALTINE WITH VITAMIN CONCENTRATES

MORE THAN A CAPSULE COULD HOLD



In the severe depressions of the menopause marked by apathy and psychomotor retardation

Many women in the climacteric period develop a true reactive depression, characterized by apathy, psychomotor retardation and despondency

• This depressive syndrome is frequently progressive, and, unless promptly and effectively treated, may seriously impair the patient's normal capacity for useful living

• In such cases, Benzedrine Sulfate helps to reawaken mental alertness and optimism, and to restore the savor and zest of life—especially when administered in conjunction with such fundamental measures as electric shock and estrogenic therapy

• Obviously, Benzedrine Sulfate should not be used for the casual case of low spirits or normal physiologic depression, as distinguished from true prolonged mental depression

Smith, Kline & French Laboratories, Philadelphia, Pa

BENZEDRINE SULFATE

Tablets *Elixir*

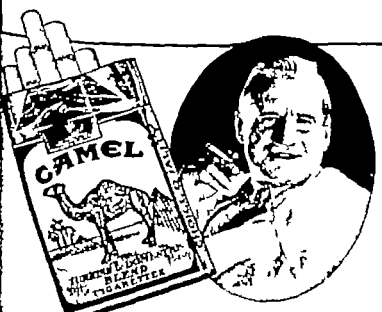
(RACEMIC AMPHETAMINE SULFATE, S. K. F.)



"I'll Be Right Over!"

. 24 hours a day your doctor is "on duty" . guarding health protecting and prolonging life .

• Plays novels motion pictures have been written about the "man in white." But in his daily routine he lives more drama, and displays more devotion to the oath he has taken than the most imaginative mind could ever invent. And he asks no special credit. When there's a job to do, he does it. A few winks of sleep a few puffs of a cigarette and he's back at that job again



According to a recent independent nationwide survey

More Doctors Smoke Camel

than any other cigarette

NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 46 JUNE 1, 1946 NUMBER 11

Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK *Publication Office* 20TH AND NORTHAMPTON STS, EASTON, PA *Editorial and Circulation Office* 292 MADISON AVE, NEW YORK 17, N Y *Change of Address* NOTICE SHOULD STATE WHETHER OR NOT CHANGE IS PERMANENT AND SHOULD INCLUDE THE OLD ADDRESS Twenty-five cents per copy—$2 00 per year *Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act of August 24, 1912*

CONTENTS

SCIENTIFIC ARTICLES

A Method of Approach in a Veterans' Psychiatric Clinic, *Simon Rothenberg, M D* 1217

Thoracolumbar Sympathectomy in the Treatment of Advanced Essential Hypertension, *J William Hinton, M D*, and *Jere W Lord, Jr, M D* 1223

The Differential Diagnosis Between Recurrent Postoperative Cholelithiasis and Recurrent or Chronic Parenchymatous Hepatitis, *Abraham O Wilensky, M D* 1227

Progress in Physical Medicine During the Past Twenty-Five Years, *Richard Kovacs, M D* 1229

Benzhydryl Ether Hydrochloride (Benadryl) in the Symptomatic Treatment of Allergy, *Emanuel Schwartz, M D*, and *Louis Levin, M D* 1233

(Continued on page 1174)

℞ **Pediforme**
FOOTWEAR



In Postural Cases

Impressing the layman with the importance of proper clothing in promoting good posture cannot be over-emphasized Doctors know that proper shoes have a definite effect on posture in both adults and children, but the mere suggestion of an "orthopedic" shoe is enough to make the patient cringe

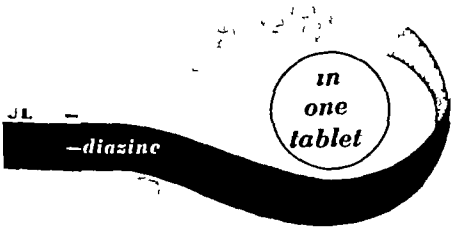
"PEDIFORMES", however, because they have a natural appearance, will not make your patient feel "let down" by your prescription for a helpful shoe Nor will you feel "let down" with the service, courtesy and experience of our shoe-fitters

Convenient sources

MANHATTAN, 34 W 35th St.
BROOKLYN, 288 Livingston St
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, L I, 241 Fulton Ave
NEW ROCHELLE, 545 North Ave
EAST ORANGE, 29 Washington Pl
HACKENSACK, 290 Main St

To lessen renal complications during administration of sulfonamides *Combisul* - TD

Combisul TD is a combination of sulfaTHIAZOLE and sulfaDIAZINE in equal parts in one tablet Administration of these two sulfonamides together reduces the likelihood of renal involvement even though the total quantity of sulfa drugs is the same as when either is used alone [1] [2] Danger of calculus formation with oliguria and anuria is largely eliminated by *Combisul TD* for even crystalluria is uncommon. The chemotherapeutic activity of *Combisul TD* is equivalent to that obtained when either constituent is used in full dosage



Combisul TD available in 0.5 Gm. tablets each containing 0.25 Gm. sulfathiazole and 0.25 Gm sulfadiazine. Indications and dosage are the same as for either drug administered alone.
For the treatment of meningitis, *Combisul DM* consisting of 0.25 Gm. sulfadiazine and 0.25 Gm. sulfamerazine is available.
Combisul TD available in 0.5 Gm. tablets. Bottles of 100 and 1000.
Combisul DM available in 0.5 Gm. tablets Bottles of 100 and 1000

1 Lehr D : Proc. Soc Exper Biol. & Med 58:111 1945.
2 Lehr D : In press.
Trade Mark *Combisul TD* and *Combisul DM*—Reg. U.S. Pat. Off.

Schering CORPORATION BLOOMFIELD N J
In Canada, Schering Corporation Ltd., Montreal

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, MURRAY HILL 3-9841

CONTENTS—*Continued from page 1172*

An Unusual Toxic Reaction to a Mercurial Diuretic, *Milton Schlachman, M D* 1236
Injury to the Ureter During Appendectomy, *Edward O Finestone, M D , F A C S* 1239
Subconjunctival Luxation of the Lens Due to Indirect Trauma with Good Visual Recovery, *F F Talbot, M D , W Yerby Jones, M D ,* and *Walter F King, M D* 1242
Acute Pancreatitis, *J L Cantor, M D* 1244
Conferences on Therapy (*Cornell University Medical College*)
Treatment of Meningitis 1246

SPECIAL ARTICLE

New York State Study of Child Health Services (American Academy of Pediatrics), *Alexander T Martin, M D* 1254

EDITORIAL

Medical Genetics and Public Health 1211
The Biology of Arteriosclerosis 1212
The Pediatrician Studies the Child 1213
Current Editorial Comment 1213
The President-Elect 1215

Medical News 1257
Necrology 1265
Hospital News 1268
Books 1276

GENERAL FEATURES

Department of Workmen's Compensation 1256

MISCELLANEOUS

State Society Officers 1176, 1178, 1180



The nocturnal symptoms of many allergic disorders are often successfully controlled with

LUASMIN

CAPSULES and ENTERIC COATED TABLETS

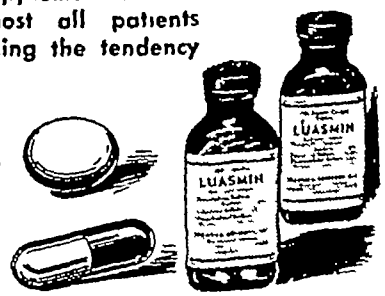
(for prompt action) (for delayed action)

A LUASMIN capsule, administered as needed, and supplemented with an enteric coated tablet makes it possible for almost all patients to enjoy the benefits of a full night's sleep thus minimizing the tendency of recurrence of symptoms on the following day.

Each capsule or enteric coated tablet contains:

Theophylline Sodium Acetate	3 grains
Ephedrine Sulfate	½ grain
Phenobarbital Sodium	½ grain

Half formula capsules and tablets are also available for children, or for adults when symptoms are mild



Write for descriptive literature and professional samples

Brewer EST 1852

BREWER & COMPANY, INC.
WORCESTER, MASS., U. S. A.

Reduced incidence of secondary post-tonsillectomy hemorrhage

"Preliminary study of the effects of routine post-operative use of sulfathiazole gum indicated a reduction in the incidence of secondary hemorrhage "†

White's

SULFATHIAZOLE GUM

provides HIGH salivary concentration with LOW (negligible) systemic absorption

INDICATIONS: Local treatment of sulfonamide-susceptible infections of oropharyngeal areas acute tonsillitis and pharyngitis—septic sore throat—infectious gingivitis and stomatitis—Vincent's infection. Also indicated in the prevention of local infection secondary to oral and pharyngeal surgery

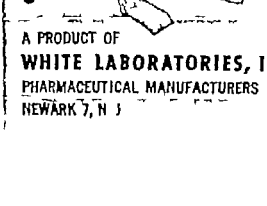
DOSAGE: One tablet chewed for one-half to one hour at intervals of one to four hours depending upon the severity of the condition. If preferred, several tablets—rather than a single tablet—may be chewed *successively* during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed

Available in packages of 24 tablets, sanitaped, in slip-sleeve prescription boxes.

IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.

†*McGovern F H., Prevention of Secondary Post Tonsillectomy Hemorrhage with Sulfathiazole Gum Arch. Otolaryn., 40.196-197 (Sept.) 1944*

"when the gum was chewed for one-half to one hour the average salivary concentration of sulfathiazole was 70 mg per hundred cubic centimeters The blood sulfathiazole of children chewing 1 tablet for one-half hour for twelve daily doses showed a maximal concentration of 0 5 mg per hundred cubic centimeters "†



A PRODUCT OF

WHITE LABORATORIES, INC.

PHARMACEUTICAL MANUFACTURERS

NEWARK 7, N J

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	WILLIAM HALE, M D , Utica
Past-President	EDWARD R. CUNNIFFE, M D , Bronx
President-Elect	LOUIS H BAUER, M D , Hempstead
Second Vice-President	CHARLES D POST, M D , Syracuse
Secretary	WALTER P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR , M D , Forest Hills
Treasurer	JAMES R REULING, JR , M D , Bayside
Assistant Treasurer	FENWICK BEEKMAN, M D , New York
Speaker	F LESLIE SULLIVAN, M D , Scotia
Vice-Speaker	ALBERT F R ANDRESEN, M D , Brooklyn

TRUSTEES

JAMES F. ROONEY, M D , *Chairman* Albany

ALBERT A GARTNER, M D	Buffalo	WILLIAM H ROSS, M D	Brentwood
KIRBY DWIGHT, M D	New York	JOHN J MASTERSON, M D	Brooklyn

COUNCIL

WILLIAM HALE, M D	Utica	JAMES R REULING, JR., M D	Bayside
EDWARD R. CUNNIFFE, M D	Bronx	WALTER P ANDERTON, M D	New York
LOUIS H BAUER, M D	Hempstead	JAMES F ROONEY, M D	Albany

Term Expires 1947

FLOYD S WINSLOW, M D
Rochester
J STANLEY KENNEY, M D
New York
HARRY ARANOW, M D
Bronx

Term Expires 1948

OLIVER W H MITCHELL, M D
Syracuse
MAURICE J DATTELBAUM, M D
Brooklyn
DAN MELLEN, M D
Rome

Term Expires 1949

CARLTON E WERTZ, M D
Buffalo
E CHRIS WOOD, M D
Buffalo
CHARLES M ALLABEN, M D
Binghamton

[*See pages 1178 and 1180 for additional Society Officers*]

IN WHOOPING COUGH

ELIXIR BROMAURATE

Cuts short the period of the illness and relieves the distressing cough. Also valuable in BRONCHITIS and BRONCHIAL ASTHMA. In four-ounce original bottles A teaspoonful every 3 or 4 hours
(Contains one-half grain Gold Tribromide in one fluidounce Alcohol 2½% by volume)
GOLD PHARMACAL CO., New York

Formulac

—vitamin-and-mineral-fortified baby food



FORMULAC is a new baby food—a reduced milk in liquid form—fortified with sufficient vitamins and minerals to meet the nutritional needs of infants *without supplementary administration*

FORMULAC was developed by E. V McCollum, whose method of incorporating the vitamins and minerals *into the milk itself* lessens the risk of human oversight or error

FORMULAC is promoted ethically Clinical testing has proved it satisfactory in promoting infant growth and development

FORMULAC is easily adjusted to meet each individual child's nutritional needs, by the addition of carbohydrates at your discretion

FORMULAC—on sale at most grocery and drug stores —is priced within range of even low income groups



• For professional samples and further information about this new infant food mail a card to National Dairy Products Company Inc., 230 Park Ave., New York 17 N Y

DISTRIBUTED BY KRAFT FOODS COMPANY

NATIONAL DAIRY PRODUCTS COMPANY, INC

New York, N Y

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK CITY 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D , Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L EDWARDS, M D , Hudson
Fourth District
FRANK F FINNEY, M D , Malone
Fifth District
SHERMAN M BURNS, M D , Oswego
Sixth District
IVAN N PETERSON, M D , Oswego
Seventh District
FLOYD F ALLEN, M D , Pittsfield
Eighth District
WILLIAM J ORR, M D , Buffalo

NEW YORK STATE JOURNAL OF MEDICINE

Publication Committee

GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
WALTER P ANDERTON, M D
[*Address all communications to above address*]

LEGAL DEPARTMENT

Counsel WILLIAM F MARTIN, ESQ 30 Broad Street, New York 4 Attorney . THOMAS H CLEARWATER, ESQ Telephone HAnover 2-0670

AUTHORIZED INDEMNITY REPRESENTATIVE

HARRY F WANVIG, 70 Pine St , New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER

ROBERT R. HANNON, M D , 100 State St , Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION

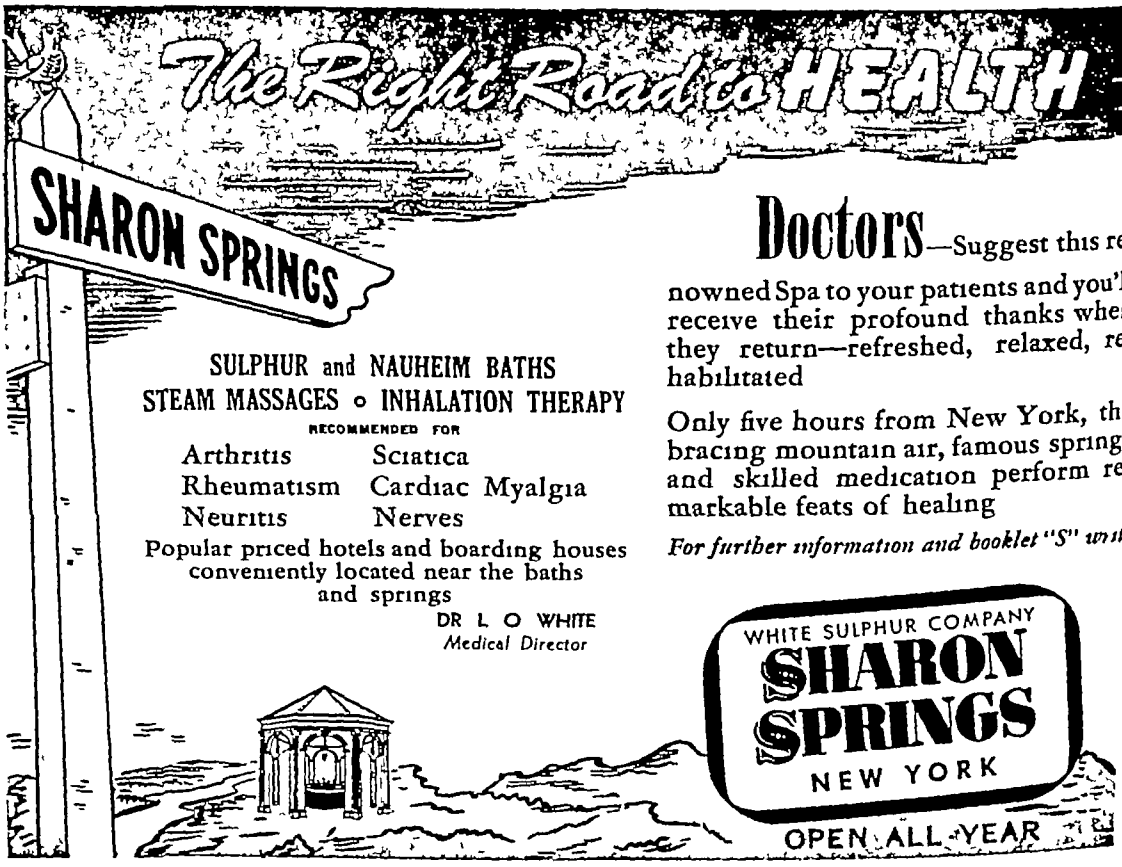
DAVID J KALISKI, M D , 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

DIRECTOR, PUBLIC RELATIONS BUREAU

DWIGHT ANDERSON, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

GEORGE P FARRELL, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841





2,168,100,000 without excess tax*

This astronomic figure is the work of the average heart in a 55-year span. When pathology increases this myocardial load Searle Aminophyllin lightens the burden of the heart muscle through increased perfusion and swift and effective diuresis.

Indicated in the treatment of congestive failure selected cardiac cases paroxysmal dyspnea Cheyne-Stokes respiration and bronchial asthma

Searle Aminophyllin contains at least 80% of anhydrous theophyllin G D Searle & Co Chicago 80 Illinois.

AMINOPHYLLIN

* AVERAGE NORMAL PULSE RATE WITHOUT EXERCISE

In one minute	75
In one hour	4,500
In one day	108,000
In one year	39,420,000
In 55 years	2,168,100,000

SEARLE RESEARCH IN THE SERVICE OF MEDICINE

SECTION OFFICERS
1945–1946

ANESTHESIOLOGY
Milton C Peterson, *Chairman* — New York
Robert B Hammond, *Vice-Chairman* — White Plains
Rose M Lenahan, *Secretary* — Buffalo

DERMATOLOGY AND SYPHILOLOGY
Clarence H Peachey, *Chairman* — Rochester
E William Abramowitz, *Secretary* — New York

GASTROENTEROLOGY AND PROCTOLOGY
Stockton Kimball, *Chairman* — Buffalo
Descum C McKenney, *Vice-Chairman* — Buffalo
Harry E Reynolds, *Secretary* — Schenectady

INDUSTRIAL MEDICINE AND SURGERY
Russell C Kimball, *Chairman* — Brooklyn
Philip L Forster, *Secretary* — Albany

MEDICINE
Frederick W Williams, *Chairman* — Bronx
Harold F R Brown, *Vice-Chairman* — Buffalo
George E Anderson, *Secretary* — Brooklyn

NEUROLOGY AND PSYCHIATRY
E Jefferson Browder, *Chairman* — Brooklyn
Burton M Shinners, *Secretary* — Buffalo

OBSTETRICS AND GYNECOLOGY
Charles J Marshall, *Chairman* — Binghamton
Charles A Gordon, *Secretary* — Brooklyn

OPHTHALMOLOGY AND OTOLARYNGOLOGY
Harold H Joy, *Chairman* — Syracuse
Maxwell D Ryan, *Secretary* — New York

ORTHOPEDIC SURGERY
Robert M Cleary, *Chairman* — Buffalo
Joseph Buchman, *Secretary* — New York

PATHOLOGY AND CLINICAL PATHOLOGY
Fred W Stewart, *Chairman* — New York
Ellis Kellert, *Vice-Chairman* — Schenectady
M J Fein, *Secretary* — New York

PEDIATRICS
Carl H Laws, *Chairman* — Brooklyn
Albert G Davis, *Vice-Chairman* — Utica
George R. Murphy, *Secretary* — Elmira

PUBLIC HEALTH, HYGIENE, AND SANITATION
Joseph P Garen, *Chairman* — Saranac Lake
Henry B Doust, *Vice-Chairman* — Syracuse
Frank E Coughlin, *Secretary* — Albany

RADIOLOGY
Alfred L L Bell, *Chairman* — Brooklyn
Lee A Hadley, *Vice-Chairman* — Syracuse
Raymond W Lewis, *Secretary* — New York

SURGERY
Beverly C Smith, *Chairman* — New York
Stanley E Alderson, *Secretary* — Albany

UROLOGY
George E Slotkin, *Chairman* — Buffalo
John K deVries, *Vice-Chairman* — New York
Archie L Dean, Jr, *Secretary* — New York

SESSION OFFICERS
1945–1946

HISTORY OF MEDICINE
T Wood Clarke, *Chairman* — Utica
Judson B Gilbert, *Vice-Chairman* — Schenectady
Claude E Heaton, *Secretary* — New York

PHYSICAL MEDICINE
Walter S McClellan, *Chairman* — Saratoga Springs
Albert Richard Hatfield, Jr, *Secretary* — Utica

CHEST DISEASES
Nelson W Strohm, *Chairman* — Buffalo
Grant Thorburn, *Secretary* — New York

In Congestive Heart Failure

Theocalcin

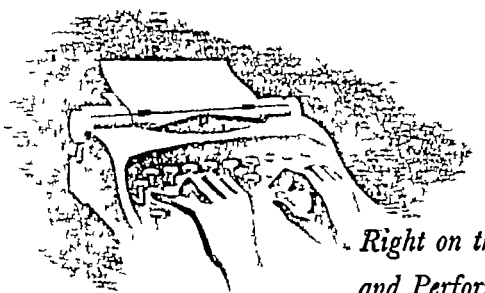
Theobromine calcium salicylate Council Accepted

Diuretic and Myocardial Stimulant

7½ grain tablets and powder Dose 1 to 3 tablets, repeated



BILHUBER-KNOLL CORP. ORANGE, NEW JERSEY.



Right on the Job...
and Performing Efficiently

Neo-Synephrine minimizes the distressing nasal symptoms of common colds permits patients to work more comfortably, sleep more restfully—even during the acute stages of coryza.

Neo-Synephrine

HYDROCHLORIDE

L-ARYL-4 HYDROXY-β METHYLAMINO 1 HYDROXY ETHYLBENZENE HYDROCHLORIDE

For Nasal Decongestion

THERAPEUTIC APPRAISAL: Quick set ing, long lasting nasal decongestion without appreciable compensatory re-congestion; virtually free from cardiac and central nervous system stimulation; consistently effective upon repeated use; no appreciable interference with ciliary activity; isotonic to avoid irritation.

INDICATED for symptomatic relief in common cold, sinusitis, and nasal manifestations of allergy



ADMINISTRATION may be by dropper spray or tampon, using the ¼% in saline or in Ringer's solution in most cases—the 1% in saline when a stronger solution is indicated. The ½% jelly in tubes is convenient for patients to carry

SUPPLIED as ¼% and 1% in isotonic salt solution, and as ½% in isotonic solution of three chlorides (Ringer's), bottles of 1 fl. oz.; ½% jelly in ½ oz. collapsible tubes with applicator

Trial Supply Upon Request

Frederick Stearns & Company
Division
DETROIT 31 MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY AUSTRALIA ADDELAND, NEW ZEALAND

Trade-Mark Neo-Synephrine—Reg. U. S. Pat. Off.



In the Nutrition Problems of
CHRONIC CHOLECYSTITIS

Because of the low fat intake which is frequently necessary, many foods and beverages are denied the patient with chronic gallbladder disease If dietary curtailment becomes too drastic, however, nutritional deficiencies are apt to develop, adding further complications and physical discomfort

The delicious food drink prepared by mixing Ovaltine with skim milk provides many of the nutrients considered essential in hepatobiliary disease, without appreciably increasing the fat intake Its biologically adequate protein, readily utilized carbohydrate, B complex and other vitamins, as well as essential minerals aid in satisfying the need for these nutrients This food supplement makes a nutritionally excellent as well as delicious component of the extra feedings which are frequently required in the management of chronic cholecystitis

THE WANDER COMPANY, 360 N MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine, each made of ½ oz of Ovaltine and 8 oz of skim milk,* provide

CALORIES	426	VITAMIN A	2058 I U
PROTEIN	32.3 Gm.	VITAMIN B_1	1 16 mg.
FAT	2.5 Gm	RIBOFLAVIN	1 55 mg
CARBOHYDRATE	66.3 Gm.	NIACIN	6.81 mg.
CALCIUM	1 12 Gm	VITAMIN C	39 6 mg.
PHOSPHORUS	0 939 Gm.	VITAMIN D	400 I U
IRON	12.0 mg.	COPPER	0 50 mg.

*Based on average reported values for skim milk.

INDEX TO ADVERTISERS

Abbott Laboratories 1187
Ames Company, Inc. 1190

Dr Barnes Sanitarium 1277
Bilhuber-Knoll Corp 1180
Ernst Bischoff Company Inc. 1180
Brewer & Company Inc. 1174
Brigham Hall Hospital 1275
Bristol Laboratories Incorporated 3rd cover
Brunswick Home 1277
Burroughs Wellcome & Co 1184

Commercial Solvents Corporation 1200
Crookes Laboratories 1271

Davies, Rose & Company Limited 1209
Doak Co. Inc. 1202

Eaton Laboratories Inc. 1204 1205

Falkirk in the Ramapos 1275

Gold Pharmacal Co 1176

Halcyon Rest 1275
Dr T H Halsted 1277
Charles C. Haskell & Co., Inc. 1197
Hoffman-La Roche Inc. 1194
Hygeia Nursing Bottle Co , Inc 1183
Hynson Westcott & Dunning Inc 1192

Interpines 1277

Lakeside Laboratories 1203
Lanteen Medical Laboratories, Inc. 1269
Lederle Laboratories, Inc 1193
Libby, McNeill & Libby 1267
Eli Lilly & Company Between 1184–1185
Louden-Knickerbocker Hall Inc 1277

The Maltine Company 1169
Mead Johnson & Company 4th cover
The Wm S Merrell Company 2nd cover
Philip Morris & Co Ltd Inc 1273

Nassau Medical Exchange 1270
National Dairy Council 1190
National Dairy Products Company Inc 1177
National Discount & Audit Co 1270
Nestle s Milk Products, Inc. 1206
Nutrition Research Laboratories 1188–1189

Paine Hall 1270
Pediforme Shoe Co 1172
Pinewood 1275
Z. H Polachek 1279

R J Reynolds Tobacco Company 1171
Emily Rose Personnel Service Inc. 1279
Ryzan Company 1201

Schenley Laboratories, Inc. 1207
Schering Corporation 1173
G D Searle & Co 1179
Smith, Kline & French Laboratories 1170
Spencer Incorporated 1192
Frederick Stearns & Company 1181

Charles B Towns Hospital 1275
Twin Elms 1275

United-Rexall Drug Co 1198
U S. Vitamin Corporation 1208

Varick Pharmacal Company Inc 1280

The Wander Company 1182
Harry F Waters 1202
William R. Warner and Co Inc 1195
West Hill 1275
White Laboratories, Inc. 1175 1185 1191
White Sulphur Company 1178
Winthrop Chemical Company Inc. 1196
Wyeth Incorporated 1210

Yonkers Professional Hospital 1275

Zemmer Company 1279

See the improved Hygeia Nursing Unit

- **Easy to clean**
- **Fewer parts to handle — just bottle nipple and cap**
- **When bottles are filled only necessary to remove cap at feeding time**
- **Sterilized cap makes handy container for baby's other foods.**

CAP Keeps nipple germ free for storing or out of home feeding Steri lized cap may be used for orange juice, cereals, etc

NIPPLE Famous breast shaped nipple has a patented airvent to insure steady flow of formula and reduce "wind sucking" Sanitary tab keeps nipple sterile when applying *Not necessary to touch feed ing surfaces of nipple*

BOTTLE Wide mouth—easy to clean—no funnel required for filling Red measuring scale easy to read Tapered shape makes it easier for baby to hold.

Sample free to doctors on request Sold by druggists everywhere. Hygeia Nursing Bot tle Co., Inc 1210 Main St Buffalo 9, N Y



All Hygeia national ads say

"CONSULT YOUR DOCTOR REGULARLY"

HYGEIA NURSING BOTTLES NIPPLES WITH CAPS

Sold complete as illustrated or parts separately

no bribe, no wheedle, no threat



The many youngsters who require the appetite-stimulating impetus of the vitamin B complex will take 'Ryzamin-B' No 2 without bribe, threat, or coaxing They love—and ask for—this flavorsome, honey-like preparation—as a spread with jam or peanut butter, dissolved in milk, fruit juice or other beverage, or directly from its special measuring spoon 'Ryzamin-B' No 2 caters to the finicky palate of young and old.

'Ryzamin-B' No 2 is a concentrate of oryza sativa (American rice) polishings. Its rich natural vitamin B is enhanced with pure crystalline B factors.

Only three grams daily provide Vitamin B_1 (Thiamine Hydrochloride) 3 mgm (1,000 U.S P Units), Vitamin B_2 (Riboflavin) 2 mgm , Nicotinamide 20 mgm and other factors of the B complex Gram measuring spoon with each packing Tubes of 2 oz and bottles of 8 oz

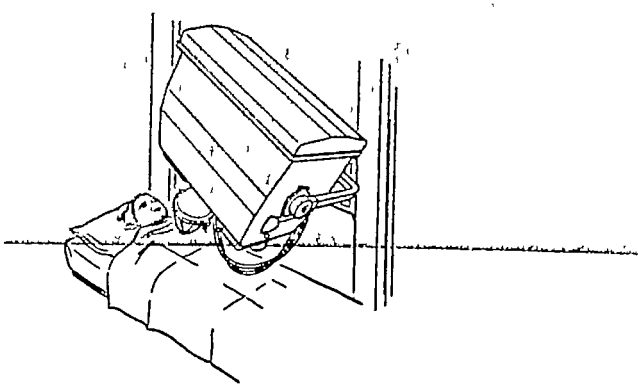
BURROUGHS WELLCOME & CO
(U S A) INC.
9 & 11 EAST 41ST ST
NEW YORK 17

'Ryzamin-B' BRAND
RICE POLISHINGS CONCENTRATE
No. 2
WITH ADDED THIAMINE HYDROCHLORII
RIBOFLAVIN AND NICOTINAMIDE

Ryzamin B registered trademark.

"Well-fed persons had little reaction to the same dose of x-rays which made the vitamin B deficient persons sick..."

Dunn, W.D., Spies, T.D., Vilter, C.W.
Am. J. Med. Sc., 201: 1 (Jan.) 1941



Reporting on the development of Roentgen sickness in persons on a diet poor in the vitamin B complex, the above authors feel that the optimum time for vitamin therapy is before and not after the syndrome appears, and that such therapy is essentially preventive in nature

A single capsule of White's Multi-Beta Capsules

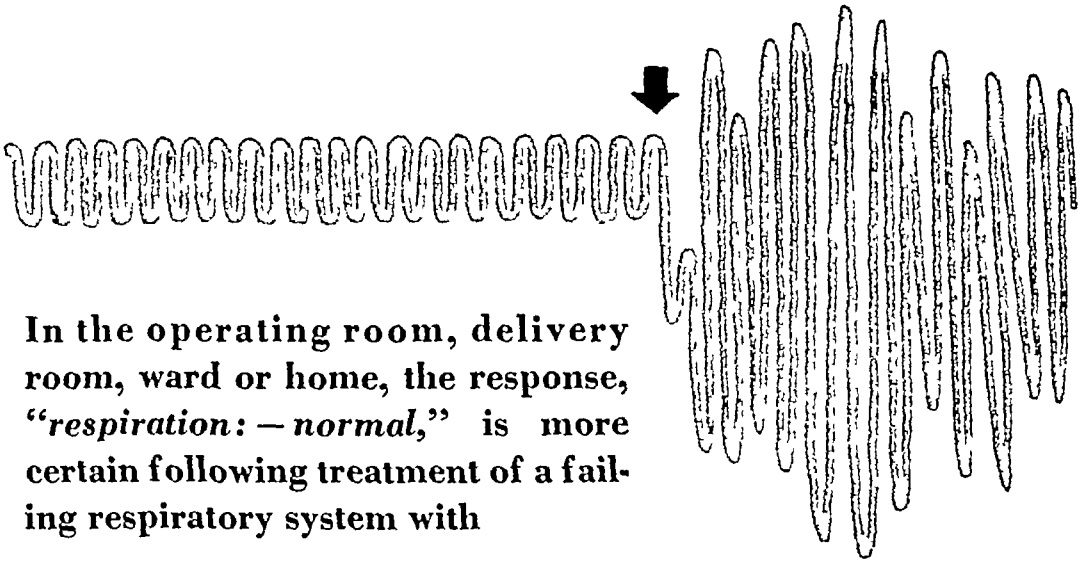
provides basic adult daily requirements of all clinically proved B complex factors, plus all "unknowns" as provided by 155 mg of a special mixture of 1 20 liver concentrate and high potency brewers' yeast extract

The price of White s Multi Beta Capsules has been established with deliberate intent to pioneer a lower standard of cost-to-patient. Thus your patient obtains *complete* B complex reinforcement at a maximum economy

Supplied in bottles of 30, 100 and 500 Ethically promoted—not advertised to the laity

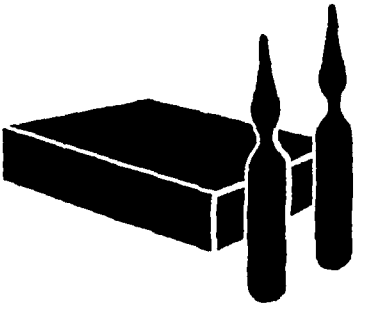
WHITE LABORATORIES, INC , Pharmaceutical Manufacturers, Newark 7, N J

"respiration:—normal"



In the operating room, delivery room, ward or home, the response, *"respiration: — normal,"* is more certain following treatment of a failing respiratory system with





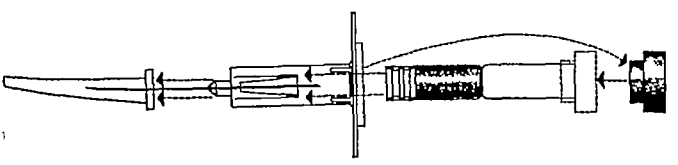
as easy as.....



● Well, *almost* That describes the preparation for an injection of the Romansky formula of penicillin calcium in oil and wax when the new Abbott Sterile Disposable Syringe Set is used No further sterilization of syringe and needle No drying No complication caused by traces of water remaining in them Eliminates the difficulty of drawing the heavy fluid into the syringe Does away with the waste of suspension which cannot be withdrawn from the inside surfaces of a bulk container Always a new sharp, properly gauged needle. And best of all perhaps *there s no bothersome cleaning of needles or syringe afterward* Just throw away ● Set consists of a sterile syringe with an affixed 20 gauge 1¼-inch sterile stainless steel needle and a glass cartridge plunger containing a 1-cc. dose of 300 000 units ● Sorry that supply doesn't always meet demand but we re producing larger quantities every day ABBOTT LABORATORIES NORTH CHICAGO ILLINOIS

Abbott's Disposable Syringe Set with *Penicillin* in Oil and Wax

(M A Y F O R M L A)




CAPSULES
ERTRON
100 CAPS
REG U S PAT OFF
ACTIVATED VAPORIZED ERGOSTEROL-WHITTIER PROCESS
Biologically Standardized
KEEP IN A COOL PLACE
and other patents applied for
To be dispensed only by or on prescription
NUTRITION RESEARCH LABORATORIES
CHICAGO ILLINOIS

ERTRON IS *Distinctive*

Ertron is distinctive—therapeutically and chemically—from any other drug used today in the treatment of chronic arthritis

Ten years of *intensive clinical research* in universities, hospitals and private practice has established the efficacy of Ertron in the management of arthritis

Five years of *laboratory research* has produced definite evidence that Ertron is chemically different.

Simply stated Ertron is electrically activated vaporized ergosterol prepared by the Whittier Process Each capsule contains 5 mg. of activation-products having a potency of not less than 50,000 U.S P Units of Vitamin D

Ertron contains a number of hitherto unrecognized factors which are members of the steroid group The isolation and identification of these substances in pure chemical form further establish the chemical as well as the therapeutic uniqueness of Ertron

Physician control of the arthritic patient is essential for optimum effect. To Ertronize employ Ertron in adequate daily dosage over a sufficiently long period to produce beneficial results If signs of overdosage appear, discontinue medication for about ten days—then continue with three capsules per day gradually building up to the patient's optimum level

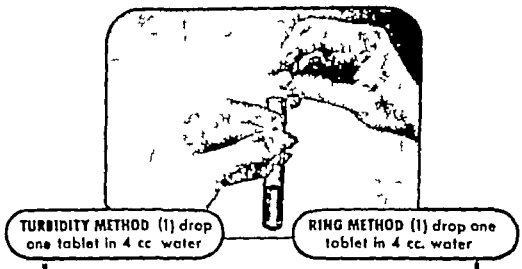
SUPPLIED IN BOTTLES OF 50 100 AND 500 CAPSULES

PARENTERAL FOR SUPPLEMENTARY INTRAMUSCULAR INJECTION

Ertron is the registered trade-mark of Nutrition Research Laboratories

Ethically promoted

NUTRITION RESEARCH LABORATORIES • CHICAGO

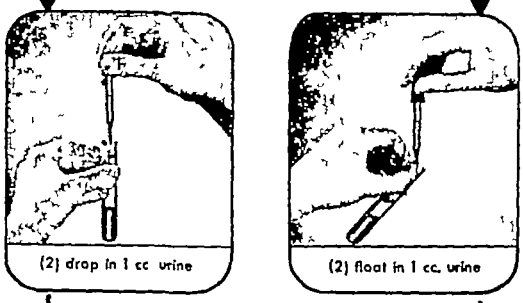


ALBUMINTEST

Simple, Convenient Tablet Test for Qualitative Detection of Albumin

Nonpoisonous Noncorrosive
No Heating

Adapted to both *Turbidity* and *Ring* methods of testing

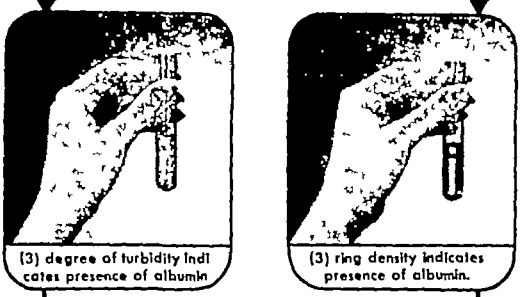


Quick, reliable, conveniently carried, Albumintest is designed for use by physicians, laboratory technicians and public health workers

Bulk solutions may be made up in any quantity

Economical in bottles of 36 and 100

Order from your dealer



A companion to Clinitest—Tablet Method for Urine Sugar Analysis

AMES COMPANY, Inc., Elkhart, Indiana

INDEX TO ADVERTISED PRODUCTS

Albumintest (Ames Company, Inc) 1190
Aminophyllin (G D Searle & Co) 1179
Anusol (William R Warner & Co, Inc) 1195
Belbarb (Charles C Haskell & Co, Inc) 1197
Benzedrine Sulfate Tablets (Smith, Kline & French Labs) 1170
Chloresium (Rystan Company) 1201
Combisul-TD (Schering Corporation) 1173
Cot-tar (Doak Co, Inc) 1202
Creamaline (Winthrop Chemical Company, Inc) 1196
Digitaline Nativelle (Varick Pharmacal Co, Inc) 1280
Elixir Bromaurate (Gold Pharmacal Co) 1176
Emulgen (Lakeside Laboratories) 1203
Enzo-Cal (Crookes Laboratories) 1271
Ertron (Nutrition Research Laboratories) 1188–1189
Lanteen Jelly (Lanteen Medical Labs, Inc) 1269
Lobelin (Ernst Bischoff Company, Inc) 1186
Lorophyn Suppositories (Eaton Laboratories Inc) 1204–1205
Luasmin (Brewer & Company, Inc) 1174
Maltine with Vitamin Concentrates (The Maltine Company) 1169
Mercurochrome (Hynson, Westcott & Dunning, Inc) 1192
Mol-Iron Tablets (White Laboratories, Inc) 1191
Multi-Beta Capsules (White Laboratories, Inc) 1185
Neo-Synephrine (Frederick Stearns & Company) 1181
Nitranitol (Wm S Merrell Company) 2nd cover
Penicillin (Bristol Laboratories Incorporated) 3rd cover
Penicillin (Commercial Solvents Corporation) 1200
Penicillinase (Schenley Laboratories, Inc) 1207
Pil. Digitalis (Davies, Rose & Company Ltd.) 1209
Prostigmin (Hoffman-La Roche, Inc) 1194
Ryzamin-B (Burroughs Wellcome & Co) 1184
Sulfathiazole Gum (White Laboratories, Inc) 1175
Theocalcin (Bilhuber-Knoll Corp) 1180
Vi-Syneral (U S Vitamin Corporation) 1208
Wyanoids (Wyeth Incorporated) 1210

Dietary Foods

Baby Foods (Libby, McNeill & Libby) 1267
Cerevim (Lederle Laboratories, Inc) 1193
Evaporated Milk (Nestle's Milk Products, Inc) 1206
Formulac (National Dairy Products Company, Inc) 1177
Ice Cream (National Dairy Council) 1199
Ovaltine (The Wander Company) 1182
Pabena (Mead Johnson & Co) 4th cover

Medical and Surgical Equipment

Disposable Syringe Set (Abbott Laboratories) 1187
Nursing Bottle (Hygeia Nursing Bottle Co, Inc) 1183
Orthopedic Shoes (Pediforme Shoe Company) 1172
Supports (Spencer, Incorporated) 1192

Miscellaneous

Cigarettes (Camel) (R J Reynolds Tobacco Co) 1171
Cigarettes (Philip Morris & Co, Ltd, Inc) 1273

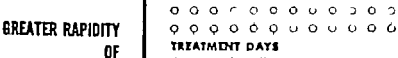


Greater Response in IRON-DEFICIENCY ANEMIAS

White's MOL-IRON TABLETS

White s Mol Iron is a specially processed co-precipitated complex of molybdenum oxide 3 mg. (1/20 gr) and ferrous sulfate 195 mg. (3 gr) Available clinical evidence indicates that it is not only tolerated much more satisfactorily than ferrous sulfate, but also that its use provides the striking advantages charted below

GREATER RAPIDITY OF CLINICAL RESPONSE



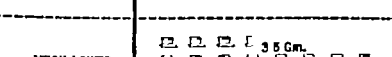
Completely effective therapeutic response (return to normal blood values) was obtained in an average of 13.7 days of Mol Iron therapy—whereas ferrous sulfate therapy *failed* to produce normal hemoglobin values even after an average of 20.3 days.

GREATER AVERAGE DAILY HEMOGLOBIN INCREASE



Note that the group treated with Mol Iron averaged a daily hemoglobin increase markedly greater than the increase achieved with ferrous sulfate

MUCH LOWER AVERAGE INTAKE OF IRON



The group treated with ferrous sulfate ingested 100% more bivalent Iron than the Mol-Iron treated group—yet in the Mol-Iron group a return to normal blood values was achieved whereas optimal response in the ferrous sulfate treated group was not accomplished in the period of study

Charts summarize results of controlled study of comparative therapeutic response in post hemorrhagic and nutritional hypochromic anemias. Series includes 49 cases treated with Mol Iron, 21 with exsiccated ferrous sulfate results are typical of those observed in treatment of iron-deficiency anemias with White s Mol Iron.

DOSAGE 1 or 2 tablets 3 times daily after meals.

Bottles of 100 and 1000 tablets.

Ethically promoted—not advertised to the laity

WHITE LABORATORIES, INC.
Pharmaceutical Manufacturers
NEWARK 7 N J.



Welcome!
SPENCER
EXHIBIT
A M A
Convention
BOOTH E-4

You Will Find Spencer Breast Supports

Effective For

ANTEPARTUM-POSTPARTUM PATIENTS
AND AS AID TO TREATMENT OF
NODULES · PROLAPSE · ATROPHY
STASIS · HYPERTROPHY
AND FOLLOWING BREAST SURGERY

Individually Designed For Each Patient

Since each Spencer Breast Support is *individually designed* it fits with precision and comfort; holds breasts in position to encourage improved circulation without placing undue strain on shoulders

For a dealer in Spencer Supports look in telephone for "Spencer corsetiere" or "Spencer Support Shop," or write direct to us

SPENCER, INCORPORATED
129 Derby Ave , New Haven 7, Conn
In Canada: Rock Island, Quebec.
In England, Spencer (Banbury) Ltd , Banbury, Oxon
Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

May We Send You Booklet?

Name M D

Street

City & State C-6-46

SPENCER *INDIVIDUALLY DESIGNED* **SUPPORTS**
Reg U.S. Pat. Off.
For Abdomen, Back and Breasts

Effective Convenient Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared

Mercurochrome

(H W & D *brand of merbromin, dibromoxymercurifluorescein-sodium*)

is economical because stock solutions may be dispensed quickly and at low cost Stock solutions keep indefinitely

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds

Complete literature will be furnished on request.



HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

HERE ARE THE FACTS*

MAKING CEREVIM TRULY A *first among first foods*

FACT ① **HIGHEST IN PROTEIN (AND AMINO ACID) CONTENT: CEREVIM**—Contains 19.4% protein providing ten essential amino acids (and cystine) for body building.[2]

FACT ② **HIGHEST IN THIAMINE CONTENT: CEREVIM**—contains 0.6 Mg. of thiamine per ounce, the highest B_1 content of the more common pre-cooked cereals.[1]

FACT ③ **HIGHEST IN RIBOFLAVIN CONTENT: CEREVIM**—contains 0.9 Mg. riboflavin per ounce.[1]

FACT ④ **UNSURPASSED IN NIACIN (NICOTINIC ACID) CONTENT: CEREVIM**—contains 6.0 Mg. niacinamide per ounce.[1]

FACT ⑤ **LOWEST IN CARBOHYDRATE: CEREVIM**—includes a minimum of carbohydrate to assure a maximum of more valuable nutrients.[2]

FACT ⑥ **HIGHEST IN CALORIC VALUE: CEREVIM**—supplies basic energy (108 calories per ounce) together with the essential food substances.[2]

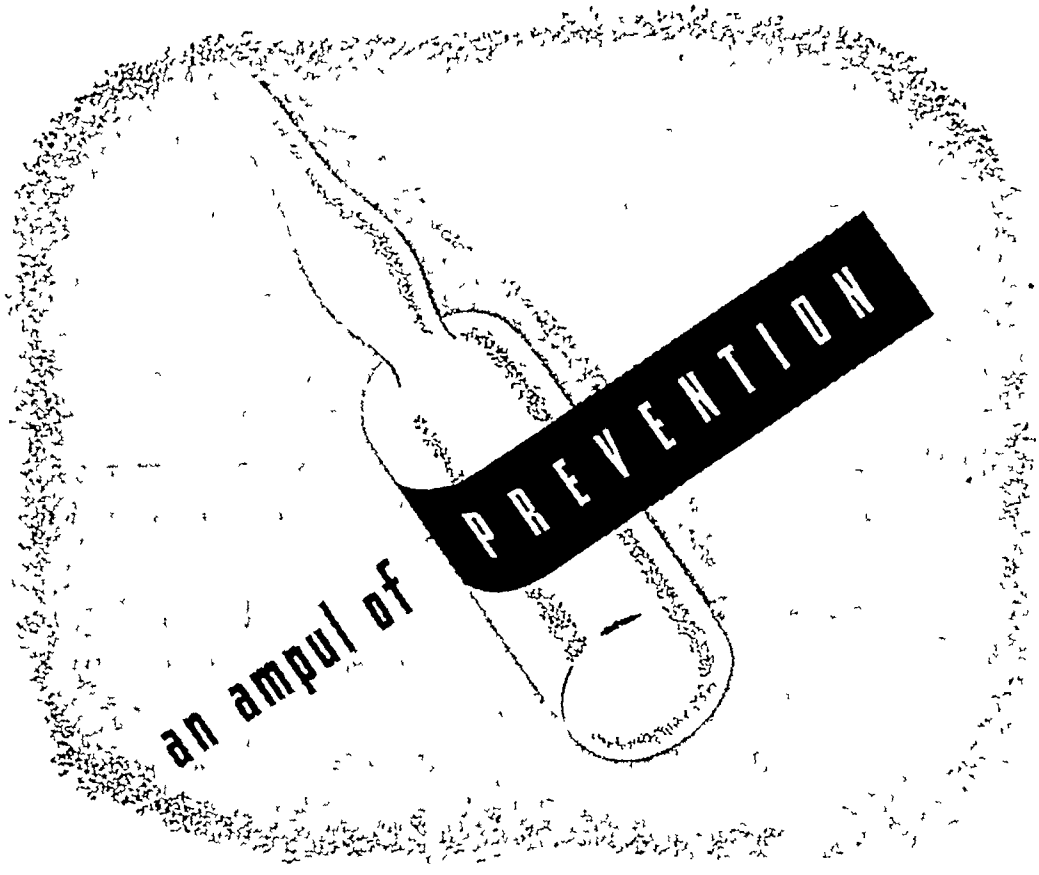
FACT ⑦ **EXCELLENT NUTRITIONAL BALANCE FROM EIGHT NATURAL FOODS CEREVIM**—contains whole wheat meal, oatmeal, corn meal, barley, non-fat milk solids, malt, wheat germ and brewers yeast.[2]

Based upon (1) the Report of the Council on Foods and Nutrition J.A.M.A. 126:100 1944 J.A.M.A. 123:902 1943 and (2) the label statements of composition of better-known pre-cooked cereals.

CEREVIM

LEDERLE LABORATORIES INC NEW YORK N Y
A UNIT OF AMERICAN CYANAMID COMPANY

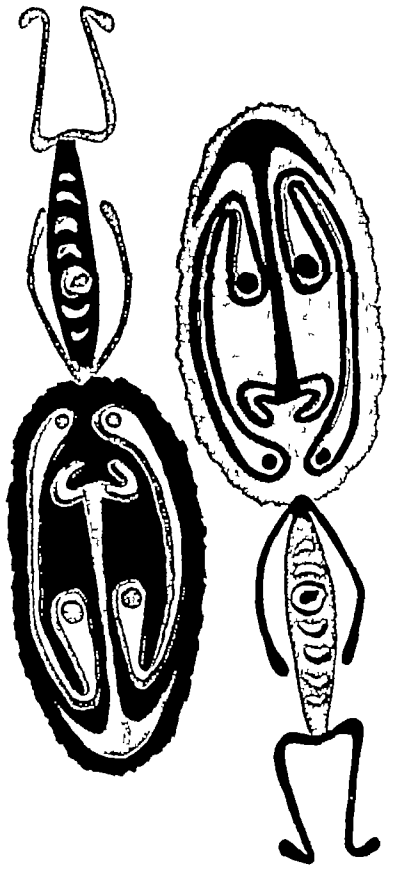
Lederle



Postoperative distention and urinary retention may occur despite the most skilful surgical technic Fortunately, the severe distress of "gas pains," discomfort of catheterization, and the need for enemas and symptomatic therapy may be obviated—and the patient afforded a smoother convalescence—by parenteral administration of one ampul (1 cc) of Prostigmin Methylsulfate* 1 4000 at the time of operation, repeated at 2-hour intervals for a total of 6 injections Recognition of this fact by leading surgeons has made the prophylactic use of Prostigmin a routine measure in many hospitals. HOFFMANN-LA ROCHE, INC, Roche Park, Nutley 10, New Jersey

*Neostigmine Methylsulfate

Prostigmin 'ROCHE'



malignancy incognito?

There is *no* danger with 'Anusol'* Hemorrhoidal Suppositories that the symptoms of serious rectal pathology will be masked—for 'Anusol' Hemorrhoidal Suppositories contain no narcotics, no anesthetics The nerves of the rectal region are not anesthetized, thus permitting continued function of sensory warning mechanisms 'Anusol' Hemorrhoidal Suppositories achieve relief of symptoms *safely,* by means of decongestion, lubrication and protection.

Schering & Glatz, Inc., a subsidiary of

William R. WARNER and Co. Inc. 113 WEST 18TH STREET NEW YORK 11 N Y

'anusol'

*Trademark Reg. U. S. Pat. Off.

Available in boxes of 6 and 12 suppositories

Hemorrhoidal Suppositories

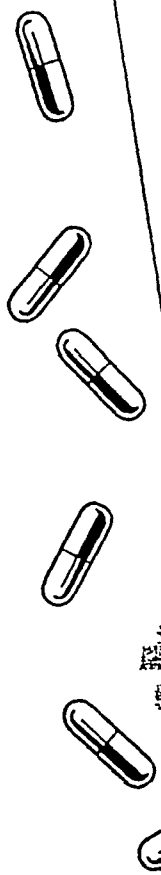
ANOTHER CONVENIENT FORM OF

Non-Alkaline Antacid Medication

Creamalin, the original aluminum hydroxide gel, is now available in capsules, in addition to liquid and tablets

Creamalin capsules may be swallowed whole or their contents stirred into milk

Creamalin promptly reduces stomach acidity Moreover, the antacid effect is sustained With Creamalin there is no compensatory reaction by the gastric mucosa and no oversecretion of hydrochloric acid Furthermore, there is no risk of producing alkalosis Through the formation of a protective coating and a mild astringent effect, nonabsorbable Creamalin soothes the irritated gastric mucosa Thus it rapidly relieves gastric pain and heartburn, and helps in the healing of peptic ulcers



CREAMALIN

Trademark Reg U S Pat Off & Canada

Brand of Aluminum Hydroxide Gel

Capsules in boxes of 24 and bottles of 100 and 1000



TABLETS in bottles of 50, 200 and 1000

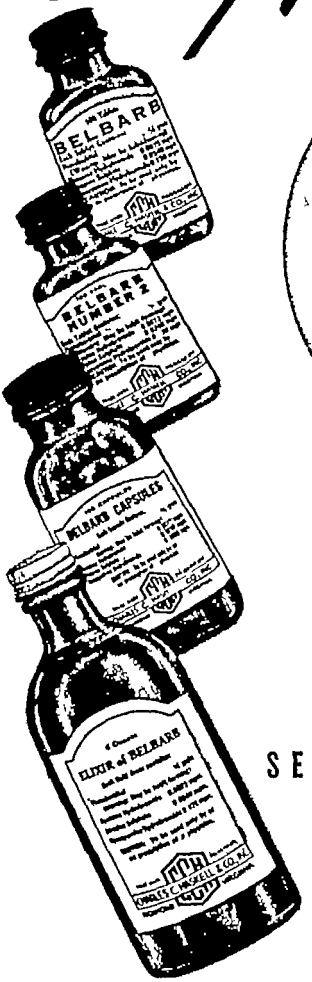
LIQUID in bottles of 8, 12 and 16 fl oz

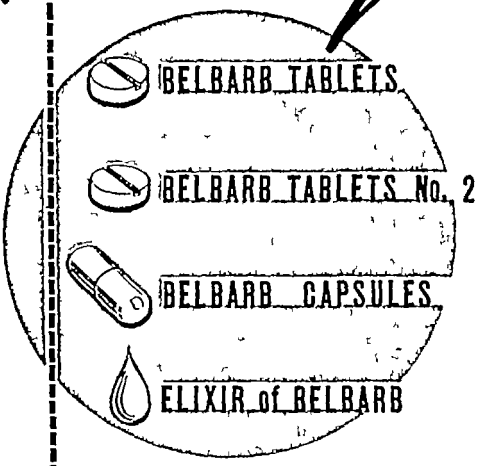


Winthrop CHEMICAL COMPANY, INC

Pharmaceuticals of merit for the physician • New York 13, N Y • Windsor, Ont.

Adaptability





BELBARB

AN *Excellent*

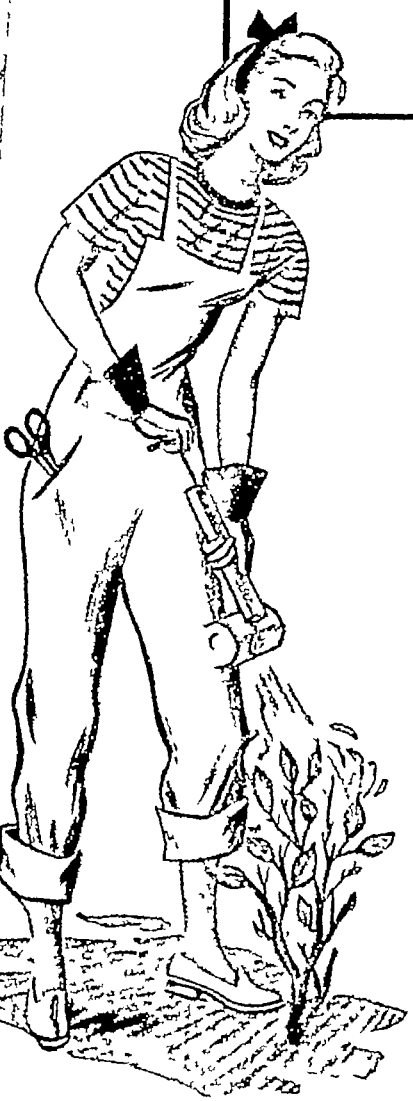
SEDATIVE AND HYPNOTIC

More than a decade of clinical experience has established the safety, effectiveness, and smoothness of the sedative action of BELBARB

BELBARB is now available in FOUR DIFFERENT DOSAGE FORMS, enabling adaptation to the needs of the individual patient far better than with a single form. May we send samples and literature?

CHARLES C. HASKELL & CO., INC., RICHMOND, VIRGINIA

YOU CAN'T OVERRATE THE VALUE OF CONTROL



You probably know first-hand that it takes constant vigilance and scientific care to be sure of getting best results from your garden.

So, too, in the laboratory—in developing dependable pharmaceuticals. That's why quality control holds such a dominant position among the operations in modern U.D. research and production plants. From raw material inspection to final checking, every step of manufacture is guarded by one of the most detailed and successful control systems in the industry. Moreover, each finished U.D. formula is separately analyzed by the Formula Control Committee composed of doctors, chemists and pharmacists.

You may always be certain that your orders are filled with ingredients unexcelled in purity and potency when you indicate U.D. pharmaceuticals. Convenient Rexall Drug Stores provide these products—and offer skill and complete drug service to match their quality.

UNITED-REXALL DRUG CO.

Rexall DRUGS

UD products are available wherever you see this sign

PHARMACEUTICAL CHEMISTS FOR MORE THAN 43 YEARS

Los Angeles • Boston • St. Louis • Chicago • Atlanta • San Francisco • Portland
Pittsburgh • Ft Worth • Nottingham, England • Toronto • So Africa

UNITED-REXALL DRUG COMPANY AND YOUR REXALL DRUGGIST • *Your Partners In Health Service*

For National Rehabilitation



Because it provides both flavor and food value

In addition to its luscious goodness its cool refreshing qualities that appeal to everyone Ice Cream is *good for you* for it contains important food elements

Vitamins. Ice Cream is a good source of Vitamin A and Riboflavin (Vitamin G) and contains other vitamins found in milk

Minerals. Calcium necessary for strong bones and teeth is supplied abundantly by Ice Cream

Proteins. Ice Cream provides high quality proteins those found in milk.

All of these nutrients promote health and well being

No wonder Ice Cream has been accorded such a prominent role in our national rehabilitation program *no wonder* it raises everyone's morale. For its pleasing flavor assures a generous intake of its health building and protective nourishment

Your copy of Ice Cream Through the Years a history of the ice cream industry will be sent free on request. Write National Dairy Council Dept P 646, 111 N Canal St., Chicago 6, Ill

NATIONAL DAIRY COUNCIL

NATIONAL DAIRY COUNCIL

437 Fifth Avenue • New York 16, New York

A non-profit educational organization promoting national health through a better understanding of dairy foods and their use

NOW PENICILLIN – C. S. C.

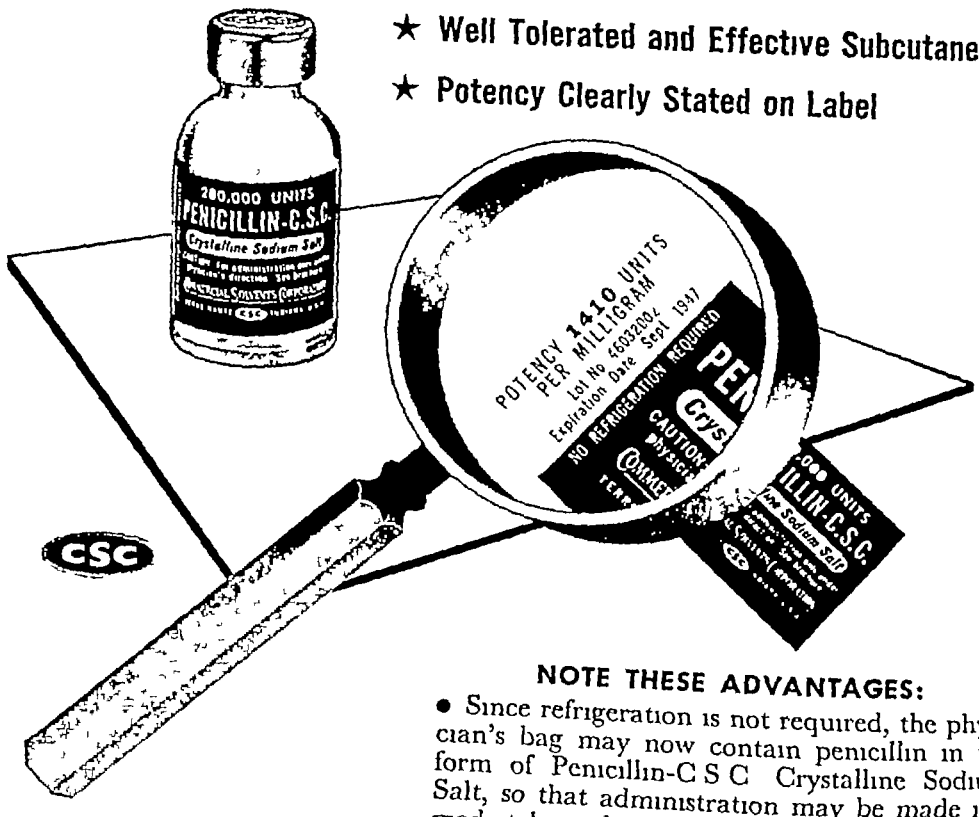
CRYSTALLINE SODIUM SALT

★ No Refrigeration Required

★ Pain upon Injection Minimized, Even in High Dosages

★ Well Tolerated and Effective Subcutaneously

★ Potency Clearly Stated on Label



NOTE THESE ADVANTAGES:

- Since refrigeration is not required, the physician's bag may now contain penicillin in the form of Penicillin-C S C Crystalline Sodium Salt, so that administration may be made immediately at the first call, if indicated
- Because of its high purity Penicillin-C S C Crystalline Sodium Salt may be given in high dosages

Available in serum-type vials containing 100,000, 200,000, or 500,000 units

ACCEPTED AMERICAN MEDICAL ASSN

Penicillin-C S C. is accepted by the Council on Pharmacy and Chemistry of the American Medical Association

PHARMACEUTICAL DIVISION

COMMERCIAL SOLVENTS Corporation

17 East 42nd Street New York 17, N Y

6 basic advantages in wound healing—

CHLOROPHYLL THERAPY

1 Accelerates healing
2 Stimulates normal cell growth
3 Reduces scar formation
4 *Controls infection*
5 Is nontoxic—bland and soothing
6 Deodorizes malodorous lesions

CHLORESIUM, the water soluble chlorophyll derivative preparation, stands out in the field of wound healing in a completely unique position. A natural biogenic agent, it is absolutely nontoxic, bland and soothing—and of marked biological activity. It promptly accelerates normal cell regeneration, thus measurably hastening the healing process. And by inhibiting anaerobic bacterial growth, it efficiently deodorizes foul smelling chronic suppurative conditions.

Tested in laboratory and clinic during the past five years—and in general practice since October 1945—Chloresium has been found by many authoritative investigators to be far more effective than any other agent previously used in the treatment of wounds, burns, ulcers and similar lesions, especially those of the chronic, indolent and resistant type.

If you have not used Chloresium, send the coupon below. The results it can achieve for you will be by far the best evidence of what Chloresium can do.



Chloresium
REG. U.S. PAT. OFF.

Chloresium is ethically promoted
Available at all leading druggists

FREE —Mail coupon for literature and sample

CHLORESIUM SOLUTION (PLAIN) 2-oz. and 8-oz. bottles
CHLORESIUM OINTMENT 1-oz. tubes and 4-oz. Jars
CHLORESIUM NASAL SOLUTION ½-oz. dropper bottles and 2-oz. and 8-oz. bottles

Both CHLORESIUM SOLUTION (PLAIN) and CHLORESIUM OINTMENT contain the purified, therapeutically active *water-soluble* derivatives of Chlorophyll "a" ($C_{55}H_{72}O_5N_4Mg$). They are maintained to rigid chemical and physical standards and are pharmaceutically adjusted to low surface tension to insure penetrability.

CHLORESIUM NASAL SOLUTION contains these same *water-soluble* chlorophyll derivatives in an isotonic saline solution suitably buffered for nasal instillation. Indicated for symptomatic relief and for acceleration of healing of acute and chronic inflammatory conditions of the upper respiratory tract.

RYSTAN COMPANY
50 CHURCH ST., NEW YORK 7, N.Y.

SOLE LICENSEE—LAKELAND FOUNDATION

RYSTAN COMPANY Dept NJ 9
50 Church St., New York 7 N Y



Please send without obligation, "Chlorophyll—Its Use In Medicine, a review of over 60 published papers, with explicit directions for the use of Chloresium therapy—and clinical sample of the products indicated:

( ) Chloresium Solution (Plain) ( ) Chloresium Ointment; ( ) Chloresium Nasal Solution

*Name*_____ *M.D*

*Street*_____

*City*_____ *State*_____

MALPRACTICE INSURANCE PROTECTION*

for

INFORMATION, ADVICE OR ASSISTANCE

refer to

HARRY F WANVIG

Authorized Indemnity Representative of

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

70 PINE STREET NEW YORK CITY 5

Telephone Digby 4-7117

**For Members of the State Society only*

COT-TAR
PIX-LITHANTHRACIS 5%

- Suitable in exudative and chronic eczema—particularly in children's eczema
- A flexible non-peeling coat of tar
- Avoids staining of linen
- Removable with Tersus, a soapless detergent and water
- No untoward irritation

Please write for sample and literature NY 6-46

DOAK CO., INC.
CLEVELAND, OHIO

WHEN YOU MAKE YOUR WILL



After providing for your dependents, why not add a codicil for our aged, dependent colleagues?

They gave you help and courage as you faced life . . . You can give them hope and courage as they face old age

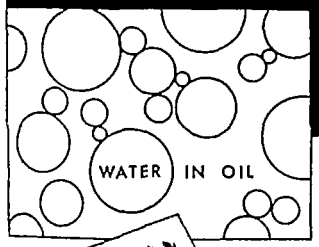
Use the full legal name

THE PHYSICIANS' HOME, Inc., 52 East 66th St., New York 21

Chas Gordon Heyd, *President*

Max Einhorn, M D, *1st Vice-Pres*
Harvey B Matthews, M D, *2nd Vice-Pres*
B Wallace Hamilton *Treasurer*
Alfred Hellman, M D, *Asst Treas*
Beverly C Smith *Secretary*
B A Goodman, *Asst Secretary*

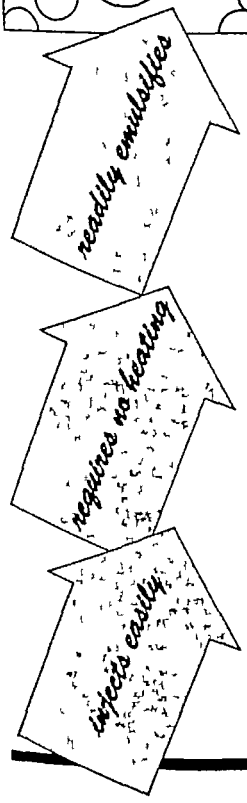
SLOWER ABSORPTION *and Convenience* IN PENICILLIN THERAPY



Repostory injections of penicillin prepared with Emulgen consist of droplets of penicillin bearing water isolated by the pure sesame oil and special cholesterin base of this new emulsifying vehicle Such water in-oil emulsions of penicillin and Emulgen are quickly prepared and easily injected heat is not required

Most mixtures of penicillin with gum or ordinary oils produce an oil in water emulsion When these are injected into muscular tissue the medicament bearing aqueous phase rapidly passes into circulation leaving behind it a useless bed of oil globules Emulgen, on the other hand sheaths medicament bearing aqueous droplets in envelopes of oil This water in-oil emulsion allows the medication to pass into circulation only as the oil is absorbed

Emulgen prolongs the absorption of penicillin, avoiding the frequent injections which subject physician and patient alike to inconvenience and discomfort. Emulgen is supplied in 10cc rubber capped vials. Lakeside Laboratories, Milwaukee 1 Wisconsin.



EMULGEN

LAKESIDE

EATON LABORATORIES Inc.
NORWICH, NEW YORK

announces an innovation in

CONCEPTION CONTROL

Many failures in conception control are due to *one cause* failure of the patient to use the prescribed method *faithfully* This conclusion is abundantly supported by the literature The great need in conception control is to find a method more acceptable to patients, yet effective

Now Eaton Laboratories announces such a method a suppository which (a) is quick, easy, pleasant to use, (b) quickly forms a barrier film capable of occluding the cervical os, (c) kills sperm in less than one minute

Lorophyn Suppositories

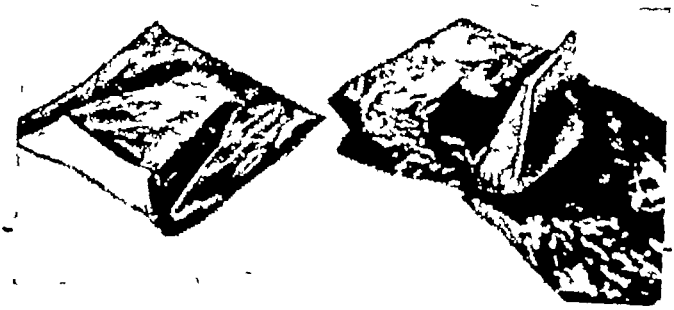
A Lorophyn Suppository can be unwrapped and inserted in the vagina in a few seconds. There it melts in a matter of minutes to form an emulsion with cervical fluid Naturally, this ease and speed of use make the method highly acceptable to patients

The Barrier Film

Fig 1 shows the melted suppository adhering to the cervix, in the form of a film which occludes the uterine os This film serves the same purpose as the diaphragm in the diaphragm-jelly method of conception control. Fig 2 demonstrates the tenacity of this film, note that after intercourse the film still occludes the os

These photographs were made possible by the brilliant technic of Samuel L Siegler, M D, Brooklyn, N Y

Below is shown Lorophyn Suppository in hermetically sealed, leak-proof, aluminum foil wrapper also the unwrapped suppository



...DING PROPERTIES

As the Lorophyn Suppository melts in the vagina, it diffuses over the region where protection is needed. This has been demonstrated by X ray photographs. Reproductions of these films are available on request.

SPERMICIDAL ACTION

Lorophyn Suppositories contain 05 per cent phenylmercuric acetate, one of two compounds which have been referred to as the most effective spermicides known (1) In vitro tests indicate that the melted suppository, when thoroughly mixed in a tuberculin syringe with human semen and saline in dilution of 1 10 kills sperm in less than one minute.

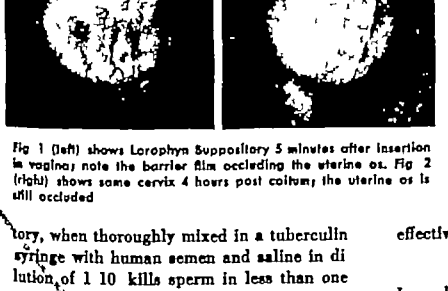


Fig 1 (left) shows Lorophyn Suppository 5 minutes after insertion in vagina; note the barrier film occluding the uterine os. Fig 2 (right) shows same cervix 4 hours post coitum; the uterine os is still occluded

PHYSICAL PROPERTIES

The base of Lorophyn Suppositories is a novel combination of synthetic wax and glyceride. The suppository is odorless, does not grease the fingers nor stain, and is pleasant to handle. It melts at body temperature, and during hot weather may liquefy No leakage occurs from the hermetically sealed metal foil wrapper, and the suppository may be resolidified by immersion in tap water

CLINICAL EFFECTIVENESS

More than four years of laboratory research and clinical investigation have been devoted to the development of Lorophyn Suppositories. In clinical evaluations covering hundreds of cases, Lorophyn Suppositories have given results which compare favorably with those obtained with the jelly and the diaphragm jelly methods as reported in the literature (2) (3) Clinical studies of Lorophyn Suppositories are being continued and enlarged.

CONCLUSIONS

From the above, it may be concluded that a method of conception control is now available which, because of its simplicity and convenience, should receive an extraordinarily high degree of *patient-acceptance. This new* suppository places a spermicidal barrier where protection is needed and is capable of killing sperm in less than a minute. Clinical evaluation to date indicates that this is a highly effective method of conception control.

PACKAGE INFORMATION

Lorophyn Suppositories, each weighing 8 Gm., are wrapped separately and hermetically sealed in aluminum foil. They are packed one dozen to the box. Directions for insertion are included.

FURTHER DATA

Additional data will gladly be supplied to physicians who address The Medical Director, Eaton Laboratories, Inc., Norwich, N Y

(1) Baker, J R., Ranson, R. M., & Tyson, J : Lancet 2:882, 1938.
(2) Selbch, R. E : Human Fertility 9:43 1944
(3) Garvin D O : Human Fertility 9 73 1944.

Lorophyn suppositories

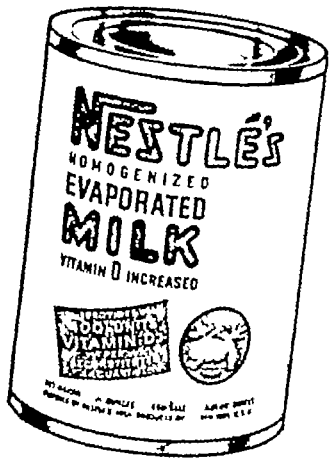
FIRST...

for Mother's record



for Doctor's record

NESTLÉ'S . . . FIRST EVAPORATED MILK WITH 400 UNITS OF VITAMIN D_3 PER PINT

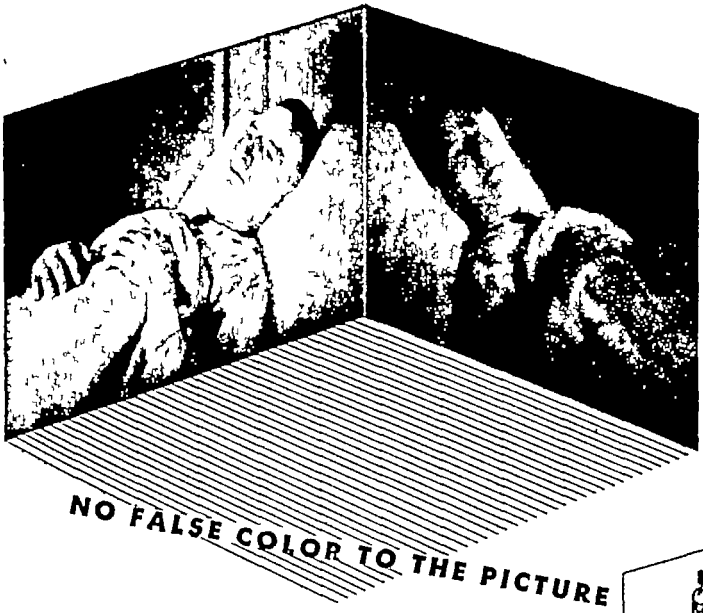


A great improvement in evaporated milk for infant feeding . . . since 25 *USP units of vitamin* D_3 are added to each fluid ounce of Nestlé's . . . offering *protection against rickets,* and *promotion of optimal growth.*

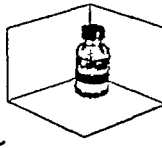
ACCEPTED AMERICAN MEDICAL ASSN

APPROVED FOR VITAMIN D

SAFE, SURE, ADEQUATE SOURCE OF VITAMIN D



NO FALSE COLOR TO THE PICTURE



NOW THAT PENICILLINASE SCHENLEY

IS AVAILABLE TO CHECK RESULTS



• In determining the progress of penicillin therapy, inhibitory concentrations of penicillin in the blood and other body fluids may prevent satisfactory culture of infecting organisms But PENICILLINASE SCHENLEY will inactivate the penicillin in an hour's time Penicillin-sensitive bacteria can then grow and a dependable bacteriologic evaluation be made

• PENICILLINASE SCHENLEY is now produced in quantities sufficient to supply the needs of all medical laboratories.

• It is the latest product of Schenley Laboratories' research program, which to date has borne fruit in superior penicillin and penicillin products.

SCHENLEY LABORATORIES, INC.

Producers of Penicillin Schenley Schenley Pharmaceuticals

Executive Offices: 350 Fifth Avenue, N. Y. C.

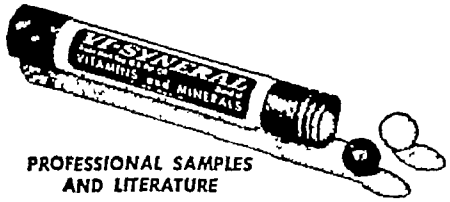
NEW INCREASED POTENCIES!

100% MORE VITAMINS A AND D
OVER 40% MORE VITAMIN B_1
... NO INCREASE IN PRICE!

VI-SYNERAL

ALL NATURAL VITAMIN D

Both Vitamins A and D in natural form, concentrated from fish liver oils



PROFESSIONAL SAMPLES AND LITERATURE

Each vitamin capsule (Special Group potency) now supplies

Vitamin A (natural)	12,000 U S P Units
Vitamin D (natural)	1,200 U S P Units
Thiamine (B_1)	5 0 mg.
Riboflavin (B_2)	3 5 mg.
Niacinamide	20 0 mg
Pyridoxine (B_6)	2 0 mg.
Calcium Pantothenate	5 0 mg.
Ascorbic Acid (C)	75 0 mg
Alpha Tocopherol (E)	4 0 mg
B Complex factors from	50 mg yeast

The Vi-Syneral Mineral Capsule furnishes Calcium, Phosphorus, Iron, Iodine, Copper, Manganese, Zinc, Magnesium

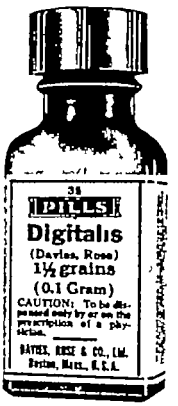
New increased potencies (with natural Vitamins A and D) are also available in other special *Vi-Syneral formulas*· INFANTS and CHILDREN CHILDREN and ADOLESCENTS • ADULTS • EXPECTANT and NURSING MOTHERS

U. S. VITAMIN CORPORATION • 250 E. 43 St. • NEW YORK 17, N. Y.

Uniformity

Dependability in digitalization and maintenance

Sensible economy



Pil. Digitalis (*Davies, Rose*)

0 1 Gram (1½ grains)

Physiologically Standardized

Each pill contains 0 1 Gm (1½ grs) Powdered Digitalis, produced from carefully selected leaf of Digitalis purpurea, therefore of an activity equivalent to 1 U S P XII Digitalis Unit.

When Pil Digitalis (*Davies, Rose*) are dispensed on a prescription the physician is assured that the patient receives digitalis in its completeness and obtains the full benefit of the therapy

Trial package and literature sent to physicians on request.

Davies, Rose & Company, Limited

Manufacturing Chemists, Boston 18, Massachusetts

WYANOIDS

REG U S PAT OFF

FOR HEMORRHOIDS

Wyeth

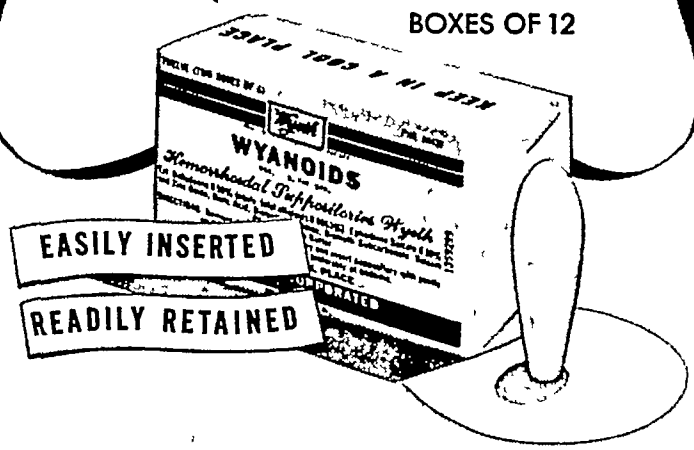
REG U S PAT OFF

Recommended as a palliative adjunct in the treatment of uncomplicated hemorrhoids not requiring surgical intervention . . .

Wyanoids reduce inflammation and edema prior to rectal surgery or injection.

Torpedo-Shaped, Wyanoids are anatomically correct.

BOXES OF 12



WYANOIDS . . . for Hemorrhoids

FORMULA: Ext Belladonna 0.50%, Ephedrine Sulfate 0.10%; with Zinc Oxide, Boric Acid, Bismuth Oxyiodide, Bismuth Subcarbonate, Balsam of Peru and Cocoa Butter

WYETH INCORPORATED • PHILADELPHIA 3 • PA.

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1946 by the Medical Society of the State of New York

GEORGE W KOSMAK, M D, *Managing Editor*
LAURANCE D REDWAY, M D., *Assistant Managing and Literary Editor*
NORMAN S MOORE, M D, Ithaca *Assistant Literary Editor*
DWIGHT ANDERSON, *Business Manager*
WILLIAM L. SIMMONS, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M.D, *Chairman*
KIRBY DWIGHT, M.D
WALTER P ANDERTON, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M.D
JAMES R. REULING, JR., M D

VOLUME 46 JUNE 1, 1946 NUMBER 11

Editorial

Medical Genetics and Public Health

The practitioner of medicine has given but little thought to hereditary factors as the cause of disease except in a very general fashion. He has been made aware that certain illnesses run in families, that deformities and certain physical abnormalities may appear in successive generations, but neither he nor the public has given much thought to their possible avoidance or prevention. Of course we know more about the principles of heredity today than we did formerly and that some of the stumbling blocks to human health are basically genetic Public health measures have attacked and conquered most of the infectious and nutritional diseases, but now the genetic anomalies and diatheses have become of equal relative importance And just as the bacteriologist pointed the way to the control of infectious diseases, and the biochemist to the control of nutritional disorders, so the medical geneticist now holds out hope for the understanding, and thus, the eventual control of the hereditary dyscrasias

Dr Laurance H Snyder, of Ohio State University, recently introduced this fascinating subject at the Hermann M Biggs Memorial Lecture at the New York Academy of Medicine Medical genetics, he said, is emerging as a new science Careful research has resulted in gathering information which should be of signal value to the profession, to the public health authorities, and to the public A knowledge of human heredity has become so important that courses of instruction are being incorporated into the curriculum of a number of medical schools

The precision of our knowledge has now reached the point where definite practical applications are available and in use These include, first, prevention, that is, the institution of preventive measures against certain diseases and abnormalities, on the basis of specific genetic backgrounds, second, diagnosis of conditions difficult to identify by other means on the basis of genetic data, third, genetic prognosis, that is, the furnishing of genetic advice in prospective marriages and for the benefit of prospective families, fourth, the determination of nonpaternity and other medicolegal and medical problems, on the basis of the various blood agglutinogens

The practical application of this knowledge is not a simple matter There are many pitfalls Discrimination in evaluating factors that present themselves to the examining physician is all-important. For similarity or variability within families may

be due to nongenetic as well as to genetic influences Environment can play a leading role, but the underlying genetic factors cannot be changed, for these depend on original genes resident in every person and these are apparently little influenced by environment

All of this accumulating knowledge has an important relation to public health questions The transmission of a variety of susceptibilities to disease, or mental or bodily defects, may in time determine the suitability of marriage between individuals thus affected

Blood groupings have already been called into question, we need further research to determine how far we may go in what, essentially, is an eugenic adjustment

It would pay physicians to familiarize themselves with these ideas; there are several excellent textbooks to be consulted The new science of medical genetics, in the words of Dr Snyder, will take its place beside bacteriology, epidemiology, and other specific fields as another bulwark in the ever-expanding structure of the program of public health

The Biology of Arteriosclerosis

Arteriosclerosis is conventionally viewed as a lesion peculiar to the senescent years, but in the strict sense, Moschcowitz in a recent article adduces evidence that arteriosclerosis represents the exaggerated expression of normal, morphologic progressive changes that begin at birth and perhaps even before The regrettable tendency of many observers who view any lesion that causes thickening of a vessel as arteriosclerosis is to be deplored Arteriosclerosis must be sharply defined from luetic arteritis, periarteritis nodosa, the lesions accompanying rheumatic fever, lupus erythematosus, and the medial calcification described by Monckeberg Of greater importance, *arterio*sclerosis must be differentiated from *athero*sclerosis, terms that, unfortunately, are employed interchangeably only too often, and the failure to distinguish between these two lesions has caused much misunderstanding, especially in the study of experimental lesions. Atheroma may be a facultative but not necessarily a part of the lesions of arteriosclerosis, the proof being that in arterioles, where true arteriosclerosis is admittedly common, lipoid deposits are absent except in very advanced lesions The hyperplasia of the intima and elastica are the essential lesions of arteriosclerosis and bear the earmarks of a compensatory process which, Moschcowitz believes with Aschoff, represent an adaptation to the increasing intravascular pressure that proceeds from birth to adulthood

The observation of thickening of the intima and the hyperplasia of the elastica in arteriosclerosis is enlightened by a study of the finer morphology of the vascular structure from the embryo to maturity In postuterine life the vascular system, in contradistinction to most other organs in the body, continues in the process of differentiation even up to the thirtieth year, and it is in the interpretation of these changes that difficulty arises as to when these are physiologic or morbid The thickening of the intima and the splitting of the elastica that proceed uninterruptedly from birth to maturity are microscopic findings and affect the gross appearance of the vessel only slightly The characteristic gross appearance of arteries is largely the result of the secondary gross degenerative changes, notably the deposition of lipoid deposits in the form of atheroma Many students of arteriosclerosis regard the incidence of degenerative changes as the distinctive evidence of arteriosclerosis, but they have failed to consider, first, that arteriosclerosis, characterized by profound thickening of the intima and splitting of the elastica, may occur without any degenerative changes whatever, and second, that under normal circumstances, lipoid deposits of microscopic dimensions are always present in the earliest childhood, and in infants may even manifest themselves as gross deposits These deposits are regarded probably as the result of the high fat diet, and are comparable to the lesions produced experimentally by Anitchkow in herbivores by high cholesterol feeding

It is apparent that the dividing line between physiologic aging and the lesions con-

ventionally grouped under the term "arteriosclerosis" is indefinite and that one merges into the other In other words, arteriosclerosis is a process which begins at birth (and perhaps before) and is an inevitable destiny of mankind The process may be influenced by other factors besides the normal intravascular pressure, for instance, by feeding, perivascular fixations and stresses, congenital or acquired abnormalities of the vascular tree, and perhaps other unknown factors, but it cannot be escaped This obviously does not imply that clinical and anatomic arteriosclerosis are equivalent Arteriosclerosis causes disease only when the circulation of a vital organ is seriously compromised by narrowing, thrombosis, or when the weakened wall ruptures

The Pediatrician Studies the Child

On another page of this issue appears an important announcement by Dr Alexander T Martin, Chairman of the Subcommittee on Child Health of the Medical Society of the State of New York. He describes the study of child health facilities being launched by the pediatricians of the State as a part of a nation-wide survey by the American Academy of Pediatrics Postwar planning for child health has been a popular activity in recent years, and has engaged the interest of many nonmedical groups and individuals It is encouraging as well as significant now to have the pediatricians come forward to study the situation There is the prospect of having practicing physicians undertake to gather the necessary facts from which well-founded plans can be evolved and to determine the extent and quality of services now available In short, the pediatricians propose to make the diagnosis before prescribing the treatment

Although the members of the American Academy of Pediatrics in this State are committed to carry out the task, the success of this tremendous undertaking is the responsibility of every physician To obtain a complete picture of the existing child health facilities, in addition to the information obtained from hospitals, health departments, and other agencies serving children, physicians and dentists in private practice will be asked to complete a short one-page questionnaire concerning their pediatric practice No picture of child health services in the state or nation would be complete without this information from all physicians because pediatricians care for only about 10 per cent of the country's children. These questionnaires will be distributed soon and should receive early consideration

This study is important and unique It is an opportunity for physicians not only to investigate their own affairs, but also to collect factual data as a logical basis for good child health programs in this State in the future. Unless physicians undertake this task, others less qualified will It is hoped that every physician will read Dr Martin's statement and be ready to respond to the challenge and opportunity to assist in this study The success of the venture in this State depends entirely upon the cooperation of all New York State doctors

Current Editorial Comment

Physostigmine Versus Neostigmine for Muscle Spasm in Rheumatoid Arthritis The successful treatment of muscle spasm in poliomyelitis by means of neostigmine, as reported by Kabat and Knapp, and the encouraging results obtained with the same therapy in the relief of muscle spasm in rheumatoid arthritis and bursitis, as well as in traumatic neuromuscular dysfunction and cerebral thrombosis, reported by Kabat and others, induced Cohen, Trommer, and Goldman* to study the effects of a similar therapy in rheumatoid arthritis, substituting the less expensive and less

* J.A.M.A., February 2 1

voking physostigmine, both drugs
g to the same group
found that physostigmine sal-
lieves muscles pasm, and therefore
many instances, frequently within
o thirty minutes after injection
re significant was the effect of
gmine treatment in rheumatoid
cases of longstanding, where mus-
sm will remain, though the joint
nay have become quite inactive,
manifested in various painful
es The authors, not oblivious
ct that bed rest will often give a
of relief, with relaxation from pain
ular spasm, described their mode
ure with due consideration of con-
utiously employing atropin in
doses, when indicated, to avoid
pathetic side effects
control cases were (1) one with
yndrome, duration ten months,
with spondylitis of fifteen years'
(3) one with sacro-iliac arthritis
ica of twelve years' duration, (4)
rheumatoid arthritis of three
ration, (5) one with osteoarthri-
een months' duration, (6) one
ified bursitis of three months'
(7) one with bursitis of one
ration, and (8) one with scalenus
yndrome of seven months' dura-

ve was most unusual in that the
the hip was so severe and the
t of motion so annoying that sev-
petent orthopedists had advised
r the relief of symptoms The
ealed complete obliteration of the
ce Physostigmine gave ease of
pasm, thus accomplishing relief
n, increase of muscle power and
motion, surgery was no longer
d The easement of pain and
of motion was so sudden, and their
n interruption of treatment so
t, that the effect of the therapy
onclusive
cases in arthritis clinics treated
sostigmine, 149 showed improve-
no improvement In 14 cases
only in special arthritis wards,
s no improvement under isotonic
of sodium chloride, one improve-
der atropin, and nine improve-
der physostigmine and atropin
rol cases are not included in these
ns
thors conclude that physostigmine
salicylate has relieved muscle spasm and associated conditions such as fibrositis and bursitis It is less expensive than neostigmine methylsulfate and has fewer local pain reactions, eases active and passive motion, has a rapid effect which may persist for several days, tends to relieve pain and prevent deformities, and is no more toxic than neostigmine in comparable doses Oral administration of neostigmine bromide in treating muscle spasm, rheumatoid arthritis, and allied conditions is not warranted

Anonymity Occasionally, we receive communications from readers in which resentment, dissatisfaction, or implied criticism is expressed about our editorial opinions and statements Some criticize us for having no opinions at all Whether the authors of these letters lack the courage of their convictions, are too bashful, too hesitant, or are just modest must ever remain a mystery to us for they surround themselves with the dark cloak of anonymity

For such as these, we can have no sympathy The destiny of unsigned communications is the waste paper basket The editors have no desire to be arbitrary in their expressions, they make no claim to infallibility, they welcome comments and justifiable criticism, but they do want to know the source so that they may be in a position to make adequate reply Differences of opinion are to be expected, usually there are two sides to every question and argument, sometimes three Our readers are privileged and encouraged to assert their ideas, we provide a correspondence column for this purpose when communications are signed and the waste paper basket when they are not When you write, tell us who you are *Verb sap!*

Infantile Paralysis The *National Foundation News* for April, 1946,[1] states that

A total of 444 new infantile paralysis cases have been reported in the United States for 1946 up to March 9 For the 1945 period up to March 10 cases totaled 373

California, with 83 new cases, leads the list for 1946, with Florida next, 46 cases, and New York with 32, and Washington with 33 cases In 1945, New York was in first place with 91 and California with 32 in the same period

[1] Of the National Foundation for Infantile Paralysis, Vol 5 No 4



LOUIS HOPEWELL BAUER, M.D

The President Elect

Dr Louis Hopewell Bauer was born in Boston, Massachusetts, the son of Charles Theodore and Ada Marian (Shute) Bauer He was educated at Boston Latin School, attended Harvard College, where he received the degree of A B in 1909, and the degree of M D *cum laude* in 1912 He interned at Mercy Hospital, Springfield, Massachusetts, until 1913 when he entered the Medical Corps of the U S Army as first lieutenant He re-

mained in the Army until 1926 with the grades of captain, major, and lieutenant colonel He was an honor graduate of the U S Army Medical School in 1914, honor graduate of the School of Aviation Medicine in 1920, and the first commandant of the School of Aviation Medicine, in which assignment he remained until 1925 He was graduated from the Army War College in 1926

Dr Bauer was colonel in the Medical Reserve Corps from 1934 to 1939 and has the honor of being the first medical director of the Aeronautics Branch Department of Commerce (now the Civil Aeronautics Administration) from 1926 to 1930 He was the author of the first textbook on aviation medicine and of chapters on the same subject in Oxford, Tice, and Cyclopedia Systems of Medicine He was the first recipient in 1940 of the John Jeffries Award from the Institute of Aeronautical Sciences

In 1930 Dr Bauer entered private practice at Hempstead, Long Island, where he confined himself to the specialty of cardiology He is a Diplomate of the American Board of Internal Medicine, a Fellow of the American College of Physicians, a Fellow in aviation medicine of the Aero Medical Association of the United States (its first president from 1929 to 1931), a Fellow of the American Medical Association, and member of the Board of Trustees and member of the Council on Medical Service and Public Relations

He was also a member of the House of Delegates of the American Medical Association, 1938–1939 and 1941–1944, and is a member of the Medical Society of the State of New York (Vice-Speaker, 1938–1940, Speaker, 1940–1946), a member of Nassau County Medical Society (president, 1938–1939), past-president of Second District Branch, 1939–1941, delegate to the American Council on Rheumatic Fever, a member of the American Heart Association, American Cancer Society (professional Board of Directors), the Institute of Aeronautical Sciences, and the Associated Physicians of Long Island, and editor-in-chief of the *Journal of Aviation Medicine*

Dr Bauer has been identified with the State Society in an active capacity for many years, he is thoroughly acquainted with its problems, and is superbly qualified to assume the duties of the high office for which he was universally acclaimed at the recent meeting of the House of Delegates The JOURNAL extends to him its cordial good wishes and felicitations

A METHOD OF APPROACH IN A VETERANS' PSYCHIATRIC CLINIC

SIMON ROTHENBERG, M D , Brooklyn, New York

(From the Brooklyn Jewish Hospital Rehabilitation Clinic)

THE complex phenomenon known as morale can be defined briefly as an attitude of idealized discipline created for the purpose of sustaining the objectives of warfare The failure to maintain morale, despite conscious efforts to the contrary, is apt to result in neurotic casualties. In the light of this perception it is, perhaps, surprising that the emotional storms of actual war and the tensions of the "war of nerves" have not ravaged the mental stability of mankind more than they did This optimistic observation points to the efficacy of morale as a predominating cohesive force supporting mental stability Zilboorg[1] has defined morale as "a general sense of security in the face of hardship and danger" Those not reached by this force are screened from the effects of it by inherent counter forces peculiar to certain individuals who are classified as the neurotically beset They constitute a heterogeneous group of people who are resistant and maladjusted to the moral social patterns of reality Through Selective Service and the war, they have become conspicuous in number and a particular problem to both the armed forces and themselves

Modern psychiatry, carrying the torch of "saneness" as a symbol of its aims, has already assumed its full measure of responsibility in applying to the job of rehabilitating these veterans its knowledge and experience. If the statistical data concerning the number of men disqualified from service because of mental instability is at all correct, the task confronting us is surely one of great magnitude. Added to these known millions, there are countless veterans who conceal their neurotic difficulties and will, in time, also require psychiatric help

In order to facilitate such an enormous program, the first aim should be directed toward finding routine technics with which it will be possible to rehabilitate large numbers of veterans seeking psychiatric help in a clinic The second aim should be to lessen the strain on the clinical staff engaged in doing this intensive work. This may be partially attained by organization of group work in which trained psychiatric social workers, psychologists, and psychiatrists will cooperate in obtaining the necessary data for the proper perception of the psychiatric problems involved in each case. The third aim, in this process, should deal with the simple classification of all problems of veterans into types of psychogenic disturbances and psychotic ailments.

The fourth and final aim should outline a rapid course of effective treatment commensurate with an established, provisional diagnosis and the facilities at hand for its attainment

The purpose of this presentation is to describe a method of approach used in the Rehabilitation Clinic at the Brooklyn Jewish Hospital, embodying the principles and a systematized technic intended to facilitate a relatively rapid insight into the dynamics of neurotic difficulties of veterans Such a procedure has, in the opinion of the writer, an advantage over other types of approach in that it attempts as quickly as possible to shift the focus of attention from obvious causes of neurotic breakdowns to earlier and deeper factors in the personality make-up This method, despite its schematic pattern, is largely psychoanalytically pointed and aims to establish a provisional diagnosis at the very outset of treatment. Therapy, too, is most efficacious when it is directed as early as possible toward penetrating the defensive mechanisms of a neurosis and when it can successfully seek out and attack the mental fox-holes wherein repressed emotional factors find convenient shelter When this plan is properly and consummately followed through, half the battle against the unseen enemy is won This procedure is not new, Freud called it *Eine Kleine Analyse* (A Brief Analysis) Most neurotics find it feasible to blame their difficulties upon the manifest happenings of situations while in service They establish cause and effect relationship for their failures and breakdowns, overlooking those elements in their character which predisposed them to their neurosis The therapist is too often tempted to follow suit in regarding the superficial complaints of patients as materially important He is apt to follow the patient's lead into the same dead-end street of reasoning There are, of course, many reality situations which first provoke the defensive mechanisms, but they can always be fitted into the personality pattern which determines the ultimate breakdown

Already a good many original observations on the total picture of war neurosis, as well as on particular methods of their treatment have appeared in the literature Among the outstanding authorities on the subject may be mentioned the following Gillespie,[2] Hargrave and Crichton Miller,[4] of England, Menninger,[6] Grinker,[7] Kubie[8] in this country The accumu-

gained from the vast experience with this psychologic morbidity of the war will no doubt form a major contribution to the science of human personality

Our procedure calls for one or two interviews with a veteran whose case history and all available data in connection with his referral to the Clinic obtained by a psychiatric social worker The psychiatrist then presents the case before a conference of the entire clinical staff for discussion in order to establish a provisional diagnosis and to prescribe his treatment I should like to cite a few cases to further illustrate this method

Case Reports

Case 1—L C, age 34, born in Poland of Jewish parents, was first seen by our psychiatric social worker who obtained from him his personal history and the nature of his difficulties during and since his service in the armed forces He is one of three children An older brother preceded him to this country years before His education consisted of attending an elementary school in Poland and of some instruction in Hebrew Thereafter, at an early age, he went into his father's business His life in Europe was uneventful He was married six years ago and has one child He came to this country on a visit five years ago, intending to return to his family soon Then the war broke out in Europe and he was unable to return He then stated that he liked this country very much for the things it meant to him, in freedom and opportunity, and felt, therefore, he should fight for it As a result, he enlisted in the Army During the entire period of his stay in this country he heard nothing of his family and consequently does not know whether his wife and child are still alive Before enlistment, the veteran was for a time employed by a brother in a grocery store and later worked for the Post Office His interests consisted of reading, going to lectures, and enjoying light amusements Occasionally, he went out with women and admits having continued with normal sex life during the entire period of his stay in this country

His present disturbance started with an episode of acute pain in his chest while crawling on his belly during amphibious training, with practice fire going on over his head The pain was so severe that he was taken to a hospital where he was said "to have talked out of his mind," and behaved so badly that he finally had to be placed in a psychiatric ward He remained there three months when he was discharged as a neurotic Since that time he has felt very irritable, unable to sleep or work or listen to loud noises, without reacting with palpitation or dizziness His head does not feel clear and he imagines himself to be a changed person. These symptoms might well be described as anxiety-hysteria His recollection of the acute episode of pain and maniacal behavior is vague and beclouded but he insists that, on the day following this acute onset of his ailment, he had felt perfectly rational and asked why he had been restrained in his bed or kept in a mental hospital He persisted, however, in complaining of his chest injury even though he had been told that nothing was wrong with it It was apparent that he had had no insight into the nature of his peculiar behavior during the onset of his illness

In his first interview the patient was asked to disregard his present disturbances and to try to recollect any experiences in his past which may have been similar to the episode of pain in his chest At first nothing occurred to him but on further questioning, with regard to remembrances of experiences during World War I, he faintly remembered the scene of an experience in Poland when, one morning, he had come out of hiding from the fields where they had frequently spent days and nights in order to avoid the shell-fire of the enemy, he came across the body of a soldier lying on the ground, who had evidently been bayoneted through the chest, causing a flow of blood to cover his clothes This screened memory was a significant finding which was appropriately correlated with his own similar experience as a soldier in the present war, and was an immediate focal point upon which it was possible to fasten his attention on his unconscious participation in the objectives of his hysterical attack The explanation of his behavior and the likely meaning of it he readily understood to be an insinuation that he had feared being in the war and by means of this supposed injury he would eliminate himself from further service This accusation caused him to deny any such possible motive or purpose, and he resisted the thought implied that he might be cowardly He felt that such a desire was something totally foreign to his nature and, therefore, vehemently opposed the supposition of a fictitious attempt at sickness

At another interview it was revealed that his older brother was in World War I at the time he saw the soldier bayoneted He remembered the anxiety of his parents in connection with his brother's service in the Army When asked how he and his brother had gotten along with each other while in this country, he said that during the time he worked for his brother, they did not get along well and that he regarded him as a "tough guy" Elucidation on this hostility toward his brother brought out the realization that he was envious of his success and aggressiveness in civil life as well as in his former experience in World War I At this time, inquiry with regard to his feeling in relation to the deprivation of his family by the Hitler scourge brought forth the reply that he felt no different than other men he knew, who likewise have not heard from their families and have regarded the possibility of the death of their loved ones in the light of a great misfortune, which they were obliged to accept as a reality Further questioning as to how he would feel were he to hear that his family was alive resulted in the answer that he would surely be glad about it, but it was evident that he showed no great emotion one way or the other despite a former statement that he had been a happily married man and a loving father

Subsequent to these revelations, he reacted with

even greater excitability and temper tensions at the slightest provocation His interests at present are nil and he complains of poor memory He often asks himself what is wrong with him and why he behaves so badly but finds no answer He feels that he should have no shame for having been discharged from the Army because he does not have to account to anyone He is sure if he had his former health and self-control, he would again make a living and is not worried about any disability money from the Government He thinks he has lost his former desire to associate with affable types of women and he regards this as a sign of his changed personality

His dreams deal repetitively with being killed chased, or shot and most of the time by his own father In actual life, his father was a very mild and kind man, who rarely threatened him Another dream deals with being shot at by someone and that he was shouting "Murder!" and "What do you want from me?" In association with this dream he says that when he reads of something sad or someone dying, he begins to cry He was never like this before. Lately he has feared being near an open window or near a bridge imagining some imminent danger to himself.

The therapy consisted of interpreting the revelations of his brief analysis and of gradually and patiently relating it to the nature of his fears and behavior He had to learn that his conscience had dictated to him to fight for the country that virtually protected him from certain death in Europe. It was further pointed out to him that his other emotional conflict had its basis in the ambivalent feeling between wanting and not wanting to hear that his family might be alive. Hence the fear of noises, his restlessness, his confusion of mind, all of which are symbolic of guilty feelings for his repressed wishes in connection with his family situation The anxiety he suffered was a danger signal of the punishment he feels he deserves but which he actually imposed upon himself through his neurosis. It was amazing to see how this veteran responded to this method of therapy, which gradually improved him within a period extending over eight to ten interviews. The enucleation of the forgotten traumatic experience was of itself not so much the reason for the effectiveness of his therapy as it was the surprise element in discovering that the symptoms in his recent illness reflected the memory of his childhood past.

Case 2—H. W., age 34 came to us seeking psychiatric help for his predominating symptom of lack of security in himself in any of his undertakings.

He had served in the Coast Guard as a seaman for fourteen months He found it a great hardship to endure the regimentation and regulation of military life. While on a ship for four months, he felt himself crowded and shut-in. Although his superiors had commended him for doing a good job he found that he was not deriving any satisfaction from his work and lacked the confidence in himself to ask for a higher rating. He was slightly depressed and was unable to make friends and felt as though he were apart from the rest of the men He began to suffer digestive disturbances. He was sent to a psychiatrist for consultation and then hospitalized for a few days before being discharged as a psychoneurotic The patient volunteered the thought that his problem in military service was tied up with similar difficulties prior to his induction This had to do with a long-existing feeling that his inability to advance himself in any undertaking was due to some defect in his personality His present complaint since his return to civil life, is really a duplication of his experience in military life in that he again finds himself in a rut, unable to continue in his present occupation or in anything else After a few interviews this veteran's case was presented before our conference for discussion It was found that except for some occasional symptoms of claustrophobia, which had bothered him for many years there were no outstanding neurotic symptoms This shut-in feeling of which he complained while in service was, however similar to his former claustrophobic symptoms This became more noticeable whenever he had to face difficult situations or when any aggression was manifested toward him. Despite the awareness of these traits, he enlisted in the armed forces, thinking that he would attain greater facility for achieving things were he to learn to accept authoritative command. He is a married man and for a time his wife stayed near him while in service He was unable to tell of any unusual episodes or incidents while in the Coast Guard, which might have caused him to feel the general apathy and restlessness that finally led to his discharge Likewise in civil life prior to induction, no catastrophic events had occurred which might be considered pertinent to the present breakdown. At school he had been a fair student and had shown special interest in dramatics. Although he never did anything to further this aim, he always hoped something would happen to bring it about. Sexually, he regarded himself as entirely normal. Although he admitted his marriage was not founded on love, he would do nothing to disrupt it nor would he cement it by raising a family At one time he felt he was in love with a glamorous girl connected with the stage but he lacked sufficient confidence in himself to make good his desire to possess her His home life was largely distressing because his parents never got along well together and he witnessed many violent disagreements and scenes. His father died while he was in service and he felt he had not been affected enough by it and, therefore, reproached himself for being unable to grieve He spoke of his father as a very simple unaggressive man, and of his mother as overwhelmingly aggressive

From this data it is not easy to attribute specific precursory causes to his neurotic breakdown. Nevertheless it is obvious that the behavior of this individual is passive in type and shows a characteristically weak ego His claustrophobic symptom can be interpreted as a fear of being shut-in by any authoritative aggression from which he like all such patients, wished to escape. It probably had its origin during the early years of his childhood as the aggressive love object of his mother His desire to be an actor shows an exhibitionistic tendency possibly arising from some childhood fixation, in his relationship to his parents or on account of some rivalry with his older brother

It is fortunate for this veteran that he has the capacity for intelligent thinking and ready psychologic perception It was, therefore, possible to begin his therapy early in the interviews with interpretation of the material he presented The influence his parents had had on his personality and, especially, upon the subsequent effect of his repressed hostility toward his aggressive mother was the starting point of a broader understanding and deeper interest in the dynamics of his personality In subsequent interviews, he learned that it was as difficult for him to become aggressively masculine as it was to succumb to her domination, for this would have meant his complete identification with his mother, an eventuality he had feared and unconsciously resisted through his neurosis Hence, the development of his ambivalent nature leading to his paradoxic behavior and final breakdown The process of rehabilitation was of necessity very slow, since the aim here was to develop a different ego and not to merely return him to his former self At the end of ten interviews, the veteran admitted having gained ground and felt capable of making further progress in the future

Case 3—H V, age 33, claimed he never was aware of being neurotic and insisted that the first manifestation of symptoms occurred during his basic training It was then that he suddenly found himself in trouble with his sergeant because of his ineptitude in handling a gun This inadequacy was the beginning of his anxiety and produced in him a loss of confidence in his ability to be the equal of the other men in his company and he became very self-conscious of all his movements, mirroring himself before the eyes of everyone about him He became the object of ridicule of other men when they saw him shake and tremble during firing practice, as he apparently thumbed his way through it Later on, after he was transferred to another camp where he entered a school for water-purification, he again became so upset that it was necessary to hospitalize him for treatment After the first episode of anxiety this veteran showed a marked hypertension but after a few weeks of rest and quiet his condition subsided and he was then sent to school for study At first he seemed to be interested in chemistry and had done well until one day when, suddenly, he felt his memory had lapsed, and he was unable to recall what he had diligently studied on the previous night He was once more hospitalized and finally discharged as a psychoneurotic The veteran's reason for his breakdown was that he had been worrying over the pranks the men have played on him and the "kidding" he had had to endure to which he reacted with hostility and nervousness He had no explanation for his inability to handle guns or for his failure in the second undertaking at his new post To proceed with effective therapy it was necessary to give this patient an overall picture of himself instead of dealing merely with the superficial manifest facts of his breakdown during service Previous experience has taught us it is not sufficient to purge the existing conscious hostility or grudges engendered toward those accused of being antagonistic or hostile There are always antecedent situations which require working through in order to resolve the present difficulties This man's parents had been separated and he had been a witness to many bitter arguments between them early in his life He recollected his early hatred of his father and his grief and sympathy for his mother Shortly before his acute upset, he visited his mother who had suffered a stroke Another contributing factor to his breakdown was the conflict over his inability to associate with women or obtain sexual gratification Especially significant is the symbolic meaning of his difficulties with the handling of guns and chemicals, which probably represent his hate and love conflicts Identification with his mother in her hatred of the father was, no doubt, the initial turning point in his subnormal masculine development, which subsequently prevented him from becoming the real aggressive "he-man" in the Army, capable of handling guns

From this insufficient material, it is hardly possible to reconstruct the entire personality make-up and to account for this veteran's predisposition to a neurotic casualty It is, however, discernible from even this oversimplified analysis that his idea that he had never suffered from neurosis before his entering the Army was incorrect This brief outline of the problem involved served as a basis for further insight into his needs, in the pursuit of civil aims He was pervasively directed from the conscious causes of his disturbances to the need of reorganizing his personality toward attaining clearer orientation of his aims

Case 4—L H, age 23, came to the clinic because of a fear that he was losing his mind This thought had originated in him at a time when his father had insinuated to him there was insanity on his mother's side of the family He became fearful and was obsessed with the thought that he had inherited this trait of insanity, shortly after he was discharged from the Marine Corps, where he had served five years He had made a good adjustment to the service until the time of his joining a mystical society, the Rosicrucian Organization, which led him into fields of introspection and served to bring him to a state of confusion and emotional instability

He had joined the group while in the South and became deeply interested in its teaching as an aid to his ambitions But, before his transfer to the West Coast, he was given a furlough home for the purpose of attending the wedding of his brother, whose marriage was a cause of much concern to the family The prospective sister-in-law was a very unprepossessing girl and the veteran's father said at the time that his son must be crazy to marry her, and sought the veteran's help in preventing it Thus insinuation upset the veteran very much owing to its implication of insanity in the family to which his father had previously referred On returning to the coast, he found he was not included in his outfit which was being shipped across This proved to be the second real blow he had encountered during his time of service His first setback took place when he had been washed out as a pilot Prior to these happenings, he had been deeply engrossed in the various teachings of the Rosicrucian Order and, when he achieved the desired rank of sergeant, he

attributed his success to the understanding of the various cycles, or so-called cosmic influences, which supposedly played a direct role on one's life accomplishments. However his disappointment on being left behind when his outfit was sent across caused him to visit the headquarters of the organization in California in order to learn why he had failed and what the future might hold for him. He then subjected himself to hypnosis as a means of obtaining more "cosmic influence toward his progress." This was done through the organization's doctor who "experimented on him" along various lines suggested to him. By this time, he was evidently in a state of growing confusion which was recognized by his superiors as abnormal. He was referred for psychiatric consultation which resulted in a period of hospitalization and final discharge from service. His condition at the time he came to the clinic, showed him to be in a state of mental bewilderment, suspicious of his own sanity and fearful of the loss of faith in the principles supporting the dogmas of Rosicrucian. He had read of "schizophrenic psychosis" and felt he might be developing this disease.

Of interest in this case is the fact that although he was observing himself and thinking of the possibility of being mentally affected he nevertheless continued with his belief in the truth of the mystical philosophy which claimed to prognosticate the future according to "cosmic influences." He never regarded his thoughts about the cult as delusional. He persisted in his desire to pursue his studies in this cult in order to fulfill his mission as a true member of the order. Further interrogation revealed his deep affection and attachment for his father whom he outwardly avoided and feared. It was not easy for him to admit his love for his father since he held him responsible for the unhappiness of his home life with his mother.

It is quite apparent that this veteran is a schizoid individual with paranoid ideas threatening to develop into a schizophrenic psychosis. It was, however, possible to distract him from his obvious delusions and preoccupation with his dogmas, by showing him that his desire to be hypnotized and to be under the influence of the leaders of the organization were substitutes for unconscious submission to his father who is represented in his delusions as the cosmic consciousness by which he is seeking to be controlled. During the several interviews he had with us, he seemed to respond rather quickly despite his delusions. The correlation of his symptoms with that of his life situations resulted in decided improvement in his mental attitude.

Many cases with psychosomatic ailments, causing discharge from service revealed neurotic mechanisms superimposed upon actual organic conditions. Two such cases with severe heart ailments which developed during service, came to us with behavior disturbances that indicated their refusal to accept the truth about their organic ailments. They acted as though there was nothing wrong with them. One danced and exercised excessively the other became overambitious in the pursuit of his work, undertaking travel in subways and climbing stairs, despite knowing it was detrimental to his health. He disregarded all caution to take care of himself. Inquiry revealed interesting regressive phases in each individual which might very well explain their paradoxical behavior.

Discussion

In the first patient there was a history of rheumatism in childhood which had confined him to bed for a long time. He had been advised by his physician not to take any exercise, but someone else had told him to move his limbs and disregard his medical advice. This he did with the result that he made a good recovery. He now evidently reactivated a forgotten unconscious experience to cure himself once again by means of contrary behavior.

In the second patient, it was found that as a child he had been witnessing the suffering of his mother from some ailment, and he remembered being imbued with the desire to become a doctor and upon growing up curing her of her ailment. This patient's irrational overactivity may be said to be a fantastic attempt at fulfilling his mother's hope for him in becoming his own doctor in order to cure himself. His identification with his father in his role toward his mother was a subject of further interest in his treatment. It is apparent that both patients attempted to escape from the painful realizations of their organic ailments.

Other cases suffering from ties, traumatic neurosis, simple reactive depressions, and individuals with psychopathic personalities have all afforded us many surprising insights. Few veterans had any consummate understanding of the deeper relations of symptoms to personality make-up and the conflict of emotions. I am fully aware of the danger involved in using any method, especially the psychoanalytic one, with which one wishes to gain an inordinately rapid insight into the dynamics of a case. This might result, particularly in the hands of the untrained, in what Freud called a "wild analysis." However, I have been pleasantly surprised to find that some of my coworkers in the clinic have gradually caught on to this technic with a facility that has yielded fairly good results. It is exceedingly important to obtain a comprehensive history taken by a well-trained psychiatric social worker. Corroborating proof of the correctness of our diagnostic estimations must be constantly checked by the nature of the transference responses, as revealed in dreams and subsequent conduct. In addition to the foregoing technic, our cases have at the same time been studied by a staff of competent psychologists who have used all available psychometric tests in order to find correlation with our clinical findings. This has sometimes helped us arrive at a [illegible]

hypothesis, when the clinical material was of a doubtful nature

If a rapid and useful rehabilitation is to be effected, the veteran must first of all be viewed as one who has suffered a mental casualty exactly as if it were a physical one He must be made to understand that he has the sympathy and understanding of the therapist in his desire to find himself reinstated as a normal individual When this is attained he is then ready to discuss the problems of his economic or social situations His failure to get into the Army or his difficulties while in service have of necessity deflated his self-esteem His residence in a mental hospital, guard house, or being under psychiatric treatment have all tended to cause extensive damage to his ego Such memories must be dealt with tenderly and realistically, to the satisfaction of the veteran, before he can be regarded as properly restored Reactivated recollections of horrible experiences in war, deaths of buddies, guilty feelings with respect to critical failures should all be related to past experiences in both childhood and adult life All these objectives can hardly be expected to be attained within the brief span of a few clinic treatments At the same time, significant interpretations, properly transmitted, can do wonders toward furthering scientific objective interest in bringing about ultimate, if not immediate, recovery

Summary

A method of approach in a Veterans' Psychiatric Clinic is described in which the emphasis is directed toward gaining rapid insight into the problems and to proceed with effective therapy The method is psychoanalytically pointed, and a number of case histories are cited The first step is to survey the patient's total personality through the case history which is obtained by a trained psychiatric social worker Next, the veteran is interviewed by a psychiatrist who fathoms the basic disturbance and outlines the problems involved The third step requires the psychiatrist to present the case before the entire staff to establish a provisional diagnosis Finally, treatment is instituted in an effort to shift the patient's focus from the obvious defense mechanism to the deeper personality disturbances, thus advancing him along the road toward rehabilitation

175 Eastern Parkway

References

1 Zilboorg, Gregory Psychoanal Quart 12 465 (1943)
2 Gillespie, R D Psychological Effects of War on Citizen & Soldier, New York, W W Norton Co , 1942
3 Reese, John R The Shaping of Psychiatry by War, New York, W W Norton Co , 1945
4 Crichton-Miller Mental Health 1 65 (July) 1940
5 Glover, Edward Fear and Courage, New York, Penguin Books, 1940
6 Menninger, W C J Biol & Path of Internat Relations 7 no 2 (May) 1944
7 Grinker, R R., and Spiegel, J P Men Under Stress Philadelphia, Blakiston Co , 1945
8 Kubie, L S , and Margolin, S J Abnorm Psychol 39 (April) 1944
9 Rennie, T A C Mental Hygiene 28 214 (1944)

INTERNAL MEDICINE COURSES FOR THE MONTH OF JUNE

The Joint Committee on Post-Graduate Education of the Medical Society of the County of Kings and the Long Island College of Medicine, announces a post-graduate course in Internal Medicine and Allied Specialties, to be given at The Jewish Sanitarium and Hospital for Chronic Diseases, Rutland Road and East 49th Street, Brooklyn, New York, on Mondays, Wednesdays, and Fridays, from 2 to 5 00 P M , and Sundays at 10 00 A M to NOON, during June, 1946 The director will be Dr Charles Solomon

The following is the schedule for the month June 3, cardiology, June 5, gastroenterology, June 7, pharmacology and therapeutics, June 9, neurologic conference, June 10, cardiology, June 12, gastroenterology, June 14, endocrinology, June 16, neurologic conference, June 17, pharmacology and therapeutics, June 19, hematology, June 21, hypertension and nephritis, June 23, neurologic conference, June 24, diabetes mellitus and diseases of metabolism, June 26, allergy, June 28, infectious diseases, and June 30, neurologic conference

Dates for Clinicopathologic Conferences and Clinicocardiologic Conferences will be announced Each afternoon session of three hours will consist of thirty-minute lectures, demonstrations, presentation of cases, and round-table conferences

Registration fee is $35 Veteran physicians may apply under the G I Bill of Rights

To make application or to obtain further information, call Sterling 3-6900, or address The Registrar, Joint Committee on Post-Graduate Education, Medical Society of the County of Kings, 1313 Bedford Avenue, Brooklyn 16, New York

THORACOLUMBAR SYMPATHECTOMY IN THE TREATMENT OF ADVANCED ESSENTIAL HYPERTENSION

J WILLIAM HINTON, M D , and JERE W LORD, JR , M D , New York City

(From the Sympathectomy Clinic of the New York Post-Graduate Hospital)

ACCORDING to the United States Bureau of Census, the total number of deaths for the year 1943 was 1,459,544 Of these 645,109, or 44 per cent, were due to cerebral hemorrhage, cerebral thrombosis, hemiplegia, chronic nephritis, and heart disease (excluding rheumatic heart disease) It is estimated that at least 40 per cent of these patients had an associated hypertension

Before hypertension can be classified as essential, the underlying cause must be determined Therefore, excluding hypertension associated with chronic nephritis, chronic pyelonephritis, intracranial tumor, coarctation of the aorta, and adrenal and pituitary tumors, we find that most cases of hypertension fall into the essential group

Deaths from malignant tumors totaled 169,000 in 1943 Based on Page and Corcoran's estimate[1] that 90 to 95 per cent of all patients suffering from hypertension fall into the essential group, it is evident that essential hypertension far exceeds malignant tumors as a cause of death.

Smith, Goldring, and Chasis[2] reviewed 76 cases of unilateral kidney disease In 51 per cent of these cases the authors themselves report negative results from nephrectomy in respect to blood pressure reduction As for the 49 per cent in which apparently positive result was obtained, these authors hold that 30 cases were incorrectly appraised, either because the blood pressure did not fall within the normal range, or the postoperative follow up was inadequate, or the blood pressure was shown to return to hypertensive levels within six months following operation In the final appraisal, therefore, unilateral nephrectomy was successful in reducing the blood pressure in only 7 of these 76 cases Accepting these 7 cases at their face value, the authors feel that in only 1 case in 10, in which the thesis has been tested by nephrectomy, is there evidence that the hypertensive process has its origin in unilateral kidney disease Weiss and Chasis[3] report a case in which unilateral nephrectomy for unilateral kidney disease had no effect on the hypertension

Keith, Wagener, and Barker[4] have given us a grading of essential malignant hypertension based on eyeground findings

Group 1 —Retinal changes consist of mild narrowing or mild sclerosis of the arterioles This state is compatible with good health for many years The blood pressure is not excessively high and falls during rest

Group 2 —The changes in the retinal vessels are more marked than in Group 1, but retinitis is not present The disease is more progressive, the blood pressure is higher and more sustained, but the general health is good and cardiac and renal functions are satisfactory

Group 3 —Angiospastic retinitis is present, together with definite sclerotic changes in the arterioles, but there is no edema of the disk. Hypertension is high and sustained Although cardiac and renal functions may be adequate, alterations sometimes occur, as indicated by dyspnea on exertion, changes in the electrocardiogram, and nocturia. Nervousness, headache, vertigo, visual disturbances, proteinuria, and hematuria may be noted.

Group 4.—The most significant retinal alteration is edema of the disks. There is also marked spastic and organic narrowing of the arterioles with diffuse retinitis. Characteristic symptoms are nervousness, asthenia, loss of weight, headache, visual disturbances, dyspnea on exertion, and nocturia. Proteinuria, cylindruria, and red blood cells are usually noted on urinalysis Prognosis is serious

A grading scheme such as this has the distinct advantage of providing a basis for prognosis For example, three years after the first examination, 20 per cent of Group 1, 36 per cent of Group 2, 75 per cent of Group 3, and 94 per cent of Group 4 were dead

Morris and Oldt[5] studied 100 hypertensive patients and 100 individuals with normal tension They found that 97 per cent of the former and 12 per cent of the latter had arteriolar sclerosis of the kidney Castleman and Smithwick[6] in a report of 100 kidney biopsies, following thoracolumbar sympathectomy, found that 28 per cent showed little or no vascular disease and an additional 25 per cent showed only mild changes Using Keith, Wagener, and Barker's criteria based on eyeground changes[4], 32 per cent of these cases would fall in Group 1, 28 per cent in Group 2, 26 per cent in Group 3, and 14 per cent in Group 4

Cohen,[7] in reporting on the ophthalmologic

Read before the Brooklyn Surgical Society February 7 1944.

findings in 90 cases of essential hypertension admitted to Post-Graduate Hospital, has classified them according to the changes found in the fundus into normal, mild, moderate, and severe hypertension In the normal group he lists 23 patients, one of whom refused a thoracolumbar sympathectomy Among the 22 cases coming to operation, only 3 biopsies revealed normal kidneys, the others showed arteriolar sclerosis The mild group includes 43 patients, one of whom refused operation All 42 cases in which a thoracolumbar sympathectomy was performed showed arteriolar sclerosis on kidney biopsy The moderate group included 20 cases One patient refused operation and 1 case was too far advanced for a thoracolumbar sympathectomy In the 18 cases coming to operation, arteriolar sclerosis was found on kidney biopsy The fourth group comprised 4 severe cases Two of these patients were refused operation and in the other 2 cases arteriolar sclerosis was revealed on kidney biopsy Of the 84 cases operated upon, 81, or 96 per cent, showed arteriolar sclerosis on kidney biopsy Cohen's grouping of patients with hypertension on the basis of ophthalmologic findings does not agree with that of Keith, Wagener, and Barker, and the 90 patients reported comprised only one-half of the total number operated upon during that period In a previous report by us[8] on 87 cases followed from two months to three years, we found that 76 per cent were in Group 3 or Group 4, 24 per cent in Group 2, and none in Group 1

Indications for Operation

Since conservative methods of treating advanced arterial hypertension have proved disappointing, careful studies are being made to find out whether surgery holds any hope of relief for this large group of patients

The greatest difficulty the internist and the surgeon encounter is the selection of suitable cases for operation in order to have a reasonable chance of obtaining a successful result Unfortunately, there is no test or series of tests that will give such assurance The sodium amytal test gives us a lead as to the lability of the blood pressure

Patients in whom the pressure drops the most under sodium amytal, seem to offer the highest percentage of good results On the other hand, in a definite group of patients in whom the pressure did not fall under sodium amytal, amazingly good results have followed operation, while in some cases in which the blood pressure dropped the lowest under sodium amytal, the operation failed to produce satisfactory results Grimson *et al* [9] believe that any surgical prognosis based principally on rest, sodium amytal, or anesthesia tests may be misleading, and that a reduction in blood pressure by any of these methods should constitute only one of many factors to be considered in evaluation of the hypertensive patient Our experience[10] with the sodium amytal test confirms Grimson's observations

In evaluating indications for surgery, we have at our disposal the electrocardiographic findings, the six foot heart x-ray, kidney function tests (including urea clearance and concentration tests), intravenous urography, blood chemistry findings including nonprotein nitrogen, urea nitrogen, and creatinine We have, also, the response to sodium amytal, basal metabolism studies and routine urinalysis When all these tests are evaluated, we can usually arrive at an opinion as to whether a patient is a safe surgical risk, but the final outcome following operation is difficult to prognosticate Page and Corcoran[1] are of the opinion that the selection of patients for sympathectomy is still in the empiric stage, and surgeons who have had the most experience and the greatest success with this procedure use a combination of factors together with a large measure of intuition

The great question is Is the case severe enough to warrant operation or is it too far advanced to hope for a successful result from operation? Obviously we do not wish to operate on a patient who may live for ten to twenty years without showing constitutional manifestations of hypertension Neither do we wish to operate on a patient in whom hypertension is so far advanced that there will be no reversibility of the process

Confusion exists as to what pressure the doctor is referring to in discussing hypertension Is it the routine office pressure, or is it the resting pressure in the office, or is it the pressure several days after admission to the hospital? Obviously there is great variability in all these pressures The average patient who requests surgery does so because he wishes to continue an active business and social life, and therefore the pressure that most nearly represents his routine daily existence is the most important We[11] employ the exercise test as a means of evaluating the blood pressure which most nearly represents the average daily pressure of an active person This test was adopted because of the experimental observation of Blakemore and King[12] that the blood pressure of normal dogs exercised on a treadmill did not change significantly However, if the animals were sympathectomized and then exercised, there was a definite fall in blood pressure, the fall being roughly proportional to the magnitude of the sympathectomy If the pressure is taken in the office, first in both arms, then in the lower arm after resting for five minutes, after sitting for one minute, after standing for one minute, and then after exercising by stepping on and off a footstool twenty times, first with one foot and then with the other, pumping the arms simultaneously with

TABLE 1.—NUMBER OF CASES IN WHICH THE POSTOPERATIVE DIASTOLIC BLOOD PRESSURE IS BELOW 100

Total Number of Cases*	Follow-Up Period	Number of Cases with Blood Pressure Below 100
152	6 months	46 (30%)
99	12 months	18 (18%)
31	18 months	4 (13%)
15	24 months	1 (6.7%)
8	36 months	— (0%)

* In the column of total cases in all Tables, 152 had satisfactory follow-up for six months. Of the 152 patients, 99 had an adequate follow-up for twelve months; of the 99 patients, 31 had an adequate follow-up for eighteen months; of the 31 patients, 15 had an adequate follow-up for twenty-four months; and of the 15 patients, 8 had an adequate follow-up for thirty-six months.

each step, a very marked increase in the systolic and diastolic pressures will be noted following such exercise. In a preoperative study of 30 patients we found that following exercise the systolic pressure rose 23 mm. of mercury and the diastolic 16 mm. of mercury above the resting pressure. Postoperatively, the same group of patients had a systolic pressure of 64 mm. of mercury and a diastolic pressure of 32 mm. of mercury lower than the preoperative pressures. After exercise the postoperative pressure did not rise higher than the resting pressure. These cases varied in a follow-up of from two to six months.

Lowering of the blood pressure is not the only benefit to be expected from a thoracolumbar sympathectomy. It is known that definite improvement is noted in the electrocardiographic findings, diminution of the heart enlargement and improvement in the eyegrounds. Some improvement in kidney function and blood chemistry has also been observed. Symptomatically, the patient will have marked relief from headaches, irritability and fatigability even when the blood pressure has not been markedly lowered by this operative procedure.

It is frequently suggested that any major operation will have the same effect as a thoracolumbar sympathectomy in lowering blood pressure. This statement has been disapproved by Rajos, Smithwick, and White.[12] They selected 100 hypertensive patients having major operations including hysterectomies, mastectomies, gastroenterostomies, and thyroidectomies, and compared them with 100 hypertensive patients having a bilateral lumbodorsal sympathectomy as performed by Smithwick. In a follow-up of ten months none of the 100 patients having major operations showed a significant reduction in blood pressure, while in a follow up of twenty months, 62 per cent of the 100 patients having lumbodorsal sympathectomy showed a pronounced reduction in systolic pressure, and, 56 per cent showed a pronounced reduction in diastolic pressure. These authors define a pronounced reduction as 25 per cent or more of the preoperative blood pressure.

TABLE 2.—NUMBER OF CASES IN SMITHWICK GROUPS 1 AND 2*

Total Number of Cases	Follow Up Period	Number of Cases
152	6 months	81 (53%)
99	12 months	33 (48%)
31	18 months	12 (39%)
15	24 months	5 (33%)
8	36 months	5 (63%)

* Smithwick found 11 at in 150 cases followed one to five years 61.5 per cent had a postoperative diastolic pressure at least 20 mm. lower than the preoperative diastolic pressure.

Evaluation of Results

In advanced cases of hypertension it would seem fair to evaluate the end results of surgery according to the grouping of Keith, Wagener, and Barker[4] for medically treated cases. If their results can be improved significantly by thoracolumbar sympathectomy, then there would seem to be little argument as to its merit. We know that the advanced stage of arterial hypertension offers a hopeless outlook, since these cases fall in Group 4 of Keith, Wagener, and Barker's classification, and 94 per cent of their patients in this group were dead within three years following examination. If patients in this group can be operated upon with a reasonable low mortality rate and their life expectancy can be doubled or even trebled, then the operation would seem to be justified.

In a previous report[8] we studied 87 patients with advanced hypertension. Of these, 23 were in Keith, Wagener, and Barker's[4] Group 4. Three of these patients died in the hospital, a mortality rate of 13 per cent. There was a significant improvement in 61 per cent of our cases. According to Keith, Wagener, and Barker this group's life expectancy was only 10.5 months after the first examination. Therefore, our results in the late cases are most encouraging.

The end results of operations on the sympathetic nervous system for hypertension will depend to a great extent on the degree of removal of the sympathetic chain, ganglia, and the splanchnic nerve. We followed the technic of Smithwick from February, 1942 until July, 1945. Smithwick[14] is of the opinion that the sympathetic chain and ganglia should be removed from the eighth or ninth dorsal through the second lumbar ganglion including the greater, lesser, and least splanchnic nerves.

During the past seven months we have performed more extensive operations, first the seventh, then the sixth thoracic ganglion through the second lumbar on both sides, including the greater, lesser, and least splanchnic nerves *in toto*. This was extended to include the fifth, fourth,

TABLE 3 —NUMBER OF CASES MARKEDLY AND MODERATELY IMPROVED*

Total Number of Cases	Follow-Up Period	Number of Cases
152	6 months	123 (81%)
69	12 months	62 (90%)
31	18 months	28 (90%)
15	24 months	11 (73%)
8	36 months	8 (100%)

* This evaluation is based on postoperative blood pressure, electrocardiographic readings, heart x-ray, blood chemistry and urinalysis, and symptomatic improvement

TABLE 4 —CASES SUBJECTIVELY IMPROVED

Total Number of Cases	Follow-Up Period	Number of Cases Subjectively Improved
152	6 months	116 (76%)
69	12 months	58 (84%)
31	18 months	24 (77%)
15	24 months	11 (73%)
8	36 months	8 (100%)

TABLE 5 —CASES RESULTING IN DEATH

Total Number of Cases	Follow-Up Period	Deaths
152	6 months	13 (8 5%)
69	12 months	3 (4 4%)
31	18 months	1 (3%)
15	24 months	1 (6 7%)
8	36 months	0 (0%)

Total number of operations 152
Total number of deaths 18
Mortality rate to date 12 per cent

and third thoracic ganglia These cases are not ready for evaluation but one fact is obvious, the mortality rate is definitely increased

This presentation includes the cases in which the classical Smithwick procedure was followed During the period from February, 1942 to July, 1945, 180 patients have been operated upon, but in only 152 cases is the follow-up adequate for proper evaluation The end results are shown in Tables, 1, 2, 3, 4, and 5

If surgery offers improvement in advanced cases of hypertension, why should it not be employed in early cases? There are two reasons for not doing so, first, patients may live for ten to twenty years with a definite hypertension without manifesting any constitutional symptoms, and second, regeneration of the sympathetic system is a reality as stated by Smithwick [14]

Conclusions

1 There is no test or series of tests by which the end results of surgical intervention in hypertensive patients can be prognosticated

2 In considering end results of surgery for essential hypertension, we should make a distinction between early cases (Groups 1 and 2), and advanced cases (Groups 3 and 4)

3 The blood pressure is only one means of measuring the beneficial results from thoracolumbar sympathectomy The diminution in heart enlargement, reversible electrocardiographic findings, improved kidney function, improved blood chemistry, together with disappearance of subjective symptoms must also be taken into consideration

4 The sympathetic nervous system has a marked tendency to regenerate Therefore, it must be remembered that early operation may not necessarily prove beneficial in a long follow-up

130 East 79th Street

References

1 Page, Irvine H , and Corcoran, Arthur C Arteria Hypertension, Its Diagnosis and Treatment, Chicago, Year Book Publishers, 1945, pp 20 and 336
2 Smith, H W Goldring, William and Chasis, Herbert Bull New York Acad Med 19 449 (July) 1943
3 Weiss, Edward, and Chasis, Herbert J A M A 123 277 (Oct 2) 1943
4 Keith, N M , Wagener, H P , and Barker, N W Am J M Sc 197 332 (March) 1939
5 Montz, A R , and Oldt, M R Am J Path. 13 679 (Sept.) 1937
6 Castleman, Benjamin, and Smithwick, R H J A M A 121 1256 (April 17) 1943
7 Cohen, Martin Presented before the Ophthalmological Section of the New York Academy of Medicine, Feb 18, 1946
8 Hinton, J William, and Lord, Jere W , Jr New York Med 1 16 (Aug 20) 1945
9 Grimson, Keith S , Kernodle, Charles E , and Hill, H C J A M A 126 218 (Sept 23) 1944
10 Hinton, J William, and Lord, Jere W , Jr New York State J Med 46 1015 (May 1) 1946
11 Lord, Jere W , Jr , and Hinton, J William J A M A 129 1156 (Dec 22) 1945
12 Blakemore, A. H , and King, B Personal Communication
13 Rajos, Francisco, Smithwick, R. H , and White, P D J A M A. 126 15 (Sept. 2) 1944
14 Smithwick, R H Cleveland Clin Quart. 12 105 (Oct) 1945

SPECIAL TRAIN FOR THE AMERICAN MEDICAL ASSOCIATION CONVENTION

Under the auspices of the Oklahoma State Medical Association, a special train service is being organized for the trip to San Francisco open to all physicians and their families, who might wish to join the tour at advantageous points, while en route to the American Medical Association Convention An all-Pullman train will be routed via the Santa Fe from Chicago, through Kansas City with a full day at the Grand Canyon, arriving in San Francisco on June 30

After the convention, the return journey will be through Portland, Seattle, Victoria, B C, Mt Ranier, and Yellowstone Park For further particulars, apply to Harry E Kornbaum, Rainbow Travel Service, First National Bank Building, Oklahoma City, Oklahoma

THE DIFFERENTIAL DIAGNOSIS BETWEEN RECURRENT POSTOPERATIVE CHOLELITHIASIS AND RECURRENT OR CHRONIC PARENCHYMATOUS HEPATITIS

ABRAHAM O WILENSKY, M D , New York City

THE presently completed military emergency has produced another diagnostic problem which promises to increase in frequency It is to be expected that among the military personnel, there were and still are the usual number of individuals with a history of a previous cholelithiasis with and without chronic cholecystitis for which operation—cholecystectomy with or without choledochostomy—will have been performed at some time previous to the individual's entry into military service. Among these there will undoubtedly be the usual number of instances of recurrences of symptoms amounting in civil practice to approximately 10 per cent

The records show that in the armed forces there were a very large number of cases of acute hepatitis—both of the virus and of the homologous serum varieties It has also been determined that about one-half of the cases of acute hepatitis do not undergo complete resolution and symptomatic and anatomic healing In the latter, the records show that there have been and very probably will continue to be, a continuation of symptoms either as a progressive and continuous phenomenon, or as a series of episodes of recurrences and/or exacerbations

It has happened that there are individuals in whom both of these series of events had taken place and that, subsequently, somewhere along the line episodes had occurred which might and did simulate, in their manifestations, the symptomatology of either one of these preceding groups of cases Then, the question of diagnosis arises The necessity for the clinical differentiation of such late episodes is as apparent as it is difficult and will continue to be so

The symptomatology and other clinical manifestations, including bouts of jaundice, are remarkably similar in both of these groups. Radiographic evidence is not possible, or is inconclusive, and does not establish a diagnosis The laboratory work-out shows similar variations in either group there may be no abnormal laboratory evidence or, the latter may show diminutions or aberrations of function which are not quantitatively large, and, therefore, not sufficiently marked or defined for significant bedside clinical use Repetitions of study at regular intervals do not produce more facts and, because of these uncontrollable deficiencies in clinical observation and laboratory reports, one is confused and perplexed

Exploratory operation will undoubtedly be necessary in some of the cases at least, in order to exclude the presence of recurrent cholelithiasis As a consequence there may be unnecessary fatalities because of the presence of parenchymal hepatic disease which will not tolerate the insult of an exploration

The following is a case in point

Case Report

The patient is a physician now in the fourth decade of life In 1916 he was operated upon for an inguinal hernia. In 1929 an appendectomy was done Otherwise he has always been in good health except that one could distinguish a tendency toward an easy disturbance of his emotional make-up

Since 1913 episodes of biliary colic occurred of a fairly characteristic pattern and with increasing frequency, so that finally, four or five attacks occurred in the two months preceding the operation, which the latter attack compelled in May 1940 At the operation, a moderate amount of pericholecystitis was present and the gallbladder was adherent to the pylorus, the colon, and the duodenum, the liver and pancreas were normal to sight and to touch the gallbladder was packed full of stones of mixed cholesterol and pigment composition, and the terminal ducts were empty to palpation and admitted a large probe through the papilla into the duodenum The patient made an uneventful recovery was discharged from the hospital within a fortnight and thereafter remained well—as he said "very well'

In February 1941 he entered military service and was stationed in England In August, 1941, he developed a very profuse diarrhea which apparently, had previously been more or less endemic at the post, and which assumed somewhat epidemic proportions just at this time. The diarrhea subsided after six weeks. Nevertheless, at intervals of several weeks thereafter, there would be episodes of abdominal pain, cramps, and tenesmus, and the evacuation of large bulky stools These episodes disappeared after July, 1945

Since November 1941, eighteen months after the cholecystectomy, nine months after having entered military service and three months after the initial episode of diarrhea, the patient has had episodes of right upper quadrant symptoms which, while simulating to some extent the preoperative symptoms, might very well be due to some form of hepatitis There were bouts of mild jaundice, but, as these times, the stools were dark brown in color These episodes increased in severity Later the symptoms are described as pressure and gnawing epigastric pain associated with nausea and vomiting,

appearing one to two hours after eating, lasting a number of days, and being succeeded by a period of remission of symptoms

In October, 1942 he was hospitalized at the Walter Reed Hospital, in June 1945 he was at the Crile General Hospital, and later he was at the Baker General Hospital At each place he was studied extensively with the following results

During the first of these studies (Walter Reed) there was occult blood in the stools, the icteric index was 12, the cephalin flocculation test was 2 to 3 plus There was said to be some crystals in the biliary drainage The glucose tolerance curve and the basal metabolic rate were normal

During the second hospitalization (Crile) the icteric index was 18, there was bile in the urine, Van den Bergh's test was 0 9, and there was an abnormal urobilinogenuria The cephalin flocculation test was normal There were no crystals in the biliary drainage

At the Baker General Hospital, the gastrointestinal radiographic series was essentially normal What little changes were present about the pylorus are undoubtedly due to postoperative distortion. There was no free hydrochloric acid in the stomach contents and the total acidity was 12 The icteric index was 35 and the van den Bergh test was 1 8 The icteric index subsequently receded to 18

I am indebted to Dr H L Bockus, of Philadelphia, for the following notes of his laboratory work-out

Biliary drainage fluid was yellow to amber color without any concentrated fraction being found The microscopy was normal The stool showed no indigestion of fat, muscle, or starch, and contained no ova or parasites, the test for occult blood was plus 3 Sigmoidoscopy showed a normal lower bowel

The blood count was as follows

erythrocytes	4,890,000
hemoglobin	13 5 Gm
leukocytes	5500
neutrophiles	71 per cent
lymphocytes	24 per cent
monocytes	3 per cent
eosinophiles	1 per cent
basophiles	1 per cent

The blood Wassermann test was negative

Fasting blood sugar	89 mg per cent
Sedimentation rate	*1 mm*
Serum lipase test	0 5 cc normal

The liver function tests showed the following

blood serum cholesterol	380 mg per cent
cholesterol esters	194 mg per cent
serum bilirubin (Van den Bergh)	1 2 mg
prothrombin concentration	14 seconds or 95 per cent
bromsulfalein test	5 per cent retention (dose 2 *mg*)
galactose test (oral)	0 53 Gm excreted (normal)
serum phosphatase	3 2 Bodansky units
cephalin flocculation	negative
thymol turbidity	negative
colloidal gold	negative

Comment

This is a typical instance of what one may expect in the crossing of a history of postoperative symptoms after a previous cholecystectomy for cholelithiasis and a presently occurring episode of a possible hepatitis in a single individual

It is apparent that the only disturbance of hepatic function is indicated by a slight hyperbilirubinemia Otherwise, there are no competent laboratory studies of any kind which might tip the scales to either diagnosis The subjective symptoms are indefinite and indicate a possible psychosomatic basis for some of them There seems to be unanimity of opinion concerning the presence of some hepatic disturbance But, there is doubt as to whether this may not be due to a postoperative recurrence of the previous cholelithiasis The fact that there was complete disappearance of the previous symptoms after operation, the fact that there was a sharp onset of diarrhea, the fact that the present symptomatology followed the latter and seemed to continue thereafter—all of these make me feel that the present symptomatology is due to some form of chronic parenchymatous hepatitis Nevertheless, while the indication at present is to pursue a strictly conservative attitude, the possibility is there that, at some future time, a secondary exploration may be necessary to exclude the presence of any recurrent cholelithiasis

---

THE ROBERT TRUBEK FELLOWSHIP IN RHEUMATIC DISORDERS

A one-year, nonresident appointment is open to graduate physicians with at least two years of previous training in internal medicine or its equivalent The appointment is renewable for an additional year by mutual agreement

The Fellowship will combine supervised research and special clinical training in the rheumatic disorders under the direction of Dr Otto Steinbrocker Stipend $2,500 a year

(Candidates contemplating a two year tenure are preferred)

Applicants should send their educational qualifications, accompanied by two letters of recommendation from senior physicians under whom work was done, to the Robert Trubek Fellowship Committee, Fourth Medical Division, Bellevue Hospital, 26th Street and First Avenue, New York, 16

PROGRESS IN PHYSICAL MEDICINE DURING THE PAST TWENTY FIVE YEARS

RICHARD KOVACS, M D , New York City

THE story of the progress of physical medicine as part of the practice of medicine during the past twenty-five years is impressive. In the United States, up to the time of World War I the few men practicing as "electrotherapists" were looked upon by many of their medical brethren with suspicion mingled with pity Hydrotherapy, manipulation, and massage were mostly exploited by poorly educated technicians or adherents of cults. Generally speaking, there were no physical therapy departments in hospitals and medical schools, where the different physical methods could be correlated with each other and be a part of a general therapeutic regime, and where clinical and laboratory research could be carried on This situation first changed for the better during and after World War I by the installation by the Army and Navy of broadly conceived physical therapy departments, in order to benefit the injured and disabled In these departments all time-honored and many of the new methods of physical therapy were practiced under the watchful eyes of capable medical men. After the War, there became available a body of competent technicians and a number of physicians who continued the work in civilian practice. Groups of medical men and technicians organized for mutual cooperation and study, the medical profession at large showed much interest in physical therapy and its departments in civilian and reconstruction hospitals were gradually installed

The New York Electrotherapeutic Society was organized on March 9, 1921 as an affiliated group of the American Electrotherapeutic Association which was founded in 1891 and centered chiefly in the East. Out in the Midwest, the American College of Physiotherapy was organized after starting in 1922 as a Physiotherapeutic Convention It became in 1928 the American Congress of Physical Therapy In 1932 the two large national organizations amalgamated The organ of the Congress, the *Archives of Physical Therapy*, thus became the official publication of organized physical therapy in the United States, and is now the leading physical therapy periodical in the world An Academy of Physiotherapy, founded by former medical officers in the first World War, centered chiefly around Boston. The New York Electrotherapeutic Society changed its name to that of "The New York Society of Physical Therapy" in 1933, affiliating with the Congress, and the only other active regional organizations in Pennsylvania and on the Pacific Coast did likewise The New York County Medical Society was the first county society to appoint a special committee on physical therapy in 1927, the Medical Society of the State of New York created a special committee two years later, this State Committee had as its special object to foster postgraduate instruction in all counties of the State The American Medical Association created in 1927 a Council on Physical Therapy, this Council soon became a potent factor in disseminating nation wide proper information on physical therapy in advocating basic training in it and in curbing unwarranted claims and commercialization.

As a result of all these factors, in the years up to World War II, there was constant progress in education, research, in clinical application, and in the development of new methods in physical medicine

Development of New Methods

Perhaps the most spectacular progress in physical therapy methods during the past twenty five years occurred in the field of high frequency electricity Although high-frequency heating of the human body was discovered by d'Arsonval way back in 1892 and introduced, chiefly by Nagelschmidt, under the name of diathermy in 1910, in the United States the first efficient multiple spark-gap apparatus was not produced until 1920, in the intervening period the principles of electrosurgical destruction were also developed by de Keating Heart, and Doyen in France, and Cook and William L. Clark in the United States After World War I the medical profession here was flooded first with spark-gap apparatus and in another decade with "short-wave" tube apparatus, so much so that after a while no self-respecting physician's office seemed to be able to exist without one of these machines. When at the outbreak of World War II, steps were taken to take a census of diathermy apparatus, first for purpose of national safety, and later, for the diminution of radio-interference, it was found that some 2,200 hospitals and over 50,000 physicians—one out of four of every physician in the U.S.A —possessed such an apparatus. It is evident that in the hands of the majority these machines amounted to little more than that of a glorified heating pad

It is the present consensus that the clinical

Read at the Twenty Fifth Anniversary Meeting of the New York Society of Physical Medicine, March 16, 1946.

effects of both long-wave and short-wave diathermy when properly applied are deep tissue heating, and their chief value lies in treatment of chronic inflammatory and traumatic conditions of organs of the chest, abdomen, pelvis, and of bones and joints After much deliberation, the Federal Communications Commission last year assigned three definite wave lengths (22, 11, and 7 32 meters) for the use of diathermy apparatus so that a minimum of radio interference is caused to other services

Artificial fever treatment by diathermy, and by other methods of general body heating came to the fore some fifteen years ago Much of the pathfinding studies of its physical and physiologic effects were made in New York State by Bierman, Carpenter, Warren, and Whitney The first International Conference on Fever Therapy was held in New York City in 1937 Today the newer developments of chemotherapy have to a great extent superseded fever treatment of gonorrheal infections, but fever therapy has remained a standard form of therapeutics in a number of well-defined conditions

Other methods of electrotherapy have undergone a variegated course in the past two decades Static electricity had a temporary upsurge after World War I and then went into a steady decline, chiefly because of bulky apparatus, radio-interference, and other measures compensating for the undoubtedly useful effects of static electricity Galvanism was at a low ebb at the beginning of this cycle, but since then has commanded a constant increase in interest, chiefly by utilization of ion-transfer Much painstaking experimental and clinical work was done with ion-transfer of vasodilating drugs, mecholyl, and histamine, their application now plays an important role in the treatment of traumatic and rheumatic conditions and of vascular spasm

Low-frequency apparatus has undergone a gradual cycle of evolution from the original, simple galvanic faradic outfit to bulky and complicated motor generators and now, to more simple and efficient electronic generators The often-doubted clinical value of electrical muscle stimulation in flaccid paralysis has been definitely reaffirmed by extensive experimental work of recent years At the same time considerable progress has been made in other methods of electrodiagnosis, including electromyography

The method of inducing convulsions by means of an alternating current applied to the brain came about as an evolution from the more hazardous drug administration for shock therapy in mental disorders, it repeats the similar transition from drug therapy to physical therapy for physically induced fever Electric shock therapy has proved especially applicable to the early stages of depressive mental conditions

The employment of artificial ultraviolet irradiation has assumed much importance since Huldschinsky in 1919 reported its curative effect on rickets The controlled studies of Hess of New York, first published in 1924, that oils and fats could be made antirachitic by ultraviolet rays mark also the beginning of modern vitamin therapy Air sterilization of operating rooms and for preventing cross infection in wards by generators emitting the predominently bactericidal band of 2,537 Angstroms promises further interesting developments On the other hand, the earlier enthusiasm toward the employment of ultraviolet transmitting window glass has gradually faded out

Hypothermy, or the therapeutic use of cold, has been greatly stimulated by clinical research in recent years The original claims for some specific action in inoperable malignancies have been abandoned, but on the other hand, the scope of employment in military and industrial surgery and in peripheral vascular disease are expanding For amputation of gangrenous extremities, the technic developed by Allen and Croteman has proved to be efficient

Hydrogymnastics or the carrying out of exercises and manipulation in therapeutic pools and tanks, together with the earlier employment of the whirlpool bath, or hydromassage, has brought hydrotherapy into more extensive use Originally introduced for the redevelopment of muscles weakened by infantile paralysis and unable to work against gravity outside of the water, pool or tank exercise has been found useful in treatment of the sequelae of many traumatic conditions, of hemiplegia, and chronic arthritis

Spa-therapy in the United States has undergone gradual decline for many years Members of the American Congress of Physical Therapy made a survey of the spa situation a few years ago and subsequently, the American Medical Association appointed a Committee on Health Resorts, in order to study and to promote spa-therapy This subject has now been brought into the foreground of interest by the fact that the Army, Navy, and Veterans Administration took over a number of resorts for active utilization in rehabilitation It is to be hoped that under the impetus of these developments an era of a more general and more intelligent use of our health resorts will arise, instead of their misuse by the idle rich as society playgrounds or by commercial exploitation for much valueless treatment

The institution of a nation-wide program for rehabilitation of those disabled by war and war-connected industrial activity has brought about

widespread attention to the importance of exercise and physical fitness Instead of much of the cumbersome passive therapy apparatus of former years, the present tendency is to use early active exercise without any apparatus and later, either active exercise apparatus of simple construction or various devices of the curative workshop principle, aiming to restore function as well as the individual's habit of work. All this leads to an increasing tendency to combine physical therapy with occupational therapy under competent medical direction

Physical Therapy Technicians

Technical help is indispensable for institutional work and in busy physicians' offices to carry on physical therapy The training and qualifications of technicians during the developmental period of physical medicine in the United States was in a somewhat chaotic condition, varying from those with a background of nursing or physical education, or those with a college background trained in a few high-class physical therapy schools, to graduates of massage schools or other commercial establishments. The American Medical Association in 1934 established a program of standardization of schools for physical therapy technicians by cooperation of the Council on Medical Education and Hospitals and the Council on Physical Therapy In conjunction with the standardization of schools, the American Congress of Physical Therapy established the American Registry of Physical Therapy Technicians Only those with acceptable training are allowed to take examinations for membership in the Registry According to 1945 figures, there was a total of 3 967 physical therapy technicians in hospital service and there were over 3,000 members in the Registry In spite of the nation wide high standard thus established, local and state politics still cause considerable confusion New York City furnishes the most glaring example, with no less than four sets of standards. (1) the national, (2) a state law empowering "registered" physiotherapists to keep offices of their own, practicing nominally under a physician s supervision, the majority of this group of over 400 was licensed under a waiver clause, without passing any examination, (3) massage technicians licensed by New York City, (4) technicians employed in city hospitals under Civil Service requirements. The recent adoption by the Army of the term "physical therapist" to denote technicians is another source of nation-wide confusion in differentiating between physicians and technicians

Instruction and Research

Undergraduate and postgraduate instruction in physical medicine, and clinical and laboratory research showed a steady increase in the past two decades However, an accelerated progress became dramatically inaugurated two years ago by the establishment of the Baruch Committee on Physical Medicine and by large grants for research in physical therapy made by the National Foundation for Infantile Paralysis and the National Council of Research The original recommendations of the Baruch Committee, the establishment of teaching and research centers, establishment of fellowships and residencies, and promotion of teaching and research in physical medicine in all approved medical schools are being fully carried out and reports on the results of this work of large scope are beginning to come in. Among the most promising and most fascinating results of this activity is the establishment of a center for special training in physics and engineering and of a laboratory of applied biophysics at the Massachusetts Institute of Technology The inauguration of so much research and the entry of many newly trained, enthusiastic minds into the field of physical medicine should bring forth many desirable new developments in experimental results and clinical application, in addition to the less heralded and less subsidized patient research work being steadily carried out by individuals and some institutions

Recent Developments

A number of significant developments in the status of physical therapy have taken place in the last few years or are about to be consummated One of the most important ones was the adoption of the term Physical Medicine by the American Medical Association in 1944 to replace the term of physical therapy Under this definition physical medicine includes the employment of the physical and other effective properties of light, heat, cold, water, electricity, massage, manipulation, exercise, and mechanical devices for physical and occupational therapy in the diagnosis and treatment of disease The new term is much more comprehensive and adds dignity to this department of medicine In accordance with this change, the names of all organizations and publications pertaining to physical medicine have been changed Physicians specializing in physical medicine have long felt the need for a more distinctive and simple term to describe them as practitioners of physical medicine. A special committee appointed by the Society of Physical Medicine has studied this question and found the term "physiatrist" etymologically the more correct for this purpose The Council of Physical Medicine recently voted to adopt this term and has recommended its promulgation by the *Journal of the American Medical Association* An even more important

development is the very recent consideration of the Advisory Board of Medical Specialties that a board on physical medicine be established as a conjoint board of a major specialty and thus, physical medicine be officially recognized as a specialty On the more practical side of newer developments the rejuvenated veterans' services have also recognized physical medicine for the first time and attendants and consultants on physical medicine are being now appointed nation-wide All present rehabilitation and reconditioning regimens are planned and executed with physical medicine as the cornerstone of the work This fact will, in turn, unquestionably have profound effects on the future scope and methods of physical medicine in civilian hospitals

In summing up, it can be safely asserted, that after twenty-five years of constant progress, and in spite of many handicaps, physical medicine has at least come to a turning point where its value as part of a modern medical regimen is fully recognized and where the prospects for its further development both as a science and as an art are most encouraging

2 East 88th Street

"THE RESPONSIBILITY OF THE HONOR"

Among literature which crossed our desk recently was a transcript of the baccalaureate sermon delivered on June 14, 1945, by the Most Reverend Michael J Ready, D D , Bishop of Columbus, at the commencement of the Schools of Medicine and Dentistry, St Louis University

Referring to the responsibility which accompanies the honor of being a member of the medical profession, Bishop Ready said

"You are citizens of a favored country This joy and dignity we all share with you But, if I may borrow an expression from the writers of advertisements, I must call you 'super citizens' Or you may paraphrase St Paul as each of you looks about him at his fellows in other walks of life, he may say, 'They are Americans, I am more!' Yes, your position in your country is one of inevitable prominence If we are all equally citizens, you are among the first of equals Soldiers in the line of advance are all equal, but some move first, some lead the way and set the pace Upon their bravery and endurance depends, in great measure, the spirit and energy of those who follow You take upon you now, with your professional character, a new civic and social responsibility Henceforth your conduct, your opinions, your attitudes, will leave not only a stamp, but will exercise an active molding force upon the American Body politic You stand, regardless of your wishes in the matter, in the vanguard of national life and progress America justly expects of you the type of citizenship that is literally exemplary

"Your country would suffer a slackening of the bonds that hold her civic life at seemly level were you to prove careless or recreant in your slightest civic obligations Physicians are not expected to be politicians Neither are they to play the dilettante, the parlor radical, the loose tongued critic of men and matters For 'what the doctor says' is taken as seriously among Americans as 'what the doctor ordered.' His work, because of his professional and social position, is held weighty and worth quoting in any department of thought or action

"However, it is high time for the medical profession to speak more clearly to the American public on the variety of proposals and plans affecting doctor-patient relationships which citizens now regard as a heritage of freedom. A well organized propaganda actually has convinced many citizens that the medical profession stands in the way of better health services and facilities in our nation

"Physicians generally have been in the front ranks of those best serving the community Their very considerable personal sacrifices in serving the economically depressed citizens are not forgotten by thoughtful leaders in social welfare The Profession's recommendations for constantly better standards of medical education, of hospital administration, and of more extensive public health programs are chiefly responsible for the magnificent progress in national health noted throughout our country

"Government controlled and administered medical services have nowhere equalled the record achieved by this nation's traditional system of private medicine Medical men should not permit a species of totalitarian propaganda to push them into a position of alleged opposition to better and to more widely attainable medical services for the people The physicians and surgeons want what all decent citizens want They want the public to have the best service and the best hospitals at the fairest cost to all

"State control and an ever increasing taxation have never demonstrated in welfare and institutional management any special efficiency in better serving the public dependent on Government aid

"Our citizens should exercise eternal vigilance in appraising plans and programs which hinder the individual from his right to select his own physician and which order a physician to engage his talents and skills according to bureaucratic control It is well to remember in these days of sacrifice and death and struggle for liberty that so-called government benevolence can hide in edicts and decrees an even greater multitude of sins than charity can possibly cover

"The watchword of a possible American totalitarianism will not be 'Heil der Fuehrer' nor 'Proletariat Unite' but some version of 'The State, like mamma, knows best—take it and like it!'

"Because of the physician's high civic responsibility, he will be conscious of a deep moral responsibility For surely there can be no doubt or question about the root relation between morality and citizenship The physician whose views on moral issues are loose, materialistic, agnostic, carelessly tossed off, fails as truly in civic as in moral duty"——*Ohio State Medical Journal, April, 1946*

BENZHYDRYL ETHER HYDROCHLORIDE (BENADRYL) IN THE SYMPTOMATIC TREATMENT OF ALLERGY

EMANUEL SCHWARTZ, M D , and LOUIS LEVIN, M D , Brooklyn, New York

(From the Division of Allergy of the Department of Medicine, The Long Island College Hospital)

ACCORDING to the theory advanced by Sir Thomas Lewis,[1] and the work of Lewis and Grant,[2,3] and Lewis and Harmer,[4] it is assumed that the physiologic response in allergy, or anaphylaxis, is due to the union of antigen and antibody in the shock tissues, with the resulting liberation of a histamine-like substance Recent investigation with antihistaminic drugs has suggested that in the wheal producing allergies, i e., urticarias, the predominating physiologic response is mainly due to liberation of histamine, while in others, i e., hay fever and some cases of asthma, it is due to a combination of antigen-antibody union and histamine liberation It has also been suggested that the unfavorable response to antihistaminic drugs occurs in those allergies characterized by a predominating antigen-antibody reaction with little or no histamine liberation, i e , asthmatics, who receive no benefit from the administration of antihistaminic therapy

Review of the Literature

Recent reports in the medical literature have presented more evidence favoring the hypothesis that most of the symptoms of anaphylactic shock are due to the liberation of histamine by the tissues during the antigen-antibody reaction

Hill and Martin[5] published an extensive review in 1932 in which they mention numerous substances that have been used with no success for alleviating anaphylactic shock in experimental animals Since 1932, many other antihistaminic substances have been sought to combat anaphylactic shock Among these was histaminase which was shown to destroy histamine in vitro Claims were made that the parenteral injections of histaminase counteracted histamine in anaphylactic shock. Subsequent investigations did not support this view Clinical application of histaminase in the allergic group of diseases was of no value, as shown by many reports

Sheldon, Fell, Johnston, and Howes[6] demonstrated that histamine functions as a hapten when combined with *desperiated normal horse* serum globulin In our experience, histamine azoprotein is of no benefit in bronchial asthma. However, *several patients with allergic rhinitis* and physical allergy responded favorably

French investigators, especially Staub and Bovet,[7] have experimented on animals with a number of highly potent antihistaminic chemical compounds Two compounds, 2-isopropyl-5-methylphen oxyethylamine (929 F) and *N-Phenyl-ethyl-N diethyl ethylenediamine* (1571 F) were shown to alleviate anaphylactic shock, histamine induced bronchoconstriction and prevented histamine *from contracting intestinal* muscles These findings have been confirmed

The drug antergan, similar in action to 929 F and 1571 F, *has recently been reported to be* effective in some cases of asthma, hay fever, serum sickness urticaria, and migraine A series of similar compounds have been studied by Mayer, Huttner, and Scholx,[8] and preliminary reports on their last product, pyribenzamine, indicate that it possesses a high antihistaminic activity A new synthetic chemical, β-dimethylamino ethyl benzhydryl ether hydrochloride, was demonstrated by Loew and his associates[9,10] to be an efficient histamine antagonist of low toxicity The benzhydryl ethers induced no toxic symptoms and were capable of protecting all, or a majority of the guinea pigs from death on exposure to atomized histamine The benzhydryl ethers were then administered intraperitoneally in doses of 3 0 mg /Kgm thirty minutes before injecting histamine diphosphate (1 67 mg /Kgm) into the jugular vein. The mortality rate was 50 per cent in groups of 20 animals, whereas all of the 20 control animals which received saline placebos died within ten minutes after intravenous administration of histamine This benzhydryl alkamine ether was called "Benadryl"

Curtis and Owens[11] gave Benadryl to a group of 18 patients who had acute and chronic urticaria and noted prompt relief of symptoms in 11, definite improvement in 3, and no benefit in 4 O'Leary and Farber[12] treated 15 patients who had acute urticaria Prompt relief was experienced by 9 This consisted of a decrease or disappearance of pruritis in from twenty to sixty minutes after the initial dose, with the disappearance of lesions in from two to six hours There was improvement in 5 others and one did not receive any benefit. Benadryl was given to a series of 30 patients who had chronic urticaria The average duration of the urticaria in this group was four years, the shortest duration was four months, the longest, thirty years Of these 35 patients, 24 complained of angioneurotic edema, the common sites being the lips, nose, ears, hands, throat and eyelids The lesions of 25 of these patients disappeared completely

save for the occasional presence of a few nonpruritic hives There was definite improvement in 7, and 3 were not benefited

Koelsche, Prickman, and Carryer[13] reported the use of Benadryl in hay fever and asthma Of those patients with hay fever only 39 of 52 cases, or 75 per cent, were benefited In the group with asthma and hay fever in association, 14 of 19 cases, or 74 per cent, were benefited, and in the group with bronchial asthma only 4 of 12 cases, or 33 per cent, were benefited Feinberg and Friedlaender[14] obtained relief in their first 8 cases of cold urticaria, and these cases were kept under control with the drug Two severe cases of urticaria factitia, of several years standing, were dramatically relieved from the whealing and itching after the first dose The drug was stopped and started on numerous occasions, and always with the same results Relief was obtained with the drug, and on discontinuing it, the symptoms recurred in from six to twenty-four hours They prescribed doses of from 50 to 100 mg three times daily, but later the patients were able to adjust their dosage and intervals to their own requirements Benadryl was also given in 50 mg doses to a series of allergic patients with dermographism, five hours, three hours, and one hour before skin testing In all of the patients, the Benadryl produced either complete or partial inhibition of the dermographic whealing without interfering with the positive atopic skin reactions No results were obtained in the treatment of 17 cases of asthma They obtained relief in 2 cases of chronic rhinitis, 12 were not helped Two patients with chronic urticaria were almost completely relieved, and 2 others were not helped They obtained relief in one case of serum sickness, and relief in itching in several cases of atopic dermatitis

In a group of 100 patients reported by McElin and Horton,[15] there were no abnormal changes in the erythrocyte, leukocyte and differential blood counts, hemoglobin, or urine No abnormalities of the platelet counts, bleeding time, clotting time, or blood urea nitrogen were noted in a small group maintained on quite high dosages for a considerable period

Side reactions occurred frequently after the administration of Benadryl Drowsiness was reported in 50 per cent to 75 per cent of all reports In some cases, this symptom was so severe that the patients stopped the use of the drug In others, this effect would diminish or gradually disappear even while continuing the drug Other side effects were dizziness, dry mouth, a feeling of nervousness, urinary frequency, nausea, vomiting, tinnitus and numbness, or tingling in the hands and legs

Personal Observations

The present report deals with the use of Benadryl* in a series of 50 cases of allergy This group comprised the following bronchial asthma, 20 cases, vasomotor rhinitis, 10 cases, acute urticaria, 8 cases, chronic urticaria, 5 cases, and a miscellaneous group of 7 cases which included one generalized pruritis following transfusion, 1 case of allergic pharyngitis of three months' duration, 2 cases of contact dermatitis, 2 cases of allergic conjunctivitis, and a pharmacist who developed asthmatic attacks on exposure to taka diastase Various forms of therapy, such as the elimination of substances giving positive skin reactions after having been intradermally tested to the common allergens, dust desensitization, catarrhal vaccine therapy, and the use of many drugs that are commonly employed for symptomatic relief, had been given to these patients Patients with bronchial asthma, vasomotor rhinitis, and chronic urticaria had not responded to any other form of therapy previous to the administration of Benadryl Unless the patient claimed at least 50 per cent relief of symptoms following a reasonable trial of the Benadryl, we called the result "no benefit" The dosage employed was 50 mg given orally three times daily

TABLE 1.—Results of Treatment of Patients with Benadryl

Allergic Condition	Number of Cases	Relief	No Relief	Percentage Relieved
Asthma	20	8	12	40
Vasomotor Rhinitis	10	6	4	60
Chronic Urticaria	5	4	1	80
Acute Urticaria	8	8	0	100
Miscellaneous	7	3	4	43
Total	50	29	21	58

Space does not permit the discussion of each individual case in detail, but it is of interest to make some general comments on the cases as groups In the asthma group, although the results were not too brilliant, the administration of Benadryl gave symptomatic relief in 8 out of 20 patients These asthmatic patients were selected because they were most resistant to all other forms of therapy Many of them have had daily asthmatic attacks for several months and most of them had had attacks for years Although many of them still continued to have attacks, these attacks were diminished in severity, and in some cases, completely relieved The eight asthmatic patients who were benefited by Benadryl reported relief after one or two days of medication Dosage had to be adjusted in many according to their own individual requirements

* Benadryl was supplied by Parke, Davis and Company, Detroit, Michigan

In those cases that were relieved, symptoms would usually return when the patient was placed on a placebo In some cases, however, the patient kept reporting relief on the placebo A few of them, however, when kept on the placebo for over two weeks, began to report recurrence of symptoms, with relief again when returned to the drug It was possible to determine the results in the vasomotor rhinitis group after the first or second dose of Benadryl. These patients reported either marked relief within one hour or no benefit at all Once relief was obtained, it was necessary, in most of the cases, to continue the drug every four hours because its action was only palliative. The chronic urticaria group gave excellent results while on the drug In most of these cases the symptoms could be turned on and off at will by giving or withholding the drug The acute urticaria group gave the best results The urticarial wheals began to disappear in from twenty minutes to one hour

The miscellaneous group can best be explained by considering each one individually In marked angioneurotic edema of both lips, the first dose was 50 mg of Benadryl with considerable subsidence of swelling in one hour, a second dose of 50 mg was given four hours later, and one hour following this dose the edema disappeared completely In generalized pruritis following a transfusion an initial dose of 50 mg with subsequent doses of 50 mg was given every four hours There was complete relief in thirty-five minutes after the first dose In allergic pharyngitis of three months' duration, following the 1945 hay fever season, the dose given was 50 mg every four hours There was relief after the first dose and this relief was maintained on subsequent doses. There were 2 cases of contact dermatitis. The first case was given Benadryl in 50 mg. doses every four hours for one week There was no relief of the itching and no decrease in the severity of the skin lesions The second case developed marked drowsiness after the first dose of 50 mg and the drug had to be discontinued There was no relief of symptoms One case had allergic conjunctivitis, with the attacks lasting from twenty-four to thirty-six hours The attacks were not relieved in one hour with a 50 mg dose of Benadryl. Subsequent attacks were not relieved in the same way In a case of sensitivity to taka diastase, producing asthmatic attacks in a pharmacist, Benadryl given in 50-mg dosage one hour before deliberate exposure was of no benefit The asthmatic attack that resulted on exposure to taka diastase after taking Benadryl was more marked than previous attacks.

Of 50 patients treated with Benadryl 30 or 60 per cent, complained of side reactions In four cases, the reactions were so severe that the drug had to be discontinued Two patients stopped the use of Benadryl because of marked drowsiness One patient complained of mental incoordination, and another felt as if he "were walking on air" Drowsiness occurred in 20 of the 50 patients However, this effect gradually diminished or entirely disappeared even though the use of Benadryl was continued on the same dosage schedule

Other side effects occurred as follows dryness of the mouth in 11 cases, headache in 5, numbness or tingling of hands in 8, dizziness in 3 nervousness in 2, tinnitus in 2, and vomiting in one These symptoms varied from one to as many as four in some patients These side reactions, also, either diminished in severity or disappeared even though Benadryl was continued

Summary and Conclusions

1 A group of 50 patients with various forms of allergy were treated with Benadryl

2 Symptomatic relief occurred in 8 of 20 cases (40 per cent) of asthma, in 6 of 10 cases (60 per cent) of vasomotor rhinitis, in 4 of 5 cases (80 per cent) of chronic urticaria, in 8 of 8 cases (100 per cent) of acute urticaria, and in 3 of 7 cases (43 per cent) of miscellaneous allergies

3 The majority of the patients who obtained relief from Benadryl reported benefit within one hour after administration Symptomatic relief was palliative

4 Side reactions occurred in 30 patients, or 60 per cent of the entire group In 20 patients the side reactions disappeared gradually even while continuing the drug on the initial dosage schedule of 50 mg every four hours. Four patients stopped the use of Benadryl because of severe side reactions

5 It is concluded that Benadryl was an effective drug in the symptomatic relief in 20 of the 50 (58 per cent) allergic patients

References

1 Lewis, T Heart 2: 110 (1924)
2 Lewis T., and Grant, R. T Heart 2: 209 (1924)
3 Idem., Heart 13: 219 (1926)
4 Lewis, T and Harmer I M Heart 14: 10 (1927)
5 Hill, J H and Martin L., Medicine 2. 141 (1032)
6 Sheldon, J M Pell, N Johnston J H., and Howes H A J Allergy 13: 18 (1941)
7 Bovet Anne-Marie and Bovet D: Compt. rend Soc de biol 125 818 (1937)
8 Mayer, R. L. Huttner C. P., and Schols C. R. Science 102: 93 (1945)
9 Loew, E R Kaiser M E., and Moore V: J Pharmacol. & Exper Therap 83 170 (1944)
10. Loew L. R., and Kaiser M. E.: Proc Soc Exper Biol & Med. 58: 235 (March) 1945.
11 Curtis A. C., and Owens, B B Univ Hosp. Bull., Ann Harbor 2: 25 (1945)
12 O'Leary P. and Farber L. M: Proc Staff Meet Mayo Clin. 20: 420 (1945)
13 Koelsche G A., Frickman L. F., and Carryer H. M: Proc. Staff Meet., Mayo Clin. 20: 422 (1945)
14 Feinberg, S. M., and Friedlaender S.: J Allergy 16: 296 (1945)
15. Mallin T W., and Horton B T Proc Staff Meet Mayo Clin. 20: 417 (1945)

AN UNUSUAL TOXIC REACTION TO A MERCURIAL DIURETIC

MILTON SCHLACHMAN, M D , Corona, New York

IT IS the purpose of this paper to describe an unusual toxic reaction to a mercurial diuretic (mercupurin), to point out that many of the fatalities previously reported may have been avoidable if the admonition of the nonfatal untoward symptoms had been heeded, and to explain the pathologic physiology which accounted for the unusual sequence of events in this case

The toxic reactions following a mercurial diuretic may be classified into four main groups

1 *Those reactions produced through severe dehydration and diuresis* [1,2] The symptomatology is due to depletion of sodium and water These are manifested in weakness, apathy, somnolence, delirium, coma, and muscle pains Tetany, with or without low serum calcium, may occur Digitalis intoxication due to the mobilization of digitalis from the extracellular, interstitial fluid is not unusual

2 *The direct action of the drug on the heartmuscle or indirectly through the vagus* [3,4] Deaths in these cases are due to intraventricular block, ventricular fibrillation, and respiratory failure Jackson concluded that the mercurial acts on the heart by stimulation of the vagus If the vagi are cut, the mercurials cause death through paralysis of the respiratory centers Barker[5] has shown experimentally that the mercury acts directly on the ventricular muscle to produce a fibrillation and not indirectly through the vagus The auricles may contract long after ventricular standstill

The symptoms here are manifested in unconsciousness, shallow respirations, pallor, slow pulse, substernal pain, acute pulmonary edema, severe asthmatic attacks, cardiac arrythmias, and finally cardiac standstill [6,7]

3 *The toxicity due to the mercurial ion per se* Melvile and Stehele, as quoted by N H Keith,[8] feel that during the latent period, the mercurial diuretic liberates mercury from its organic form and that it is the ionizable inorganic mercury which may give rise to toxic symptoms of mercury poisoning These symptoms consist of stomatitis, salivation, colitis, renal tubular damage, dermatitis, and anuria A state of shock may occur long before diuresis begins

4 *The fatal and nonfatal toxic reactions due to an anaphylactic-like response* [7,9–13] These reactions have been attributed to speed-shock because incoagulability of the blood has been noted at necropsy in the fatal cases H Evans and K M H. Perry[14] state that the drug functions as a hapten conjugated with a colloidal protein carrier

The fatal reactions in the anaphylactic group simulate those attributed to sudden cardiac death so closely that one wonders if the mechanism is not the same in both groups, viz , sudden cardiac death The symptoms are dyspnea, substernal pain, cyanosis, acute pulmonary edema, asthmatic attacks, and collapse [6,8] The nonfatal toxicity takes the form of flushed skin, erythema morbilliformis, pruritis, urticaria, chills, fever, and exfoliative dermatitis [11,12]

The overwhelming majority of deaths due to mercurials have been preceded by some untoward, nonfatal reactions which, if heeded or properly evaluated, should have served as a warning that future injections might lead to a fatality Only one report of a fatality with the first injection appears in the literature [13]

J Wolf and A D Bongiorna were the first to report a fatality on this continent [12] Their patient was a four-year-old boy, with nephrosis, who experienced nonfatal toxic effects with the first five injections These consisted of chills, fever, and morbilliform rash The sixth injection ended in death

Pace and Stern report three deaths in 7 cases of unfavorable reactions (mental confusion, apathy, and restlessness), which were due to excessive dehydration Death was caused by vasomotor collapse [3]

William H Higgins' case[15] manifested chills, dyspnea, pulmonary edema, and emotional upset with each of the four doses of 2 cc of mercurial The fifth dose of 1 cc produced a near fatality, the patient not recovering from the toxic symptoms for twenty-four hours

The case of T Fox *et al* [9] showed toxic symptoms in the form of flushed skin, paræsthesias, pruritis, temperature, etc , within ten minutes after an injection of 0 5 cc of mercupurin.

M C Tyson[10] reports a death in a three-year-old boy with nephrosis, after the second injection. No untoward reactions are mentioned with the first injection, although no diuresis was obtained In a 27-year-old man with nephrosis, the fourth injection of esidrone produced such alarming reactions, in the form of convulsions, cyanosis, cardiac standstill with alternating periods of coma and mania, that no further injections were attempted It seems certain from the above description that a fatality would have resulted with persistence in giving mercurial in this case

H Evans and K M H Perry[14] report six deaths from intravenous mercurials None of these deaths occurred with the first injection No mention is made of untoward reactions with the injections previous to the fatal one

M Barker *et al* [5] report a 59-year-old white man with arteriosclerotic heart disease and tabes who received twelve to fifteen injections of salyrgan with no unfavorable reactions On January 15, 1935, after a dose of 2 cc of mercupurin, the patient developed cyanosis, unconsciousness, auricular fibrillation, and cardiac asystole He regained consciousness in ten minutes and was well in half an hour On April 12, he received 2 cc of salyrgan and died within a few minutes from ventricular fibrillation Here we have a premonitory warning four months before the fatal accident They also report three other fatalities in patients who received a number of

injections, but no mention of nonfatal, untoward reactions is made.

George Brown *et al*[8] report a 68-year-old man with coronary thrombosis who had a severe seizure consisting of unconsciousness, shallow respiration and bradycardia, following 1 cc. of intravenous mercupurin. The dose was repeated intravenously five days later, with a recurrent seizure. Ten intramuscular injections were given subsequently with no reactions. On resumption of the intravenous route, a fatality occurred They also report a 52 year-old woman who had eighteen untoward reactions (dyspnea, orthopnea), before the fatal outcome, a 48-year-old woman, with luetic heart disease, who showed no ill effects before the fatal injection, and a 60-year-old woman, with coronary thrombosis who showed "ill effects" with each of a number of injections (coldness, pallor, sweating), before death occured.

In the calamities reported by J Wexler and L. B Ellis[7] each had unpleasant, untoward reactions before the fatal dose. One was a 27-year-old woman with congenital heart disease, who experienced apprehension, dyspnea, and tachycardia after each injection. The other patient was a 27-year-old woman with nephrosis, who had thirteen previous injections accompanied by "an unpleasant sensation which she could not describe"

One can readily see from this brief review of fatal reactions that the vast majority of fatal cases showed premonitory signs and symptoms of toxicity to mercurials. If these had been properly evaluated and no further injections given, death may have been obviated. Probably several deaths were avoided because the authors [6,9 10] were so alarmed by the near-fatal reactions that mercurials were discontinued.

I do not mean to condemn the use of such a valuable drug as the mercurial diuretic, but cannot overemphasize that if an unfavorable response occurs, no matter how mild, a substitute diuretic should be used. If one persists in the use of the mercurial, then the intramuscular rather than the intravenous route should be used, for no fatality has been reported from the intramuscular use

The following case is reported not because the symptomatology is unusual but because the sequence of events are of great interest and no similar explanation has heretofore been offered.

Case Report

Mrs I M., was a 72-year-old white woman with arteriosclerotic heart disease, coronary thrombosis, enlarged heart auricular fibrillation, diabetes mellitus, and glaucoma.

Past History.—The patient began to experience attacks of angina pectoris about eleven years ago at which time a slight hypertension was discovered. Two years later she had an acute coronary thrombosis for which she was hospitalized for seven weeks. From that point on she was in a constant state of auricular fibrillation with a moderate degree of heart failure. Four years ago, she received her first injection of a mercurial diuretic with no untoward symptoms. She had received a number of injections since that time at irregular intervals depending on her state of compensation, without toxic symptoms and good diuresis.

On May 6, 1945, at 10 00 A.M., the patient received 2 cc of mercupurin, intravenously, with no effective diuretic action The next morning she complained of soreness over her entire body Several hours later, she became irrational, disoriented restless, spoke incoherently and held her head with both hands, indicating that severe head pain was present.

When seen on May 7, 1945 at 4 00 P.M., she was still irrational, restless verbigeration was present and she indicated that her head was very painful. Physical examination at this time revealed nothing different from her usual physical status. She was still fibrillating with a ventricular rate of 120/min., there was no alteration in blood pressure, nor was there nuchal rigidity or reflex changes The patient was put to bed and because of the extreme restlessness was given a sedative. On May 8, 1945, at 2·00 A.M. she insisted on getting out of bed and going to the bathroom The nurse reported that at this time she had an extremely profuse diuresis, the first since the mercurial injection. From this point on she made a very rapid recovery of her normal sensorium When seen at 9:00 A.M on May 8, 1945, she was entirely rational, oriented, and was able to express herself with clarity When questioned about the preceding twenty-four hours, all she could remember was that the pain in her head was so severe that she thought "the top of her head would blow off The patient has remained well since that time except for her cardiac status. No mercurial injections have been given since this toxic reaction.

Comment

O W Swengert and Reginald Fitz[16] have found that some patients exhibit an increase in the blood volume after the injection of mercurials. This finding is not constant, for some show a decrease or no change. George Hermann[17] noted that before diuresis starts there is a tendency for the blood volume to increase. George M Dechard,[18] using Evans' Blue Dye T1824 has shown that with 2 cc of salyrgan a short transient drop in blood volume occurred, followed by a definite rise if diuresis did not take place With the onset of diuresis a further drop in plasma volume occurred.

The studies of Italo F Volini and Robert Levitt[19] showed that the mercurial diuretics caused a decrease in cerebrospinal fluid pressure which was directly related to the urinary output. This decrease in the cerebrospinal fluid pressure was even greater than that produced by direct spinal drainage.

One can now postulate from the foregoing findings the sequence of events, as they occurred in this patient. There seems no doubt that the retained mercurial diuretic, which had no effective diuretic action for forty two hours after the injection, caused an increase in the plasma volume[17 18] with a consequent rise in the venous and cerebrospinal fluid pressure.[19] These factors caused an increase in the intracranial pressure with its consequent symptoms of severe head pain, incoherency disorientation and verbigeration.

This assumption is borne out by the fact that the moment the patient had a profuse diuresis with a reversal of the above events, viz. a sharp decrease in the plasma volume[17–18] she made a rapid recovery

and within a few minutes was completely rational and coherent

The toxic manifestations in this case will not fit into the four main groups of poisonous reactions from a mercurial diuretic (1) Diuresis and dehydration may be eliminated by the fact that the former caused recovery and not symptoms (2) There is no evidence of local action of the drug on the heart muscle as no change in the normal cardiac status of this patient was noted Moreover, this type of toxicity occurs within a few minutes after injection (3) There is nothing in the symptomatology (salivation, stomatitis, dermatitis, and colitis) to indicate a low grade poisoning by the ionized mercury (4) Anaphylaxis and drug sensitivity may be discarded by the time element factor, as this type of reaction also occurs within a few minutes after the injection

Therefore, one may conclude that this unusual picture was due to the gradual increase in the plasma volume[18,19] with its subsequent increase in venous and cerebrospinal fluid pressures

Summary and Conclusions

1 An unusual toxic reaction to a mercurial diuretic is presented which does not fall into the four main groups of toxicity

2 The pathologic physiology which accounted for the symptoms is explained on the basis of an increase in blood volume and cerebrospinal fluid pressure when an effective diuretic action does not occur or is delayed

3 An admonition is repeated When a toxic response to a mercurial diuretic occurs, no matter how mild, the drug should not be given again or should be given by the intramuscular route only, for a fatality may result with future injections

97-11 38th Avenue

References

1 DeGraff Arthur C , and Nadler J Ernest J A M A 119 1006 (July 25) 1942
2 Pace, Daniel and Stern, J E Arch Int. Med 58 1087 (Dec 26) 1936
3 DeGraff, A C , and Lehman, Robert J A.M A 998 (July 25) 1942
4 Barker, M Herbert J A M A 119 1001 (July 25) 1942
5 Barker, M Herbert J A M A 119 1001 (July 25) 1942
6 Brown George J A M A 119 1004 (July 25) 1945
7 Wexler, Jack, and Ellis, L B Am H J 2 86 (Jan) 1944
8 Keith, N H J A M A 107 2047 (1937)
9 Fox, T J A M A 119 1497 (August 29) 1942
10 Tyson, M C J A.M A 117 998 (Sept. 20) 1941
11 Kline, E M , and Seymour, W B Am J M Sc. 203 874 (June) 1942
12 Wolf, J , and Bongiorna, A D Canad M A J 25 73 (July) 1931
13 Vaughn, John J Pediat. 21 680 (Nov) 1942
14 Evans, H , and Perry, K M H Lancet 1 576 (May 8) 1943
15 Higgins, Wm H J A M A 119 1182 (Aug 8) 1942
16 Swiegert O W , and Fitz, Reginald J A M A 115 1776 (Nov 23) 1940
17 Hermann, George J Lab & Clin Med 26 211 (Oct.) 1940
18 Dechard, George M Texas Reports on Biology and Medicine 11 47 (1944)
19 Volini Italo F , and Levitt, Robert Am. H J 19 566 (May) 1940

CONNECTICUT PHYSICIANS SPEAK

"Doctor—Inform your patients!

"*We Connecticut physicians* oppose the Wagner-Murray-Dingell Bill because

(1) it would cost an exhorbitant amount, and comparatively, would be financed by those in the *lower* income brackets, and

(2) it would deprive the people of their free choice of physician, and destroy *Free enterprise in American Medicine*

"*What would be the cost of the Wagner-Murray-Dingell Bill to the wage earner?*"

Wages Month	Tax per Month	Employers' Tax per Month	Cost per Year
$100	$ 4	$ 4	$ 96
200	8	8	192
300 and above	12	12	288

Self-employed—5 per cent of income

"The greater proportion of the money assigned for medical care would not go to physicians to encourage better medical service, but toward administrative expenses Under the British Compulsory Sickness Insurance scheme, 12 5 per cent of the funds go to physicians, and over 80 per cent toward administration In the British (voluntary) Insurance 'Clubs,' 80 per cent goes to the physicians, and only 20 per cent to overhead

"'*Why would free choice of physician be limited?*'"

"To use this compulsory insurance, people could select a doctor only from among those physicians who consent to serve under the government plan, and 90 per cent of the physicians do not want to do so Such a system would result in overpayment for inferior services It would result in the destruction of *free enterprise in American medicine!*

"*We Connecticut physicians believe that voluntary prepayment medical and hospital plans bring protection from the catastrophe of illness at less cost than that provided by the government, and with retention of freedom for both patient and physician*"—*Connecticut State Medical Journal*

INJURY TO THE URETER DURING APPENDECTOMY

EDWARD O FINESTONE, M D, F A C S, New York City

(From the Surgical Service of the Sydenham Hospital)

INJURIES to the ureters have been frequently reported. Most of these injuries have occurred during gynecologic operations. However, in the past fifty years only two instances of injury to the ureter during appendectomy could be found in the literature.

The first case was reported by Powers[1] in 1899 His patient was an 18-year-old boy who was operated upon through a McBurney incision for a gangrenous adherent appendicitis. When the appendix "was hooked up by the finger," a gush of straw-colored fluid oxuded from the depths of the wound The origin of the urinary leak could not be determined, but was first presumed to arise from the bladder Accordingly, a suprapubic incision was immediately made, but the bladder and perivesical tissues were found to be intact. A urinary fistula developed and healed spontaneously in a few weeks

The second case reported in 1935 by Marino and Veppo[2] was a 20-year-old man who was operated upon for appendicitis through a McBurney incision. There were numerous adhesions and copious peritoneal fluid A typical appendectomy was performed and the cul-de-sac of Douglas was drained by a rubber tube. A fetid discharge developed and the wound was treated according to the Dakin technic with another tube in the wound. The condition improved, the fever subsided, but about three weeks postoperatively a urinary fistula was noted. At first it was thought to communicate with the bladder, so that an indwelling Pezzer catheter was used. Pyuria and a frank cystitis developed Lipiodol injected into the fistula was demonstrated to ascend the right ureter up to the fourth lumbar vertebra. An intravenous pyelogram confirmed the fact that the fistula communicated with the ureter The patient made an uneventful recovery Marino and Veppo concluded that the ureteral injury resulted from the operative trauma, rather than the pressure of the drainage tube.

Rusche and Bacon,[3] who have thoroughly reviewed all injuries to the ureter, classify the causes as

1 Surgical
2 Intraureteral instrumentation
3. External violence
4 Foreign bodies

Surgical injuries are classified as

A. Female genitalia (gynecologic surgeon)
   1 Hysterectomy, salpingo-oophorectomy, Cæsarean section
   2. Forceps for breech delivery, abortion, colporrhaphy, prolonged use of pessary
B Abdominal viscera (general surgeon)
   1. Sigmoid and rectum, especially for carcinoma and diverticulitis
   2. Vermiform appendix
   3. Inguinal hernia (ureter in sac)
C Genitourinary system (urologic surgeon)
   1 Kidney and ureter
   2 Bladder especially for diverticula and carcinoma

Kelly and Hurdon[4] enumerate ten different positions which the vermiform appendix may assume (Fig 1) Among these ten positions are three in which it may be in close proximity to the right ureter

1 behind the cæcum
2 behind the ileocæcal junction
3 behind the ileum

When the appendix is so inflamed that the process extends to the surrounding structures, it is conceivable that the ureter may form part of the wall of the abscess or periappendicial inflammation Urinary symptoms and changes in the urine (pyuria or hematuria) are not infrequent findings. Brickner,[5] Hunner,[6] Seelig,[7] Kretchmer,[8] and Brown, Engelbach, and Carman[9] report cases of the appendix involving the right ureter in such a fashion as to produce signs and symptoms simulating purely ureteral disease

In removing a retrocecal appendix, it is common to deliver it manually, unless it is removed in retrograde fashion. During this latter technic the mesenteriole is divided after the appendix has been divided at its base. Thereupon, the tip is gradually approached and may be delivered from the depth of the retroperitoneal pocket without manually tearing it from its attachments. It is this latter method of "hooking up the appendix" that probably accounts for the injury encountered in the following case.

Case Report

C F a 24-year-old negro, was admitted to the Sydenham Hospital on October 19, 1945, with a two-day history of diffuse abdominal cramps followed by nausea, vomiting, and constipation. For the latter, the patient took a cathartic, whereupon the pain was aggravated with localization in the right lower quadrant. No pain was referred to the flank or right lumbar region, nor were there any urinary symptoms. Temperature was 102.6 F, pulse, 110 and respirations, 22. White blood cells were 13 400, neutrophil bands, 18 per cent, neutrophil segments 60 per cent, lymphocytes, 18 per cent, monocytes, 4 per cent hemoglobin, 87 per cent, red blood cells, 4,400,000 The urine was clear and contained no sugar, albumin casts white blood cells or red blood cells, but there were a great number of epithelial cells and some acetone A diagnosis of acute appendicitis was made and operation was performed about three hours after admission.

Spinal anesthesia was administered and a Kammerer incision made. However, the anesthesia was ineffective and general anesthesia in the form of nitrous oxide, ether, and oxygen was then begun, just before the peritoneum was opened Forty-five minutes were consumed up to this point.

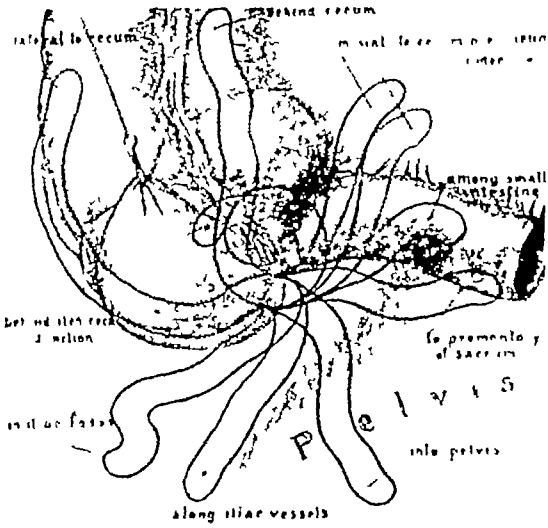


FIG 1 Various positions which the appendix may assume (after Kelly and Hurdon) Three of these positions may involve contact with the right ureter

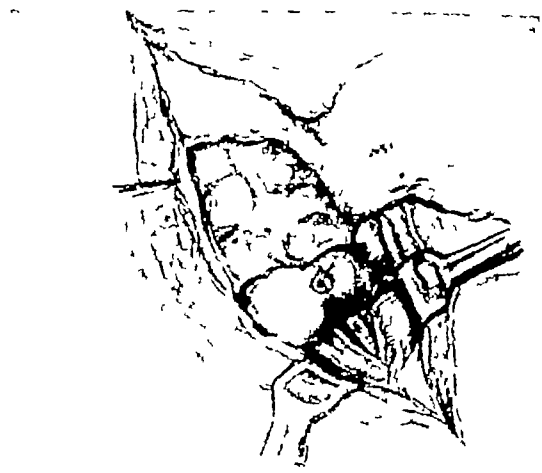


FIG 2 Appearance of wound in the ureter during appendectomy The cecum has been drawn proximally and the stump of the appendix ligated The right ureter with its traumatic wound is seen in the retroperitoneal space

On opening the peritoneum, no free fluid was encountered and the cecum was found immediately beneath the wound The terminal ileum was packed medially and the cecum withdrawn from the wound Thereby, the base of the appendix was seen to be the site of an acute inflammatory process The remainder of the appendix could not be seen, because it lay retrocecally along the medial aspect of the cecum and partly behind the terminal ileum To expose it properly, the lateral and inferior peritoneal reflections from the cecum were incised The cecum was now more easily delivered and turned over proximally The appendix was gently "hooked out" from the abscess pocket formed by the terminal ileum and cecum anteriorly and the posterior parietes posteriorly The mesentery was clamped and divided The base of the appendix was ligated and divided with a carbolized knife On tying the mesentery, hemostasis was complete and the field at all times was unusually dry There had been only a small amount of seropurulent fluid in the pocket, the walls of which were now inspected On drying the depth of the pocket with a sponge, a repeated small ooze of straw-colored fluid was clearly seen to exude from an aperture 2 mms in diameter (Fig 2) The right ureter was now definitely identified by its location and by palpation Its anterior wall formed part of the abscess cavity The ureter was thickened and edematous, being twice its normal size The enlargement was due to marked periureteritis

Several methods of dealing with the wound in the ureter occurred to the writer (1) It was considered advisable to drain the wound extraperitoneally, as is done following ureterolithotomy, especially in view of the small size and the lack of damage to the lumen by constriction or interruption of continuity (2) Cystoscopy with immediate ureteral catheterization, controlled by direct inspection of the wound was also entertained (3) The wound was too small to consider the insertion of an indwelling ureteral catheter through the wound

The writer was motivated by the inordinate length of anesthesia which had been prolonged and difficult during the induction, following the failure of spinal anesthesia. Either cystoscopy or intraureteral manipulation would have easily added another hour to the length of the operation The patient weighed 235 pounds, so that he was not a good surgical or anesthetic risk The weight and build of the patient was also taken into consideration in deciding whether to drain the pocket extraperitoneally

Two atraumatic sutures were taken in the direction of the ureter and leakage ceased A large Penrose drain was placed into the abscess cavity into which 5 Gm of sulfamilamide were deposited When the cecum and terminal ileum fell back into position, they made a very effectual pocket from which the drain issued Nevertheless, the possibility of intraperitoneal urinary extravasation was entertained, because the drain emerged through the peritoneal cavity before it passed through the wound which was sutured in layers Continuous chromic for the peritoneum and interrupted chromic catgut for the anterior rectus sheath were used

After consultation, it was decided to watch the patient very carefully postoperatively, rather than submit him to cystoscopy It was felt that were ureteral catherization attempted without visual control of the wound in the ureter, the latter might be aggravated by false passage or other trauma Accordingly, the patient was placed on Wangenstein suction A continuous intravenous infusion of saline and glucose was given for two days Twenty thousand units of penicillin were injected intramuscularly every three hours for five days and 4 Gm of sulfadiazine were given daily for ten days The patient was able to void spontaneously postoperatively and there were no urinary signs, symptoms, nor abnormalities in the urine The abdomen was never distended There was no nausea, vomiting, tenderness, or rigidity The flank was carefully inspected and no swelling, induration, tenderness, or discoloration developed

The patient made an uneventful recovery On the fourth postoperative day he was afebrile White blood count was 11,700, neutrophil bands, 18 per

cent, neutrophil segments, 60 per cent, lymphocytes, 18 per cent, monocytes, 4 per cent, the urine was clear and contained no albumin or formed elements. The Kahn, Kline, and Mazzini tests were 3 plus.

An intravenous pyelogram made on October 26 1945 showed no evidence of radio-opaque calculus Both kidneys appeared to be normal in size, shape and position, with the right kidney slightly larger than the left Excretion was somewhat poor and the kidneys were partially obscured by intestinal shadows, but no definite abnormalities were noted Certainly there was no hydronephrosis or hydroureter The bladder showed no abnormality

The patient was out of bed on the seventh postoperative day when the drain was removed. At no time was there any urinary leakage through the wound which quickly healed without any evidence of infection or retention. The patient was discharged on the twelfth postoperative day

The pathology was reported as follows "The specimen is an appendix measuring 8.5 by 1 cm It is kinked and held in that position by adhesions. The serosa is hemorrhagic and discolored The lumen contains hemorrhagic material Histology Acute gangrenous appendicitis and periappendicitis."

Comment

Retrocecal gangrenous appendicitis (with abscess) is not uncommon. Therefore, the wall of the abscess should at times be formed by the right ureter When the appendix is delivered from the depth of such a pocket, it is easy to understand how the wall of the ureter may be torn in shelling out the appendix. It is difficult to understand why this accident has not been reported more frequently

The accident has not occurred more often perhaps (1) because the appendix is removed before the erosion has time to take place, (2) because a pyogenic membrane has formed, and (3) because the ureter, having its own intrinsic blood supply, remains viable and walls off the infection rather than assume it or become necrotic

With considerable swelling, induration, edema, and fibrinous inflammation about the ureter, it would be difficult under ordinary circumstances to recognize a small hole in the ureter, especially in the presence of imperfect hemostasis or continued exudation from the walls of the abscess. In the author's case the relaxation was good, the hemostasis perfect, and the purulent exudate in the pocket minimal Therefore, it was easy to visualize the defect in the ureter and to repair it promptly In neither of the 2 cases reported in the literature[1,2] was the defect visualized or repaired, so that a urinary fistula developed in both. In the writer's case, although the repaired ureter was drained transperitoneally, neither urinary extravasation nor fistula developed

322 Central Park, West

References

1 Powers C. A Med News 407 (1899)
2 Marino H and Veppo M Arch Argent. de enferm. d ap digest. y de la nutrición 11: 807 (December) 1935
3 Rusche C. F and Bacon S. K.: J.A.M.A. 114: 201 (Jan 20) 1940
4 Kelly H and Hurdon E. The Vermiform Appendix and Its Diseases, Philadelphia W. B Saunders & Co. 1905.
5 Brickner Walter M Am. J Surg. 24: 208(July) 1910.
6 Hunner Guy L. J.A.M.A 1328 (April 25) 1908.
7 Seelig, M G Ann Surg 48 388 (1908)
8. Kretchmer H L. Surg. Gynec. & Obst. 598 (June) 1910
9 Brown J Y, Engelbach W., and Carman R. D: J.A.M.A 54 1491 1941 (May 7) 1910.

PRESCRIPTION WRITING

The best medical treatment is that fitted to the individual patient. Drug therapy highly significant in most medical treatment is secured by the prescription. As Sollmann aptly says a prescription is 'an order for medicine sent by a physician to a pharmacist ' Some of the practical requirements for writing an effective and correct prescription are often neglected.

The instructions for the pharmacist and patient must be legible and intelligible, this is why English is now preferred to Latin. The prescriber should use correct, descriptive names for the ingredients and not just their trade names, such description insures fewer misunderstandings. If an ingredient is official or otherwise open to manufacture by several firms, a firm name should be placed adjacent to the ingredient if the physician wishes to show his confidence in any one manufacturer, otherwise any brand may be used to fill the prescription. The use of English abbreviations and numbers as designations for drugs should be avoided Complex mixtures should not be ordered if simple ones will suffice. Unrelated substances such as purgatives and hypnotics are not properly included in a single prescription. They are best prescribed separately and timed in their administration to be most effective The physician should be mindful of the frequency with which prescriptions are refilled without his knowledge. Thus he may limit the number of doses to the actual needs of the patient and state specifically on the prescription whether it can be refilled and, if so, how often. The importance of such directions, for example when barbiturie acid compounds are prescribed, is obvious Of course the pharmacist bears the responsibility of filling the prescription when he is in doubt concerning the ingredients or directions, it is his moral responsibility to call the prescribing physician to do otherwise invites disastrous results —*J.A.M.A.*, January 26 1946

SUBCONJUNCTIVAL LUXATION OF THE LENS DUE TO INDIRECT TRAUMA WITH GOOD VISUAL RECOVERY

F F Talbot, M D , W Yerby Jones, M D , Walter F King, M D , Buffalo, New York

(From the Department of Ophthalmology of the University of Buffalo Medical School and Edward J Meyer Memorial Hospital)

TRAUMATIC subconjunctival luxation of the lens with recovery of good vision following such an accident is uncommon We report here a case which recovered good vision

The diagnosis is usually made by the history of severe contusion There is hypotonia, coloboma of the iris and iridodonesis The coloboma and iridodonesis are usually obscured by hyphemia until the acute stage has passed There is conjunctival "tumefaction," at the site of the luxated lens There may be chemosis, and loss of vision Often photophobia is marked

Prognosis for recovery of vision is usually poor

Case Report

The patient, M C , (#281817), a robust, white man, aged 49 years, was admitted to the hospital December 23, 1944

A few hours prior to admission he had struck his left eye on the corner of a cabinet He experienced sharp pain and sudden loss of vision

In 1924 following a penetrating injury of the right eye, an enucleation was done

After the removal of the right eye, he had for the first time repeated attacks of iritis in the left eye Search for a focus of infection was in vain so the implant in the right eye was removed This did not alleviate the recurrent iritis in the left eye The patient then stopped wearing his prosthesis and experienced no recurrence of the iritis in the left eye

The vision in the left eye prior to the accident was 20/20 without the aid of a correction

The rest of the past history had no bearing on the case

On admission a right anophthalmos was noted The left eye conjunctiva was markedly injected and chemotic Tearing was profuse Vision was limited to light perception There was hemorrhage in the anterior chamber The pupil was irregular, there being a coloboma at twelve o'clock. Underneath the conjunctiva just back of the limbus at twelve o'clock, a small elevation was seen On transillumination a shadow was seen at this site, which was round and about the size of a lens

There was no tear or wound noted in the entire conjunctival surface, nor was there any corneal or conjunctival staining The tension was 4 mm of mercury, Schiotz There was slight swelling and ecchymosis of the lids Funduscopic examination was not possible, because of the hyphemia

An x-ray of the skull showed a very slight separation of the sutures at the junction of the frontal bone with the zygomatic bone, along the lateral margin of the left orbit The separation involved the zygomatic frontal suture

The hemorrhage in the anterior chamber absorbed considerably during the first few days, so that six days after admission the patient stated that he could see moving objects The conjunctiva remained markedly injected and chemotic

Eleven days after admission, the lens shadow and conjunctival elevation at twelve o'clock were gone There was some organized hemorrhage on the posterior capsule The pupil was key-holed The vision with a plus 10 00 sphere was 15/200 There was no lens material evident on examination

Atropine sulfate, 1 per cent, and hyoscine hydrobromide, $^1/_{10}$ per cent, were used topically Hot moist applications were also applied He received a course of Typhoid H antigen intravenously Blood Wassermann test was negative Chest x-ray showed some enlarged nodes at the root of both lungs but no parenchymal infiltration Urinalysis revealed no abnormalities

Six months after the accident the vision was 20/30 plus 2 with a plus 10 00 sphere with a plus 1 00 cyax 160 By adding a plus 2 50 sphere to the above correction, the patient read Jaeger, Number 1 at 13 inches The eye was no longer injected or chemotic There was no complaint of photophobia

The fundus was easily visible with a plus 10 lens in the ophthalmoscope and presented no abnormalities Tension was 13 mm of mercury, Schiotz There was no sign of irritation or inflammation in the eye The coloboma of the iris was still present and had the appearance of an aphakic eye, following a cataract extraction There was still no evidence of lens or lens substance on examination of the anterior chamber or vitreous

The patient has no complaints and is very active in his present occupation At the time of this writing the vision has improved to 20/20 minus 1 with his correction

Discussion

The literature in English on traumatic subconjunctival subluxation of the lens with good visual recovery is almost nonexistent

Brooks wrote in the *British Medical Journal* of scleral rupture and luxation of the lens [1]

Brav wrote in the *American Journal of Ophthalmology* of a case of scleral rupture without luxation of the lens [2]

Sema wrote on luxation of the lens into Tenon's space in the *Revista de La Asociacion Medica Argentina* [3]

Teruggi wrote on "luxacion subconjunctival del cristalimo" [4]

Cardenas reported two cases of ocular trauma in the *Archivos de Oftalmologia* de Buenos Aires [5]

B and A Castresana have written an extensive and detailed article on scleral rupture with subconjunctival luxation of the lens in *Revista Cubana de Oto-Neuro-Oftalmiatria* [6] Anyone interested would do well to read it

Scleral ruptures may be divided into two groups

1 Spontaneous
  Ectopias or congenital luxations
2 Traumatic
  (*a*) Those with direct trauma



FIG 1 Appearance six months after accident

(b) Those with indirect trauma
(1) With rupture of the conjunctiva
(2) Without rupture of the conjunctiva

These cases caused by direct trauma are usually the result of a blow with a sharp object, as in the case of the gore of a bull or sharp instrument

Those caused by indirect trauma are the result of a blow by some blunt object. In these cases the blow strikes the globe at one point and the globe is ruptured at some other point

Our case falls in the class of indirect trauma. The point of contact was at the lower pole of the globe The point of rupture was at the upper pole

Spontaneous ruptures will be excluded from this discussion

Castresana[4] has discussed sites of scleral ruptures Michel found the site was below in 3 per cent Wachtler found the site was usually 1 to 3 mm from the limbus. Sachs found the site above in 42 per cent.

Theories

There are several theories concerning scleral rupture.

1 *Rupture Contrecoup*—This theory supposes that a force strikes the globe at a given point and is transmitted to the opposite side of the globe, where there is initiated a rebound or force in the opposite direction This would not be true in the case of indirect scleral ruptures The contrecoup theory is not acceptable because the eye is not hard. This theory is only acceptable when projectiles which pass near the eye cause rupture on the opposite side or in the area of rebound or recoil

2. *Rupture of Schlemm's Canal*—This theory supposes that the sclera ruptures at the thinner parts of the sclera e.g., Schlemm's canal and underneath the tendons of the recti muscles This obviously does not explain ruptures at the equator and behind the equator

3. *Theory of the direction of fibers*—This theory supposes that the eye reacts to a blow in the same manner as a tennis ball reacts to a blow of the racket As the globe is struck, it is indented at the site of contact and the globe stretches at the two poles in the opposite meridian Also the globe may be forced upward and inward to contact the orbital rim This increases the compression and produces more pressure at the opposite bulges The rupture would occur in the line of the direction of the fibers of the sclera at these points.

There are several other theories, which we shall not discuss but suffice to say, there seems to be several factors concerned with the site and mechanisms of scleral rupture.

Complications

There are a wide variety of complications which may ensue The type size, and site of the scleral scar are important

If the conjunctival sac is infected, one may get panophthalmitis. This may be true of even microscopic ruptures.

Sympathetic ophthalmitis may occur early or late Iritis uveitis, or glaucoma may complicate the picture.

The prognosis is always serious. It is dependent upon the complications.

Treatment

The injured eye should be gently cleansed with a saturated solution of boric acid and then a mydriatic instilled The lacrimal sac should be irrigated

The patient should be kept quietly in bed a sedative given if necessary

The surgical treatment depends upon whether or not the conjunctiva is ruptured If the conjunctiva is not ruptured, no surgery, except where there is herniation of the contents of the globe causing gaping of the wound In this latter case the conjunctiva must be opened and the wound repaired

If the conjunctiva is ruptured, immediate surgery is indicated All prolapsed tissue should be excised the sclera carefully sutured and covered with a conjunctival flap

Comment

This case serves to show that there is a wide variety of sequelae which may follow subconjunctival luxation of the lens, due to indirect trauma. Very rarely one may secure good vision following this type of injury

References

1 Brooks Alan H Brit M J 1:3 (July 6) 1940.
2 Brav Aaron Am. J Ophth. 6 38 (Jan.) 1923.
3 Sama, Jose A Rev de Asoc. Med. Argentina. 47 2528 (May) 1933.
4 Terrugi A.: Arch. de Oftal Buenos Aires 26 (July) 1941
5 Cardenas, Alberto Arch de oftal Buenos Aires 26 (August) 1941
6. Castresana, B and A.: Rev cubana de oto-neuro-oftal 2: 84 (March-April) 1933.

SCHOOL PHYSICIANS WILL MEET

The New York State Association of School Physicians will hold its Annual Meeting and Conference at Saratoga Springs, June 24.

ACUTE PANCREATITIS

J L Cantor, M D , Riverhead, New York

(From the Eastern Long Island Hospital, Greenport, Long Island)

ONE of the most uncommon of abdominal catastrophies and one which has the highest mortality rate of abdominal emergencies is acute pancreatitis It is rarely a primary condition, and it should be kept in mind by all surgeons confronted with questionable right upper abdominal pathology The sequence of pathology in acute pancreatitis is an acute edematous type, going into the hemorrhagic and finally to the necrotic type All of this may transpire within several hours

Case Report

The patient, a 69-year-old white woman, a known chronic diabetic, was first seen by myself at home on January 15, 1946 She was complaining of severe agonizing pain in upper abdomen, vomiting, collapse, with pallor and rapid, thready pulse Two days prior to this, she complained of intermittent epigastric pain, and occasionally vomited clear fluid There was no diarrhea, constipation, nor chills, and urinary symptoms were absent There was no history of a previous gallbladder disease Examination revealed extreme tenderness in the right upper abdomen, a right rectus spasm, and rigidity A suggestive mass in the gallbladder area was palpated, although this could have been an enlarged liver edge Temperature was 97 F , pulse 120 and blood pressure 142/86 She was sent immediately to Eastern Long Island Hospital in Greenport, Long Island The laboratory findings were as follows white blood cells, 19,000 with 86 per cent polymorphonuclears, urinalysis, 4 plus sugar, 2 plus acetone, blood sugar, 300 mgm per cent Blood amylase was not performed due to the lack of ingredients for this test Intravenous Ringers' solution was given as well as insulin to combat shock and possible diabetic coma Shock therapy was instituted and 1/2 grain of morphine in divided doses, without effect on pain nor on shock A preoperative diagnosis of empyema of the gallbladder or possible rupture of the gallbladder was made and a laparotomy was performed under ether anesthesia, through an upper right rectus incision As the peritoneum was opened, a small amount of oily sanguinous fluid escaped A mass of dense adhesions was encountered along the undersurface of the liver to the foramen of Winslow, the gallbladder was not visualized nor palpated, nor was there any evidence of peritonitis nor stones The appearance was one of an old chronic inflammation of the gallbladder which had probably atrophied to a shell The posterior surface of the first portion of the duodenum appeared to have been the site of an old healed ulcer, the stomach was normal, the liver appeared to be engorged and large, the right kidney felt normal The gastrohepatic ligament was opened and the pancreas presented itself as a tremendously distended hemorrhagic organ, seemingly as if to burst through its capsule The lobules were so distinct it appeared as if one were peering through a powerful microscope The capsule was incised after packing off the surrounding structures, with the release of moderate amount of dark, grey hemorrhagic fluid, probably about two ounces in all A biopsy was taken, two cigarette drains were inserted in this area and brought out through the lower angle of the wound The abdomen was closed routinely, and the patient left the operating room in fairly good condition An intimate exploration of the biliary system was not attempted due to the absence of any acute condition in this area and to the poor condition of the patient at the time of operation Pathologic report from the biopsy of the pancreas was "acute hemorrhagic pancreatitis." The patient did very well following the operation, by the next morning all symptoms of shock and pain had vanished, she was cheerful and alert The diabetic condition was controlled by insulin and diet

On the eighth postoperative day a gradual increasing jaundice developed with fever, chills, no abdominal tenderness, no mass, icterus 100 mgm per cent, acholic stools, and bilinuria A tentative diagnosis of cholangitis was made and expectant treatment was instituted, consisting of amigen, glucose, blood plasma intravenously, heat to the abdomen, intravenous Solu-B, thiamin in large doses, and calcium gluconate daily There was practically no drainage from cigarette drains, bowels moved daily—these being acholic—and the patient ate fairly well As the condition did not improve in five days, consultation with Dr C G Heyd, of the New York Post-Graduate Hospital, was held He advised that the patient be sent in to New York for study as to the cause of the complicating obstructive jaundice She stood the trip well, going by ambulance, for a distance of ninety miles, and partook of liquids all the way She improved considerably, the icterus index dropping from 150 mgm. per cent to 102, her temperature stayed slightly above 100 F , and she was taking fluids and food well Exploratory operation was advised by Dr Heyd in order to determine a cause for the obstructive jaundice and to eliminate it if possible On February 2, 1946, at the Post-Graduate Hospital, Dr Heyd performed a choledochotomy and posterior gastroenterostomy At the time of operation the gallbladder was found to be atrophic, the common bile duct was exposed with considerable difficulty, this was opened and a tube was inserted into the duodenum with ease This was sutured in place A mass of inflammatory reaction was found around the site of an old perforated duodenal ulcer, this apparently was pressing on the common bile duct, causing the jaundice On separating the adhesions around the duodenum, the perforation presented itself This was closed with purse-strings of linen, and a posterior gastroenterostomy was performed Whole blood was given to the patient during and following the operation The prognosis was serious At the time of operation, several pieces of shotty omentum were excised, and pathologic diagnosis on these was "fatty necrosis " Apparently the sequence of events was as follows — a long continued gallbladder infection, with obliteration of the gallbladder and cystic duct, followed by an inflammatory reaction around the ampulla of Vater and Wirsung's duct, causing an acute hemorrhagic pancreatitis, followed by an extrahepatic obstructive jaundice, complicated by an old perforated duodenal ulcer The part that the latter played in this picture is not entirely clear, as at no

time was there pain postoperatively (following the first operation) It is possible that as a result of the inflammatory reaction around the hepatic nerve plexus, pain could not be produced Three weeks following the second operation, the patient expired due to an overwhelming pyemia or multiple liver abscesses.

Summary

This is an unusual case of an elderly woman, a chronic diabetic of 69 years with no previous history of gastrointestinal symptoms developing an acute abdominal emergency, at which time an acute hemorrhagic pancreatitis was found, the pancreas incised and drained, developed an extrahepatic obstructive jaundice on the eighth postoperative day, was operated on again, at which time a common bile duct drainage and saturation of duodenal ulcer with posterior gastroenterostomy were performed with apparent exitus due to overwhelming pyemia.

312 Roanoke Avenue

References

1 Crile G W South. M J 20: 85 (1927)
2. Linder W and Morse L. J Ann. Surg. 90 357 (1929)
3. Moynihan Sir Berkeley Abdominal Operations Vol II W B Saunders 1914 308-382
4 Murphy Francis D: Diagnosis and Treatment of Acute Medical Disorders, F A. Davis Co. 1945 289-291
5 Thorek Max Surgical Safeguards and Errors. Philadelphia and London J B Lippincott Co 1934 402-603.

PRESENT STATUS OF PENICILLIN THERAPY FOR SYPHILIS

Any statement on the present status of the treatment of syphilis with penicillin should begin with this note of caution penicillin therapy for syphilis is still being studied and is not yet a standardized procedure. Since the original announcement of the effect of penicillin on patients with early syphilis was made in 1943 by Dr Mahoney of the United States Public Health Service Venereal Disease Research Laboratory, much careful work and study has been done. A nation-wide organized study is now in progress to determine the optimum method of use of the drug. The results thus far available are preliminary Penicillin has demonstrated a profound immediate effect in early syphilis in terms of (a) disappearance of surface organisms from open lesions, (b) healing of lesions (c) a trend toward serologic reversal.

These immediate effects cannot be utilized to determine the optimum time-dose relationship which in man depends on the incidence of relapse As a matter of fact, according to the best available methods, the incidence of relapse in early syphilis in patients treated with penicillin is approximately equal to that observed in patients treated with any of the recommended massive dose arsenotherapy regimes.

Furthermore, syphilis is a treacherous and insidious chronic infection which may lie dormant for years, before again manifesting itself by damage to vital organs. Before final conclusions can be made a minimum period of at least five years of careful observation of treated patients is needed.

The optimum time-dose relationship of penicillin in early syphilis is not yet established. The latest schedule adopted by Dr Mahoney uses a total of 3 400 000 Oxford units divided into 85 intramuscular injections of 40 000 Oxford units each given every two hours, day and night. The present schedule in the New York City Rapid Treatment Center consists of a total dosage of 1,200,000 Oxford units of penicillin given in 60 injections, each consisting of 20,000 units every three hours, together with eight daily intravenous injections of 0 04 gram mapharsen. Still other schedules employ penicillin, arsenical drugs and several intramuscular bismuth injections. Herxheimer reactions after the penicillin treatment of early syphilis are frequent but not serious, other reactions due to penicillin itself are usually of a mild nature

The durability of the good effects thus far observed the possibility of complications from induced allergic response, and disturbance of the immunity balance of the individual in latent and late syphilis remain to be explored by larger experience and longer periods of observation

In any consideration of penicillin therapy, the caution expressed by Moore should be kept in mind 'As matters stand at present, penicillin is a new and powerful addition to syphilo-therapy How best to use it, alone or in combination with other forms of treatment, is as yet undetermined, but is under organized, nation-wide governmentally sponsored study from which definitive results may be expected rapidly to emerge."—*Quarterly Bulletin Department of Health, City of New York January-December, 1945*

CORRECTION NOTICE

In the May 1 issue of the JOURNAL, in the Necrology section, the name of Dr James D Murphy of Mount Vernon was incorrectly given as Dr James

CONFERENCES ON THERAPY

DEPARTMENT OF PHARMACOLOGY AND MEDICINE, CORNELL UNIVERSITY MEDICAL COLLEGE AND THE NEW YORK HOSPITAL

THESE are stenographic reports, slightly edited, of conferences by the members of the Departments of Pharmacology and of Medicine of Cornell University Medical College and the New York Hospital, with collaboration of other departments and institutions The questions and discussions involve participation by members of the staff of the college and hospital, students, and visitors The next report will appear in the July 1 issue and will concern "The Use of Placebos in Therapy"

Treatment of Meningitis

DR C H WHEELER The subject of the conference this afternoon is the treatment of meningitis The discussion will be opened by Dr Wolf

DR GEORGE A WOLF, JR I will confine my remarks to meningococcus meningitis and pneumococcus meningitis In general, the prevention of complications as well as the reduction of the mortality rate in meningitis depends on early, adequate and sustained treatment

Meningococcus meningitis is tricky It may be preceded by recurrent attacks of meningococcemia with a little fever, malaise, a few petechiae, and transient joint pain In twenty-four hours or a few days the patient is better A few weeks later there may be a recurrence Then suddenly there is an explosive onset of meningitis The meningitis could have been prevented if the meningococcemia had been recognized and treated adequately Sometimes, meningococcus meningitis is insidious in onset and develops slowly so that the diagnosis is in doubt for some period Finally, it may be entirely explosive in nature and develop completely within a period of a few hours, the patient having been asymptomatic before Pneumococcus meningitis is nearly always insidious in onset Approximately 50 per cent of the cases of pneumococcus meningitis have recognizable foci of infection such as mastoiditis, sinusitis, or otitis media When one detects sensorial disturbances in a patient, or when signs of minimal meningeal irritation are present, one should not hesitate to use the lumbar puncture needle, if the early diagnosis of meningitis is to be made

A few words about the symptomatic treatment of patients with meningitis Probably the most prominent complaints are pain in the head and restlessness The restlessness may be controlled with the usual sedatives, while codeine may be used for the pain Morphine should not be used, because, in the presence of increased intracranial pressure, respiration may be seriously depressed

The pulse, respiratory rate, and blood pressure should be taken at hourly intervals while the patient is seriously ill There are two reasons for this If the pulse rate increases, the blood pressure rises, and the rate of respiration falls, intracranial pressure may be increasing When these signs are present one should take steps to reduce the intracranial pressure This is accomplished by lumbar puncture with cautious drainage After the initial lumbar pressure is determined, with the needle and the manometer still in place, the fluid is allowed to run out of the top of the manometer by tipping it toward the horizontal, until the pressure is reduced to approximately half the initial pressure This should be repeated as often as necessary Other methods may be used to lower intracranial pressure, such as 50 cc of 50 per cent glucose given intravenously, or the Murphy drip, 100 or 200 cc of 50 per cent magnesium sulfate by slow rectal instillation

The other reason for taking of the blood pressure, pulse rate, and respiratory rate, repeatedly, is that shock may develop in the course of meningococcal infections The Waterhouse-Friderichsen syndrome may also occur Saline, fluids, and oxygen, as well as desoxycorticosterone and epinephrine may be indicated

Drs Ferguson and Barr have reported glycosuria and acetonuria in meningitis The usual diabetic regimen has been employed in the management of these patients Occasionally in meningococcic meningitis there is severe joint involvement In such circumstances, local measures for the relief of pain and splinting of the joints to prevent pain and deformities must be employed Finally, muscle palsies are common in meningitis For these, splinting, massage, and physiotherapy must be used to prevent contraction deformities

In regard to specific therapy, I would like first to consider whether sulfadiazine or penicillin should be used in the treatment of meningococcus meningitis Dr Holmes, formerly of this hospital, told me that while on shipboard, he saw a man who complained of fever and malaise Dr Holmes was unable to make a diagnosis immediately but because the patient appeared seriously ill, he gave penicillin, 20,000 units every two hours

Twelve hours later the patient developed a diffuse petechial rash Lumbar puncture was done twelve hours after penicillin was started, the spinal fluid was then clear The penicillin was continued Nevertheless, approximately six hours after the negative spinal tap the patient developed frank meningococcus meningitis This suggests that penicillin is not very effective in meningococcemia and in preventing meningitis We have also had a patient develop meningococcus meningitis while receiving penicillin Ramelkampf and Keefer, and McDermott and his group here, have shown that penicillin is not transported in significant amounts across the cerebrospinal barrier Even when inflammation of the meninges is present, penicillin given intramuscularly is not found in significant amounts in the cerebrospinal fluid Therefore, if penicillin is used to treat meningococcus meningitis, it would have to be given intrathecally, as has been found necessary in pneumococcus meningitis

There is the observation of Finland and his group in Boston made in a small series of cases, that penicillin in adequate doses used both intrathecally and intramuscularly, in meningococcus meningitis did not produce as rapid a therapeutic response as did sulfadiazine There is also the problem of transverse myelitis and persistent root pain after the indiscriminate use of intraspinal therapy The evidence would indicate, therefore, that in cases of meningococcus meningitis penicillin is not to be used if sulfadiazine is available.

As soon as the diagnosis is made, 5 Gm. of sodium sulfadiazine are given in one liter of sixth molar sodium lactate by intravenous infusion If the patient is comatose or vomiting, 2.5 Gm in 500 cc of the lactate may be repeated every eight hours. If the patient is alert, 2 Gm. of sulfadiazine and approximately 4 Gm. of sodium bicarbonate are given by mouth every four hours The attempt is made to maintain blood levels of sulfadiazine between 10 and 15 mgm per cent

Approximately four or five days after the temperature has returned to normal one may consider terminating the treatment If the temperature is normal, but the disease is still there, as seen by the fact that there are organisms in the spinal fluid sediment, or the spinal fluid sugar has not returned to normal, therapy is continued until the sugar reaches a normal level and the organisms have disappeared from the spinal fluid

There are data on the results of the treatment of meningitis which I think are very dramatic. Before the days of serum the death rate from meningococcus meningitis ranged between 50 and 90 per cent, and the average duration of the disease was approximately five weeks With serum the death rate fell to levels of 15 to 40 per cent and the duration of the disease to eleven days With the use of sulfonamides, the death rate has been reported as from 2 to 10 per cent and the duration of the disease has been reduced to from four to five days In a small series of penicillin treated cases, the death rate has been low but the duration of the disease has been slightly longer than in patients treated with sulfonamides

In pneumococcus meningitis or if the etiology is in doubt, both penicillin and sulfadiazine are used at the same time Our procedure for the use of penicillin in pneumococcus meningitis is as follows With the diagnostic lumbar puncture needle in place, approximately 15 cc of cerebrospinal fluid is removed Then 10,000 to 20,000 units of penicillin, dissolved in 10 cc of sterile saline, are allowed to drip by gravity into the spinal canal One can use a syringe without the plunger as a funnel Fluid should not be forced into the spinal canal It is important also to remove more spinal fluid than is put in At the same time 20,000 to 25,000 units of penicillin in a small amount of sterile saline are given intramuscularly every two hours In addition, sulfadiazine in the doses described for the treatment of meningococcus meningitis should be given The penicillin and sulfadiazine are given simultaneously throughout the course of the illness

Recurrences are not uncommon when the treatment has been discontinued too soon The intrathecal penicillin should be continued as long as organisms and increased sugar are present in the spinal fluid Intramuscular penicillin and oral sulfadiazine should be administered for some time after these are normal The duration of this phase of the treatment requires clinical judgment, although I think a period of a week may be taken as a minimum

Prior to the sulfonamides virtually all patients with pneumococcus meningitis died With sulfonamides alone, mortality rates in different series of reasonable size have varied between 50 and 90 per cent. The experience with penicillin in pneumococcus meningitis is still not large, but I think the results leave much to be desired Dr H.Cairns and his collaborators in England treated 16 patients, of whom 4 died Drs E Applebaum and J Nelson in this city treated 61 patients, of whom 41 died Harford and his group had 9 patients and 1 died There were 9 deaths in the 16 patients of Sweet and his group In a group of children, treated by Waring and Smith, only 1 of 12 died In most of these sulfadiazine was used with penicillin

The final point which comes up in the therapy of pneumococcus meningitis is the management of foci of infection It is still an unsettled question, although probably the weight of evidence is on the side of those who try to eradicate them. Foci of infection such as acute, purulent sinusitis or mastoiditis should be attacked, and drainage es-

tablished as soon as possible after penicillin and sulfadiazine therapy has been instituted

It is clear then, that although the treatment of meningococcus meningitis is highly successful, the results in pneumococcus meningitis are far from satisfactory

DR WHEELER Dr McDermott, may we have some comment from you?

DR WALSH MCDERMOTT There are several points which I should like to emphasize, the first being the extreme deceptiveness of meningococcus infections in general Meningococcemia is a febrile state, but during most of the day, the patient may have a normal temperature As a result, during the periods of the day when one is most apt to see the patient, he may appear perfectly well and relatively little attention may be paid to the fact that the temperature mounts in the evening After a period of days or weeks in that lulling type of illness, within a matter of hours very serious meningitis may develop

The second point is, as Dr Wolf stated, that the best agent for meningococcus meningitis is still sulfadiazine, and that sulfadiazine should be used in all other bacterial meningitides as well

The third point relates to the choice of chemotherapeutic agent for prophylaxis in the patient who seems to have a serious bacterial infection and in whom one is awaiting further developments or the results of diagnostic tests When the physician sees a patient for the first time with fever, and leukocytosis of, say 18,000, he naturally wishes to institute some form of effective chemtherapy to protect the patient as well as to cover himself, although it may be any one of a large number of possible types of infection The tendency in these days would be to give penicillin in some form, conservatively perhaps, by the oral route Actually, with the possibility of meningitis in mind, the proper drug would still be sulfadiazine because of its greater penetration of the central nervous system Should it prove to be a case of pneumococcemia or meningococcemia, the sulfadiazine would much more likely prevent the development of meningitis The experience of Dr Holmes which was cited has been observed more than once and is not a novel phenomenon However, we are not advising indiscriminate chemotherapy

The fourth point relates to pneumococcic meningitis As you know, it is associated with a very plastic exudate over the surface of the brain and the cord, and block of the subarachnoid space is quite common Furthermore, the disease is not limited to the surface of the brain, it is a true meningo-encephalitis Sulfadiazine is given because of its greater penetration Penicillin is injected intrathecally, but should there be any evidence of block, one should introduce the drug higher up Professor Cairns, in an extensive study, found that the cisternal route offers no advantage over the lumbar route In the presence of block, therefore, ventricular puncture, placing the penicillin directly into the ventricle, is the only alternative This may seem like an heroic procedure, but then Dr Wolf has pointed out the unfavorable results of most observers in the case of pneumococcic meningitis, here, we have lost 6 out of 8 patients whom we treated with penicillin Under such conditions, heroic measures are indicated Fortunately, not all cases of pneumococcus meningitis are equally serious Some are mild, as mild as the mildest meningitis infections, but the majority of them are of the serious type

For tuberculous meningitis, streptomycin has been tried here Ten patients were treated There were no recoveries

Hitherto, the choice agents for hemophilus influenzae meningitis were the sulfonamides together with Dr Alexander's serum We have had no experience with that form of therapy, but Dr Levine in the pediatric department undoubtedly has had It is noteworthy that these organisms are among the few against which streptomycin in vitro is bactericidal Dr Alexander has now used streptomycin in 8 patients with hemophilus influenzae with recovery in seven One might, therefore, consider streptomycin for hemophilus influenzae meningitis In all other forms, one should administer sulfonamides, and add penicillin only in those infections which are known to require penicillin

DR WHEELER Dr McDermott, while you are still up, would you tell us about the treatment of choice for streptococcus beta-hemolyticus infections?

DR MCDERMOTT We have treated our cases of beta-hemolytic streptococcic meningitis solely with penicillin and obtained excellent results However, I feel that at the present time it would still be advisable to treat it precisely the same as pneumococcus meningitis, that is, intrathecal and intramuscular penicillin, with the addition of a sulfonamide, for greater penetration of the tissue of the central nervous system

DR WHEELER Dr Levine, I wonder if you would tell us whether your experience in pediatrics differs significantly from what you heard here about adults Would you also say something about the influenzal meningitis cases, which we, dealing with adult patients, so rarely see?

DR SAMUEL Z LEVINE With respect to meningococcus meningitis, I think our experience duplicates yours in adults Sulfonamide therapy when instituted early in the disease, in the first twenty-four or forty-eight hours after onset, has been almost invariably effective As a matter of

fact, at Hopkins and at Buffalo, they are treating meningococcus meningitis with sulfonamide for only forty-eight hours They practically never have a death Furthermore, at Buffalo it was felt that sulfonamide was so effective that treatments with a single dose have been tried The results with this are promising

I should like at this point to raise a question as to the advisability of that combination of intravenous and oral sulfonamide, a method so commonly used for securing the immediate and prolonged effects Sometimes this procedure may lead to excessive concentrations of sulfonamide in the urine

Incidentally, we have a patient on the ward now who received a sulfonamide for a meningococcemia and meningococcus meningitis The temperature dropped within forty-eight hours but later began to rise and remained up for three days We stopped the sulfonamide and the temperature promptly declined Prolonged sulfonamide therapy will sometimes keep the fever up in meningococcic meningitis

With regard to the hemophilus influenzae meningitis, we have not used streptomycin In our experience sulfadiazine and the anti-H influenzae rabbit antibody, or Dr Alexander's serum, proved effective in 8 of 10 cases This therapy is especially effective in those treated early I think that the residual manifestations are sometimes greater in the influenzal than in the meningococcic and streptococcic meningitis, because of the plastic nature of the exudate It is interesting that before the antibody was available, we used Fothergill's complement method, and our first 3 cases recovered This was much better than his results, but the next 3 or 4 cases in which it was tried all terminated fatally

Streptomycin seems to be as effective as the combination of sulfonamide and the rabbit antibody It will probably be a much simpler and far less expensive procedure One milligram of antibody now costs a dollar, and one has to use a minimum of 50 mgm., and usually 100 mgm So, treatment costs at least $100 It is worth it because it is very effective I presume streptomycin will be very much cheaper

DR. WHEELER Dr Cattell, do you have any comment?

DR. MCKEEN CATTELL I am interested in the evidence of the relation between the diffusibility of the compounds and their effectiveness I think many of us have wondered why it is necessary for the drug to be present in the spinal fluid Apparently, however, your clinical experience is that the diffusion of the drug into the spinal fluid is helpful in combating the infection of the meninges

DR MCDERMOTT It is not in the spinal fluid that we wish to get the drug, but rather into the tissue of the central nervous system Apparently penicillin does not get into the tissue of the central nervous system in appreciable concentrations

DR CATTELL I wonder why that should be because, certainly, it must be true that all tissues have some circulation If it is present in the blood, one would think it must come in pretty close contact with the cells

DR WALTER MODELL Dr McDermott, sulfathiazole does not get in the spinal fluid as readily as sulfadiazine and for that reason is not advised in meningitis, yet Applebaum stated at a conference here once that the results obtained with sulfathiazole were probably just as good as with sulfadiazine

DR. WHEELER That might mean that a relatively low concentration in the spinal fluid was effective

DR. MCDERMOTT That is the point The usual argument is that the amount of sulfathiazole which gets in the spinal fluid is in low concentration But the concentrations obtained in the spinal fluid are in the neighborhood of 2 mgm per cent, and that is unbound sulfonamide, there being no plasma protein around Whether it is bound or unbound, that is a pretty good level, especially since the meningococcus is so sensitive to sulfathiazole On the other hand, the concentrations of penicillin found in the spinal fluid are generally much less than 0 04 unit per cc and that appears to be the ceiling

I would like to emphasize that a minimal level of penicillin may occasionally be obtained, which is curative for some penicillin-sensitive infections It certainly is effective in syphilitic meningitis In many meningococcus infections it might be effective, but in others it would not

DR. MODELL Is the 0 04 unit the concentration of penicillin usually obtained in the spinal fluid of the patient with meningitis?

DR. MCDERMOTT The concentrations are not different in patients with meningitis or neurosyphilis, from those in normal people The highest is 0 04 to 0 06 unit per cc regardless of how high the plasma concentration may be

DR CATTELL Is it not related at all to the plasma concentration?

DR MCDERMOTT Yes, if one has a plasma concentration such as is provided by a single intramuscular dose of 500,000 units of penicillin, one finds concentrations such as I've mentioned in the spinal fluid, but under the more usual conditions, say, when 25,000 units are given every two hours, almost none gets into the spinal fluid

DR MODELL After the intrathecal doses, how high does the concentration of penicillin go?

DR MCDERMOTT It may go up to ten units per cc

DR HARRY GOLD Have we had any experi-

ence in treating meningitis with doses of penicillin in the order of a million or two million units a day? I am wondering whether we may not encounter here pretty much the same sort of situation as prevailed in the case of bacterial endocarditis

At first, there were fifty-three failures in 55 cases Then came the perfectly massive doses and reversed the picture There may, of course, be no justification in risking cases to try them out I was just wondering whether many of the failures in meningitis are not based on inadequate amounts of penicillin

DR McDERMOTT First, I would like to make a statement about the early cases of bacterial endocarditis treated with penicillin, because they haunt us whenever we say that a drug is not good for some condition or other Actually, those 53 of 55 cases treated with penicillin showed an effect, but we did not realize it at the time The temperatures fell The effect was simply not good enough

DR GOLD Do you mean you just could not believe it was happening?

DR McDERMOTT We did not ascribe to the effect its proper significance In answer to your question, Dr Gold, we gave one patient in the neighborhood of 500,000 units four times a day

DR PAUL BUNN More than that, we gave 25,000 every two hours, in addition to 400,000 or 500,00 units four times a day for four days

DR McDERMOTT It was about a half million units four times a day in addition to the regular course of penicillin treatments

DR GOLD Was it any good?

DR McDERMOTT No, it wasn't but, then, the patient was a pretty sick one

DR WHEELER I would like to ask a question Since there seems to be a suspicion that the introduction of 10,000 or 20,000 units of penicillin in 10 or 15 cc of water may be irritating to the central nervous system, why are such concentrated solutions used? Could we not put in a much weaker solution which would still be far in excess of what is necessary for the antibacterial effect?

DR WOLF I think the question of irritation is possibly more related to the impurities than the number of units of penicillin

DR WHEELER In any case, the more concentrated the solution used, the more intense would be its irritant effects How many units would you have to put into the spinal fluid to get an effective therapeutic level?

DR McDERMOTT The limiting factor in all local therapy is the same First you determine the concentration of the penicillin which is nonirritating, and then you decide how much fluid you can put into the spinal canal You must put in less fluid than you withdraw I suppose you could withdraw 50 cc and replace it with 40 cc of half the concentration advised by Dr Wolf

DR WHEELER I do not mean that Why not put just two or three units instead of 10,000 or 20,000?

DR. McDERMOTT The reason is that the drug concentration will fall too quickly to subtherapeutic levels Such dosage requires tapping too frequently in order to maintain a minimal therapeutic level of penicillin in the spinal fluid

DR GOLD Isn't it a fact that the drug stays fairly long in the intrathecal spaces, that it not only has difficulty getting into them from the blood, but also has difficulty getting out, pretty much as in the case of the pleural space?

DR McDERMOTT It has as much difficulty getting out as getting in

DR. MODELL Does it not leave faster in the patient with meningitis than it does in the normal patient?

DR McDERMOTT Yes

VISITOR How do you give Alexander's serum?

DR LEVINE That is given intravenously accompanied or immediately preceded by an infusion to hydrate the patient It is not given intrathecally except in dire emergencies How often have we used it intrathecally, Dr Fraser?

DR ALAN W FRASER Not in the last two years.

VISITOR Is the diagnosis of hemphilus influenzae meningitis difficult?

DR LEVINE It can be, and when in doubt of the organism, it is sometimes desirable, if you have anti-influenzal antibody available, to attempt the quellung test If the organisms will quell in the presence of the antibody serum, it indicates that it probably represents hemophilus influenzae, even though not recognizable You know how pleomorphous influenzae is when found in the spinal fluid, and so the quellen test is sometimes of value If the smear is negative, and we cannot find any organisms, we usually assume that it is a pyogenic meningitis and give penicillin and sulfadiazine, and not Dr Alexander's serum

INTERN Would you accompany each diagnostic tap with penicillin intrathecally until you have had time to examine the smear of the spinal fluid?

DR McDERMOTT Until the diagnosis is established?

INTERN Since you have the needle already in the spinal canal, would you routinely put in penicillin?

DR McDERMOTT I would not because the reactions to intrathecal penicillin are not inconsiderable I would myself rather be tapped twice and be treated with sulfadiazine while waiting for the specific diagnosis

DR WHEELER Dr Wolf, can you explain why it is considered to be dangerous to remove spinal

fluid in a patient who has increased intracranial pressure due to brain tumor, but not in one with meningitis?

DR. WOLF The usual explanation is that if you have a space-occupying lesion in the brain, removal of spinal fluid below it may cause a shift of the tumor, producing impaction of the brain stem in the foramen magnum That presumes that the space-occupying lesion is above the level of the foramen magnum, and that pressure above the lesion is greater than below it because of block

Relief of pressure from below, therefore, may increase this difference enough to cause movement of the brain In meningitis the pressure in the whole system is equally elevated and removal of fluid therefore does not cause a drastic shift in the position of the brain

DR. WHEELER Dr Gold, I would like to ask you what you consider to be the most effective way to dehydrate the central nervous system?

DR. GOLD I am not sure of the answer to that The mercurial diuretics are not often used to dehydrate the central nervous system, although they are the most efficient dehydrating agents in patients with heart failure

DR. WHEELER That is what I was wondering It is my impression they are not very effective

DR GOLD It may very well be that the measures generally used are effective not entirely because of the dehydration, but because of a rapid lowering of the intraspinal pressure I am not aware that one can lower the spinal pressure very satisfactorily with the mercurial diuretics, yet high concentrations of such sugars as dextrose sucrose, and sorbitol, often do produce an abrupt lowering of the cerebrospinal fluid pressure The relief of headache and restoration of consciousness may be due to this rather than to sustained drying up of the brain tissues

DR. WHEELER Dr Wolf, is there good evidence that 50 per cent sucrose or glucose cause substantial dehydration of the central nervous system?

DR WOLF In patients with brain tumor Dr Ray has reported that, after the use of 50 per cent glucose or the Murphy drip, patients will frequently come out of coma in two or three hours

DR. GOLD There is some literature on the effect of hypertonic sugars on the cerebrospinal fluid pressure in animals and man The effects are variable, sometimes an initial rise followed by a fall which may last a few hours The fall is usually of short duration. Sucrose and dextrose have been used in doses of 100 cc of 50 per cent solution intravenously, and sorbitol 50 cc of 50 per cent solution intravenously Sorbitol exerts nearly twice the osmotic pressure of sucrose and should be preferable, but there is no agreement that it is more effective, and it sometimes causes chills

DR. WOLF On what sort of subjects were these experiments done, those with brain tumor, or what?

DR. GOLD The studies embrace a variety of intracranial lesions, including tumors and encephalopathies of hypertension

DR WHEELER It is my impression that it is the rare case of meningitis which requires that sort of treatment nowadays Would you agree with that?

DR WOLF In the 30-odd cases we had here, which I reviewed, there were no instances in which we used that procedure

DR CATTELL I want to ask Dr Gold how effective the mercurials are in the absence of edema

DR GOLD One can get, in what appears to be a normal person, the loss of four or five pounds of body weight by a large dose Students in the laboratory obtain it in normal dogs Of course the total effect is much less than in the edematous patient

DR MCDERMOTT I would like, in connection with what Dr Gold has just said, to point out that there is a difference between the problem of increased intracranial pressure associated with infection and that associated with a tumor It makes no difference in the patient with a brain tumor if one removes plasma fluids On the other hand, in one with an infection a possible predisposition toward shock might be aggravated by a dehydrating agent like a mercurial diuretic I would like to ask Dr Gold if he would not believe that while in a case of a brain tumor, it be permissable to use both sorbitol and the mercurial in an infection one should use only the sorbitol type of agent.

DR GOLD It sounds reasonable

DR WHEELER I would like to ask Dr McDermott if we have any treatment for mycotic meningitis, like torula meningitis? Is penicillin effective in any of them?

DR. MCDERMOTT No Some of those seem to be affected slightly by the sulfonamides Other than that there are no fungo-static agents available

DR BUNN Streptothrycin

DR MCDERMOTT Intrathecally?

DR BUNN I don't know whether it has been used intrathecally but it is effective in vitro Its effect is greater than that of streptomycin, but I don't know if any has been used in humans It has in animals

DR WOLF There may be a difference between adult medicine and pediatric practice Dr Levine mentioned a single effective dose of sulfadiazine. We had several instances in which pa-

tients were treated with sulfadiazine for meningococcus meningitis They presumably were recovering when they turned for the worse It was the opinion of some that we were poisoning them with sulfadiazine which was, therefore, stopped After that they got much worse They had convulsions and the spinal fluid showed changes We reinstituted sulfonamide therapy and the patients went on to recovery It may be that in adult patients a single dose will not work.

DR LEVINE I am not recommending it

DR THOMAS P ALMY I would like to ask about the precipitin reaction in the spinal fluid in the diagnosis of meningococcus meningitis How valid is it?

DR MCDERMOTT That reaction for meningococcus meningitis is quite useful, if done properly The percentage of false positives is very low The test requires only a few minutes The end point is clear-cut The only objection to the use of the test is that unless one is seeing a number of patients with meningococcic meningitis and has the laboratory set up for the test, it is a good deal of trouble For a hospital it is an excellent procedure We use it

STUDENT I would like to ask if the indole test of the spinal fluid has been used Some of the textbooks mention that in influenzal meningitis, the spinal fluid contains indole which can be used as a diagnostic aid

DR LEVINE We have tried the test in every case of meningitis and I think it was most often negative in influenzal meningitis

DR FRASER It has no connection with the disease

DR LEVINE It was suggested that indole was found in some and not in other forms of pyogenic meningitis We have never been able to confirm that.

Summary

DR MODELL We may now bring together the essential points in the therapy of meningitis which were discussed this afternoon Specific agents seem to have transformed the outlook in certain forms of meningitis In meningococcic meningitis, mortality has been reduced from the range of 50 to 90 per cent, and the duration of the disease from five weeks, to a death rate of from 2 to 10 per cent, and duration of the disease to four or five days The results are not as satisfactory in pneumococcic meningitis Here the mortality is still quite high, although it has been greatly reduced from the position of a nearly uniformly fatal disease Most patients with hemophilus influenzae may count upon a cure, and the outlook for beta-hemolytic streptococcic meningitis is also highly satisfactory Tuberculosis and mycotic meningitis seem still to be in a bad way

Since it is so important to treat meningococcus meningitis early, emphasis was placed on a few of the peculiarities of the disease which may delay a diagnosis, namely, the fact that it is a systemic infection with a meningeal complication and that in the early days of meningococcemia, it may resemble an inconsequential infection Among others, it was pointed out that the precipitin test on the spinal fluid is a valuable aid in diagnosis Vigorous treatment at that time may prevent the meningitis An obvious source of infection, as in the mastoid, the sinus, or the ear, often attracts attention to the disease in the case of pneumococcus meningitis

In a person in whom the problem of meningitis is suspected, no matter what type, sulfadiazine, and not penicillin, is the prophylactic agent of choice

In meningococcus meningitis, sulfadiazine is the preferable specific therapy at the present time, 5 Gm of the sodium salt in a liter of sixth molar lactate intravenously, followed by half that dose every 8 hours if the oral route cannot be used, otherwise, followed by 2 Gm of the sulfadiazine with 4 Gm of sodum bicarbonate orally every four hours, in an attempt to maintain a blood level of 10 to 15 mgm per cent The therapy is discontinued when the spinal fluid is sterile and the spinal fluid sugar has returned to normal. This is usually so in four or five days after the temperature is normal

Prolonged sulfonamide therapy sometimes produces fever, which declines only when the drug is discontinued

Treatment is essentially the same in children In these, meningococcic meningitis is so sensitive to sulfonamide that dosage for only forty-eight hours or even a single dose has been used with almost 100 per cent recoveries

While penicillin is effective against meningococcus meningitis, and there are some reports of high incidence of cures, it is not the treatment of choice, because the incidence of failure is still usually high, and the need for frequent intrathecal injections is a source of risk There are patients who have developed meningococcus meningitis during active treatment with penicillin The reason seems to be the low power of penicillin to penetrate the tissues of the central nervous system

In pneumococcic and beta-hemolytic streptococcic meningitis, the foregoing plan of sulfadiazine therapy is followed, simultaneously with intraspinal injections of 10,000 to 20,000 units of penicillin, and 25,000 units intramuscularly every two hours In pneumococcus meningitis, because of the plastic nature of the exudate and the frequent subarachnoid block, the penicillin may need to be given by ventricular puncture

The intrathecal penicillin is not without its disadvantages and dangers, so that it is advised to withhold it until need for it is established by the diagnosis, even if it requires repetition of the spinal tap, and not to introduce it routinely with the diagnostic tap It is necessary to remove more fluid than is injected, remove 15 cc and inject by gravity 10 cc.

In hemophilus influenzae meningitis, sulfonamide together with 50 to 100 mgm of anti-H influenzae rabbit antibody (Dr Alexander's serum) intravenously give a high incidence of cures in children Streptomycin seems to offer equally satisfactory results The positive quellung test helps to establish the diagnosis, although the indole test of the spinal fluid which has been suggested as an aid in diagnosis seems to be of no value

In syphilitic meningitis, penicillin is highly effective In mycotic meningitis, streptothricin is suggested on the basis of in vitro and animal experiments Streptomycin offers some promise in tuberculous meningitis, although the few clinical experiences thus far are unsatisfactory

Several measures were suggested in the form of symptomatic treatment Sedatives and codeine are used for pain Morphine is risky Signs of increased intracranial pressure are treated by spinal tappings, dehydrating agents, such as intravenous 50 per cent sugar, or rectal instillation of 100 to 200 cc of 50 per cent magnesium sulfate The mechanisms of action and relative values of glucose, sucrose, sorbitol, and the mercurial diuretics for this purpose were discussed These dehydrating measures are rarely necessary in meningitis Signs of shock are combated by intravenous infusions, oxygen, and desoxycorticosterone The glycosuria and acetonuria are managed by the usual diabetic regimen The joint and muscle pains are treated by splinting, massage, and physiotherapy

SURVEY HEALTH OF 4,018 U S. MEN FREED FROM JAP PRISONS

A health survey of 4,018 repatriated American prisoners of war from the Far East revealed that 60 to 70 per cent harbored intestinal parasites or worms—sometimes from two to six different kinds at a time.

The Surgeon General established a board of specialists to conduct the survey The report is presented in the April 13 issue of *The Journal of the American Medical Association* by Brigadier General Hugh J Morgan, United States Army, Colonel Irving S. Wright and Lieut. Colonel Arie van Ravenswaay of the Medical Corps, Army of the United States

The survey, which was made in debarkation hospitals on the East and West Coasts, began on September 1, 1945 and was terminated October 22 1945 The period of captivity among the patients ranged from three and one-half years to a few days. According to the authors the "conditions under which most of the men had lived were those of starvation, filth and lack of suitable clothing, with periods of definite torture Thousands died as a result of these hardships."

The *Journal* article says in part

"Many of the troops captured in the Philippines had been on starvation diets and had suffered from dysentery and malaria for many weeks before capture. Some had lost 30 to 50 pounds before capture.

"While the total weight of many of these patients at the time of the survey was equal to their former normal weight, examination with particular attention to their shoulder girdles and extremities indicated that their nutritional state as evidenced by muscular development was far below normal The newly gained weight in these persons was largely confined to their protuberant abdomens, or so-called 'rice bellies.'

"Careful histories revealed that 2,519 men believed that they had had malaria sometime during their imprisonment. Since most of these men had received little or no antimalarial therapy during their imprisonment, this adds considerable evidence to the belief that malaria will 'burn itself out' without treatment over a period of from a few months to several years.

A detailed study was carried out on 75 anemic patients These men had been on a grossly inadequate diet consisting mainly of rice for an average of 40 months. The average loss of weight was 37 pounds Nutritional deficiency was observed in 50 to 70 per cent. A history suggesting wet beriberi (a form with anemia and dropsy, but without paralysis, caused by a deficiency of vitamin B_1) was obtained in 77 per cent, and a history of dry beriberi (a form in which paralysis are the dominant feature) was obtained in about 50 per cent.

Anemia was observed in 52 per cent of the first 1 500 released prisoners surveyed.

"The factors concerned in the production of these anemias were complex. They included severe nutritional deficiencies, intestinal parasitic infestations and other causes, including dysentery, malaria, blood loss and infections.

'Beriberi heart (marked by a deterioration of the heart muscle) was encountered but in a high percentage of victims resulted in death in the prison camps

Five hundred and five men reported having had pneumonia. One hundred and one out of 3,742 checked showed evidence of active pulmonary tuberculosis on x-ray examination This is a high percentage of infection and indicates that exposure of these prisoners to tuberculosis must have occurred frequently

"Outbreaks of diphtheria, both skin and faucial (involving the passage from mouth to pharynx), were common, and in certain camps deaths occurred from diphtheria. A scar not dissimilar from the scar of skin ulcers due to diphtheria was found to have been produced by the so-called fire treatment' of Japanese doctors which was used not only on American prisoners but on their own troops This consisted in applying a small pellet of sulfur to the skin and igniting it. An ulcer was produced which inevitably became infected This form of treatment was applied in diverse parts of the body, depending on the disease being treated."

Special Article

THE AMERICAN ACADEMY OF PEDIATRICS NEW YORK STATE STUDY OF CHILD HEALTH SERVICES WHAT IT IS

ALEXANDER T MARTIN, M D , Chairman of Subcommittee on Child Health, Medical Society of the State of New York

THE Study of Child Health Services in New York State is part of the National Study undertaken by the American Academy of Pediatrics to plan for better and more evenly distributed health services for children The National Study embraces four major fields (1) pediatric education, (2) distribution, qualifications and activities of professional personnel, (3) hospital facilities, including outpatient clinics and laboratories, (4) health services rendered by official and voluntary agencies The New York State Study is concerned with the second, third, and fourth areas of the National Study The specific objectives of the Study in this State are

1 To determine with the assistance and cooperation of the medical and dental professions and official and voluntary health agencies the availability of child health services in New York State,

2 To make this information available to enable state and local groups to evaluate the quality of these services and to use this knowledge as a basis for local planning

Reasons for Conducting the Study

1 The American Academy of Pediatrics has agreed that "a program should be developed in order to make available to every mother and child in the United States all essential, preventive, diagnostic, and curative medical services of high quality, which, used in cooperation with other services for children will make this country an ideal place for children to grow into responsible citizens "

2 The Academy believes that pediatricians should take the initiative in planning this program for children It is essential that those who know what constitutes good care and who are engaged in rendering the care be the ones to develop and conduct the program

3 Before a program can be evolved, the services now available must be determined

4 Data needed as a basis for planning are incomplete, scattered, and in some fields almost totally lacking.

5 Since the State Legislature has adopted the Governor's comprehensive public health program which includes the development of child health services, the Study in New York State has added significance and timeliness The Interdepartmental Health Council formed by executive action of the Governor will require for its planning purposes information such as this Study proposes to obtain

Method of the Study

A series of eighteen schedules, prepared by the pediatric staff of the National office of the Study with the technical assistance of statisticians of the United States Public Health Service, will be used These questionnaires are the same as will be employed in all other states The Director of the Study, Dr George M Wheatley, assistant vice-president of the Metropolitan Life Insurance Company, is a member of the Academy of Pediatrics His services are being provided by the Metropolitan on a part-time basis The Study Committee for the Academy of Pediatrics is composed of Drs Paul W Beaven, of Rochester, William J Orr, of Buffalo, and Frederick H Wilke, of New York City The Subcommittee on Child Health, through its regional chairmen, is aiding by serving as regional representatives of the Study

The State has been divided into a Metropolitan New York area, including Long Island and north to include Dutchess, Ulster, and Sullivan Counties, and an upstate area which includes the major cities of Albany, Syracuse, Rochester, and Buffalo, and all the other counties The office for the Metropolitan New York area is at 411 East 69th Street, New York City For Metropolitan New York and adjacent counties, the executive secretary is Dr Theodore E Allen, a pediatrician and war veteran

Cost

A pilot study made in North Carolina cost approximately $5,000 The cost for the Study in New York State with five times the population of North Carolina, about one sixth of all the

physicians and dentists in the United States, one fifth of all the pediatricians in the country, and a better than average number of official and voluntary health agencies and institutions, is estimated at $30,000

The New York State Study is estimated as a six months' project Three months is planned for organizational work and three months for field work to collect the data from hospitals, physicians, dentists, and official and voluntary agencies providing health services for children

Cooperating Agencies

The Study has had assurance of coöperation from The New York Academy of Medicine, the Medical Society of the State of New York, the State Health Department, the New York City Health Department, State Charities Aid Association, New York City Welfare Council, the local chapters of the National Foundation for Infantile Paralysis in the State, New York Association for the Aid of Crippled Children, the Catholic Charities, and many other state and local child health and welfare organizations with a logical interest in the Study

An Advisory Committee representing official and voluntary organizations is being invited to serve Agreement has been reached with the State Joint Hospital Board of the Postwar Public Works Planning Commission to include the Academy Study schedules with the survey of hospitals in the upstate area The same arrangement has been made with the United Hospital Council of Greater New York now conducting a hospital survey in New York City This splendid assistance by the hospital survey authorities represents a substantial saving of time and effort for the Academy Study

The other institutions, health agencies, pediatricians, general practitioners, and dentists will be reached by mail and personal contact by key physicians or other representatives in each of the sixty-two counties of the State. Questionnaires will be mailed out to physicians and dentists in the State beginning about June 1 The success of the Study depends upon the willingness of every physician to fill out his one-page questionnaire and return it promptly Even though the physician sees no children in his practice, he should return the questionnaire with this information

---

PROGRAM FOR TRAINING OF SPECIALISTS ANNOUNCED BY THE BUREAU OF MEDICINE AND SURGERY UNITED STATES NAVY

Establishment of a long term program for training of specialists, involving the designation of 9 large naval hospitals as special centers of instruction, is announced by Vice Admiral Ross T McIntire, U.S.N Chief of the Bureau of Medicine and Surgery

Intended to fulfill more adequately the medical and surgical needs of an expanded peace time Navy, the program will make available to medical officers a complete term of specialization training comparable to the best obtainable in civil life. All of the recognized specialties will be taught, including anesthesiology, dermatology and syphilology, internal medicine, neurosurgery, obstetrics and gynecology, ophthalmology orthopedic surgery otolaryngology, pathology, pediatrics plastic surgery, psychiatry and neurology, radiology surgery and urology

The nine postgraduate teaching centers will be set up at the following naval hospitals Chelsea, Massachusetts, St. Albans New York Philadelphia, Pennsylvania, Bethesda, Maryland, Great Lakes Illinois, San Diego, Long Beach, and Oakland, California, and Seattle, Washington

The board of honorary consultants to the Navy Medical Department composed of ranking civilian members of the profession, has actively cooperated in formulation of plans and will assist in their development.

Instructors will include not only the regular staffs of the 9 special training centers but also members of the Naval Reserve Medical Corps who are outstanding in their various fields of medicine and surgery Duties of the latter, as volunteers will include consultations in problem cases and organization of the curricula. Headquarters of the program will be in the Bureau of Medicine and Surgery and a central advisory committee will be created

Present plans, which are flexible call for a definite period of training for the young doctor who enters the Navy upon his graduation from medical school. This period would cover 1 year's internship, 1 or more years of residency training, 2 years of sea or foreign shore duty, and, finally a definite period of intensive work in this country in that field of medicine which the officer has chosen and which has been approved by the central advisory group

Chief advantage of the program, from the individual doctor's point of view, is that it gives him an opportunity to become a specialist without the financial, assignment, and other complications which attend the same effort in civil life. The training will not be given to those medical officers who do not wish to specialize or who demonstrate that they are better fitted for general practice

Internships and residency training will continue to be given at all naval hospitals which are properly accredited with the more advanced teaching being offered at the 9 specialization centers. Augmenting the latter will be the postgraduate facilities of a number of civilian teaching institutions, to be announced.—*Bulletin of the American College of Surgeons, February, 1946*

Department of Workmen's Compensation

CONDUCTED BY DAVID J KALISKI, DIRECTOR

Mary Donlon Fund

THE Mary Donlon Fund for the New York State School of Industrial and Labor Relations was presented to Dr Edmund E Day as President of Cornell University, of which the school is a part, on Wednesday, April 17, 1946, at the University Club, New York City The Fund consists of surplus funds from the testimonial dinner tendered to Miss Donlon on December 12, 1945, at the Hotel Commodore, which was attended by over a thousand persons representing industry, labor, the medical profession, insurance carriers, and the public generally Mr Henry D Sayer, general manager of the Compensation Insurance Rating Board, and Messrs Thomas J Curtis, Martin Hilfinger, and Dr David J Kaliski formed the presentation committee

Miss Mary Donlon, a distinguished Cornellian and trustee of the University, is Chairman of the Workmen's Compensation Board of the Department of Labor

---

ARMY NEUROPATHOLOGIST'S REPORT ON EXAMINATION OF DR. ROBERT LEY'S BRAIN

The brain of Dr Robert Ley, Nazi leader, which was shipped by air to the United States in November of last year for gross examination and microscopic study by Army pathologists shows "a long-standing degenerative process of the frontal lobes"

Degeneration in the brain of Dr Ley, who hanged himself to avoid trial as a war criminal, was sufficient to account for the unusual behavior of the former German labor leader

Reports on the results of the neuropathological study of the brain, which was made at the Army Institute of Pathology under the direction of Colonel J E Ash, stated that photographs of the brain show considerable thickening of the brain covering over the frontal lobes of both sides The underlying convolutions as well as some of the blood vessels are hidden from view by this thickening However, the rest of the brain has a normal appearance, in that it is delicate and transparent

Slight atrophy is indicated by the prominent condition of the grooves between the convolutions of the frontal lobes, and examination of the frontal lobes under the microscope disclosed a long-standing degenerative process, which in medical parlance is referred to as a "chronic encephalopathy"

This disease process cannot be ascribed to the airplane accident Dr Ley suffered in 1917, because the damage is so symmetrical, according to Army pathologists They also added that there is no evidence of pre-existing meningitis

Dr Ley's type of degeneration, the report pointed out, is sometimes seen in those addicted to alcohol, but proof that alcohol is in itself a causative factor is completely lacking The degeneration is of sufficient duration and degree to have impaired Dr Ley's mental and emotional faculties and could well account for his alleged aberrations in conducts and feelings, since normally the frontal lobes are requisite for complex types of thinking and for a proper development of the "social sense" and since they exercise a restraint on emotional impulses, the report explained

—*Journal of the Michigan State Medical Society, March, 1946*

IMPROVEMENT IN MEDICAL CARE

"Those who are agitating for an elaborate Federally controlled national health program, such as that proposed by President Truman in his message to Congress, lay great stress on the shortcomings of the existing system They thereby create the impression that individual states and communities have 'failed' to solve the nation's health problem, and that therefore it is time for the Federal Government to take over the job

"In making that assumption they ignore an impressive movement looking toward improved health care that is now showing intense activity throughout the country It is a movement not inspired from above but initiated by the communities It is not revolutionary, but a continuation of a health program that has been going on for years It is what used to be called typically American, in that it is an effort on the part of the people to help themselves instead of waiting for somebody else to help them."

—Editorial, *Baltimore Sun*, January 8, 1946—*Journal of the Michigan State Medical Society, March 1946*

Medical News

Passano Foundation Makes Award to Dr Goodpasture

DR. ERNEST W GOODPASTURE, Professor of Pathology and Dean of the School of Medicine of Vanderbilt University, Nashville, Tennessee is the 1946 recipient of the Passano Foundation Award Presentation of the $5,000 cash award was made at an appropriate ceremony in historic Osler Hall of the Medical and Chirurgical Faculty of Maryland in Baltimore, on the night of May 15

The Foundation, which was established in 1944 by the Williams and Wilkins Company, Medical Publishers, of Baltimore, proposes to aid in any way possible the advancement of medical research

Dr Goodpasture received the award for his original development of the method for propagation of viruses in pure culture by inoculation of chick embryos and for his outstanding contributions to advancement of knowledge of the cell-parasite relationship in bacterial and virus infection

Residencies in Physical Medicine Available

OPPORTUNITIES for appointment as resident in physical medicine are available at the following hospitals affiliated with the Faculty of Medicine of Columbia University Presbyterian Hospital, New York Post-Graduate Hospital Mount Sinai Hospital, Goldwater Memorial Hospital, and Montefiore Hospital.

These residencies have been developed as part of the program of the graduate training in physical medicine sponsored by the University The purpose of this program is to provide a sound background for a career in the field of physical medicine based on clinical experience under supervision and an appreciation of the related fundamental sciences

The residencies consist of four months of basic instruction at the medical school followed by twelve months of clinical work at the hospitals Appointments are made annually and are subject to renewal for periods up to three years. Applications should be made directly to the hospitals.

A limited number of those who have completed the first or second years of the residency or have a sound background in a related basic medical science may apply for fellowships in physical medicine at the University

Applications for fellowships should be submitted to the Dean of the Faculty of Medicine, Columbia University 630 West 168th Street New York City

Symposium on Industrial Medicine to Be Held in June

THE Department of Medicine of New York Post-Graduate Medical School, Columbia University announces a Symposium on Industrial Medicine to be held June 10 through June 14 The Symposium will be directed by Dr Harry J Johnson and Dr Frank R. Ferlaino

All applications and inquiries should be addressed to the Director of the School 309 East 20th Street, New York 3 New York The fee is $45

Two features will be added to the program this year There will be an evening showing of the sound moving picture made by General Motors entitled 'The Doctor in Industry" This will be followed by a round table discussion on the value of an industrial health maintenance program

Also on Saturday following the course, a visit will be made to one of the nearby General Motors plants

Fellowships in Health Department Available

FIVE fellowships have been established by the New York State Department of Health for the training of physicians in the public health laboratory field The appointments are for a period of one year and are open to physicians with postgraduate laboratory training who wish additional experience in pathology bacteriology or biochemistry to qualify for positions in the public health laboratories in New York. Candidates must be United States citizens who have graduated from a medical school approved by the American Medical Association and who are licensed or eligible to take the examination for license to practice medicine in New York State. Inquiries should be directed to the Division of Laboratories and Research, State Department of Health, Albany 1 New York.

County Society News

Albany County

Dr C Stuart Welch of Albany recently released from the Army in which he served as a lieutenant colonel, has been appointed a professor of surgery at the Tufts Medical College

Dr Welch was graduated from Tufts in 1932 and served as a fellow in surgery at the Minnesota Mayo Foundation until he came to Albany in 1937 *

Dr Alvan I Barach, associate professor of clinical medicine, College of Physicians and Surgeons, Columbia University, was the speaker at a meeting of the Albany County Medical Society, April 24, in Albany

Dr Barach presented all the information now available on the use of aerosol penicillin. A business session preceded his talk.*

Dr Edward R. Schlesinger, of Syracuse, has been named Acting Director of Maternal and Child Health Division of the State Health Department Dr Schlesinger succeeds Dr Helen H Owen, Altamont, who retired Monday after twenty-three years' service *

. . .

Maj Harold Bellin, of Albany, returned from the Army Medical Corps in April and has resumed his practice in general surgery

Entering service in September, 1942, he was assigned as post surgeon and commanding officer to the Station Hospital at Clinton Prisoner of War Camp, Clinton, Miss Later transferred to Camp Rucker, Ala , he served as chief of orthopedic surgery and medical examining board chief *

.

Dr Harold G Wolff, associate professor of medicine and psychiatry at Cornell University, addressed an open meeting in March at the Albany College of Pharmacy, opening a campaign by Albany Area physicians to increase public understanding of a new medical field He spoke under the sponsorship of the Albany Society for the Advancement of Psychosomatic Medicine *

. .

The medical societies of Albany and ten nearby counties, preparing for operation of a pre-payment medical plan by fall, discussed at their April meeting a proposed schedule of fees to be charged patients

Dr Lyle A Sutton, of Albany, said that the fee schedule now is in the "formative" stage but that it may be adopted by the eleven societies in June *

Allegheny County

Dr Edward W Briggs, Jr , surgeon with nearly five years' service in the U S Army and nine years of practice in surgery with the New York State Department of Mental Hygiene, opened offices April 1 in Wellsville

Dr Briggs was graduated from the University of Pennsylvania Medical School in 1932

In addition to his service in Guadalcanal he also was assigned to Naval hospitals in Philadelphia and on the West Coast

While with the state department he had charge of surgery at the Harlem Valley State Hospital in Dutchess County

Broome County

Six Binghamton doctors attended an annual meeting of the Central Section of the American Urological Association of Western New York and Ontario at Buffalo recently

They included Dr Ernest Hock, Dr D O Chamberlain, Dr Alfred L Wolfe, Dr Joseph Sabak, Dr James DeJutte, and Dr Edward Forgrave The latter four are interns at Binghamton City Hospital who completed their national board examination prior to the conference

Officers were elected and discussions of "Hyaluronidase and Its Relation to Sterility" and "Streptomycin in Urinary Infections" were held

. .

Three doctors from this County were honored at a banquet of the alumni association of Albany Medical College, March 19, in Albany

Dr Edward Gillespie, Dr Edward Parrish, of Oneonta, and Dr Philip S Young, of Sidney, were presented with fifty-year certificates marking the golden jubilee of their graduation from Union University

A native of Schenectady, Dr Gillespie was graduated from Albany Medical College in 1896 and began service on the staff of the Binghamton State Hospital in that year

. . .

Dr Richard Trozzo, of Binghamton, has been discharged from the Army Medical Corps and has resumed his practice in Binghamton The physician entered the Army in November, 1942 and served fourteen months on the staff of the 104th U S General Hospital in England Since his return from overseas, Dr Trozzo has been on the staff of Rhoads General Hospital, Utica.*

. . .

Members of the Broome County Medical Society have unanimously endorsed a central blood bank for Broome County

A resolution describing the present system and facilities for dispensing blood and plasma in the county as "woefully inadequate" to the needs of the community, was passed on March 12 in the City Hospital

The Medical Society also heard an address by Dr Lester S Knapp, attending physician at the Buffalo General and Millard Fillmore Hospitals, Buffalo *

Bronx County

Two lectures were presented at the April meeting of the Society Dr Manfred Sakel spoke on the rationale of shock therapy and chemical shock therapy, and Dr Joshua Leiner discussed electric shock therapy

Cayuga County

The Cayuga County Medical Society has issued for display by its members a card addressed "to the patient whose doctor served in the armed forces" The card reads "As your doctor returns to civilian practice, please feel free to again seek out his service. We encourage you to do this in appreciation of what he has sacrificed for all of us He merits our fullest support during his period of reconversion to civilian life We are pleased to have served you in his absence and appreciate your tolerance of our limited service"*

Chautauqua County

Dr William W Plummer, professor of orthopedic surgery at the University of Buffalo, School of Medicine, addressed a dinner meeting of thirty members of the Jamestown Medical Society in the Hotel Jamestown on March 30, explaining the treatment of war injuries of the extremities from combat zones through reconstruction hospitals Dr Frederick R. Weedon, director of Municipal Laboratory and president of the Society, presided A technical floor discussion followed the speaker *

Chemung County

After forty-two months in the Army, Dr Henry B Marshall returned to Elmira and resumed the practice of urology in March

---

* Asterisk indicates that item is from a local newspaper

Dr Marshall began active duty as a first lieutenant in the Army Medical Corps in September 1942 and was assigned to Lawson General Hospital In October, he was transferred to Moore General Hospital at Swannanoa, N C, where he served as assistant chief of urology

Later, he was assigned chief urologist with the 80th Evacuation Hospital.

He won the rank of major in August 1945 He wears the American Theater ribbon, the Asiatic-Pacific Theater ribbon the Victory Medal and the Meritorious Service Unit Plaque

Prior to entering service Dr Marshall was associated with the late Dr Elliot T Bush in Elmira.*

Dr Leo J Palmer will return as superintendent of the Reformatory in Elmira on April 1 after an absence of one year and nine months

Frank Smith superintendent, will retire from the state service after thirty-six years and five months and return to his boyhood home Kerhonkson Ulster County *

Chenango County

The members of the Executive Committee for the Chenango County Field Army of the American Cancer Society are

Dr William D Mayhew, of Oxford president of the Chenango County Medical Society, Dr Martin H. Jacobi, of Norwich, Dr B L. Dodge of Bainbridge, Mrs. Eva M Fuller, of Sherburne, Deputy Commander, and Mrs. Pauline Park

Dr Mayhew, Dr Jacobi, and Dr Dodge have also volunteered to serve on the Speakers' Bureau They will speak at meetings held throughout the county, discussing the medical aspects of cancer prevention.*

Clinton County

Dr Thomas Avery Rogers, Plattsburgh, was honored at the banquet of the alumni association of Albany Medical College in Albany, March 19 when he was presented a fifty-year certificate marking the golden jubilee of his graduation from Union University

Dr Rogers shared honors with nineteen classmates and with Dr Carter Davidson who was welcomed as the new chancellor of Union University an institution which unites Union College in Schenectady Albany Medical College, Albany Law School Albany College of Pharmacy Dudley Observatory and the Union University School of Nursing in Albany *

The Army Service Forces Training Center, Camp Plauche, New Orleans, Louisiana, announces that Maj Harry L. Freedman, (MC), of Dannemora, has, by the direction of the President of the United States, been awarded the Legion of Merit decoration by the War Department. Major Freedman was decorated for exceptionally meritorious conduct in the performance of outstanding services for his country

Columbia County

Dr Algird White, of Stottville, veteran of World War II established an office in May for the practice of medicine in Philmont.*

Dr Joseph P Gold, of Hudson, recently honorably discharged from the Army, has resumed medical practice

Dr Gold, who served in the Army as a captain, was in the service approximately two years. He was a member of staffs in various Army hospitals in the South and Southwest.*

Dr Edward F Urba, of Kinderhook was appointed to the County Board of Health in March Dr Urba's term will conclude on December 31 1946 he being appointed to fill the term due to the resignation of Dr Leon J Shank, of Kinderhook. Dr Shank had resigned shortly before his death recently *

Delaware County

Dr Curtis P Bight has opened an office for the practice of medicine in Kingston.

Dr Bight practiced previously at Fleischmanns until 1943 when he joined the Army Medical Corps. He went overseas to France with the 116th Evacuation Hospital and later saw action with the 57th Field Hospital in Germany *

Dr Harold Guzzo recently arrived in Margaretville and began the practice of medicine in the former offices of Dr Maurer *

Dutchess County

Dr J E. Vigeant was honored at a testimonial dinner in observance of his fifty years in medicine at the Nelson House, Poughkeepsie, in April. The Dutchess County Medical Society sponsored the dinner and Dr Henry Nobel MacCracken president of Vassar College, spoke. Dr Vigeant has been practicing medicine since 1903 *

Dr Charles Lamont, of Poughkeepsie, who has been on terminal leave from the United States Naval Reserve since February 15, has been appointed by the Board of Health to be parochial school physician.

Dr Lamont was the first Dutchess County physician to enlist in the Navy during the war He served with the Amphubious Corps after volunteering for service in November 1942, and participated in the Sicily invasion and the battles of Salerno and Anzio

Dr Lamont practiced in Poughkeepsie three years prior to his commencement of naval activities. He was graduated from Georgetown Medical School.*

Dr Frederick S. Zipser of Flushing, L.I., is now conducting a general practice in Red Hook.*

Dr Michael J Badeen has reopened his offices in Millerton.

Dr Badeen who served as a captain in the Army Medical Corps, entered the service on August 29 1942. In England he was chief of General Surgery at the 307th Station Hospital until December,

1943 He was also with the 3rd Army 8th Convalescent in North Wales

Dr Badeen was in charge of Surgical Unit L S T 311 during the invasion of Normandy and was with the late General Patton's 3rd Army in the drive through Normandy and France He was also with Gen Simpson's 9th Army and with the 7th Army of Occupation

His decorations include four battle stars, an arrowhead, and certificates of merit Dr Badeen earned on his medical practice in Millerton for approximately two and a half years before the war *

. . .

The May meeting of the Dutchess County Medical Society was held at the Pavilion, Hudson River State Hospital, Wednesday evening, May 8, 1946 at 8 30 P M

A gastrointestinal symposium was conducted by Dr John Bruckner, of New York City

Erie County

An Army medical officer for three and a half years, Maj John C Kinzly, North Tonawanda, was discharged late in May, when he resumed his medical practice

Doctor Kinzly was chief of surgery at Syracuse Army Air Base before going to the Air Base depot in England He served in France and later as base surgeon at the Air Force Replacement Depot at Furstenfeldbruck, Bavaria, near Munich He was overseas twenty-eight months *

. . .

Add to Dr Francis E Fronczak's titles Health Commissioner Emeritus of the City of Buffalo Upon the recommendation of Mayor Bernard J Dowd, the HCE degree was conferred in March by the Common Council on the commissioner, who retired from his city job to accept a post with UNRRA in Poland April 1 *

Col Charles D Shields, of Buffalo, subject to his release by the Army, will succeed Dr Fronczak

. . .

Dr Stockton Kimball, assistant dean of the University of Buffalo, School of Medicine, for nineteen months, was appointed acting dean by Chancellor Samuel P Capen He fills the vacancy left by the death of Dr Edward W Koch, dean for sixteen years

Dr Kimball received his medical degree from the University of Buffalo He was appointed instructor in medicine and pharmacology in the Medical School, later promoted to associate and named assistant dean in July, 1944 *

Franklin County

Dr Alfred A Hartmann, of Malone, who left his medical and surgical practice in April, 1941, to serve as a medical officer with the U S Army, has resumed his practice *

Fulton County

A number of doctors who have seen service overseas in various branches of the armed forces spoke at the March meeting of the Fulton County Medical Society held in Hotel Johnstown

Dr John R Ford spoke on his observation in the China Theater of War and Dr R D Kunkel told of the general setup of the Army Medical Corps

Dr Malcolm McMartin, of Johnstown, reviewed his experiences in a battalion aid station in Italy, while Dr M E Bruckner told of his experiences as a flight surgeon Dr H C Hageman told of various tropical medicines *

. . .

Capt Joseph Thompson, of Gloversville, has enrolled at Cornell University Medical Center, New York City, for a six months' course in internal medicine under Dr David Barr

Capt Thompson received his discharge April 1 and will resume his practice of medicine at 75 First Avenue about November 1

Capt Thompson was in service three and a half years and overseas two years He was connected with the First General Hospital of the Bellevue unit and served in the European theater *

Genesee County

Dr George S Young, of Batavia, who served in the Navy for two years, has received his discharge, and has returned home He plans to resume his practice in the near future

Dr Young was in the South Pacific for nineteen months and was in the Philippine area and Japan

. . .

Dr Osborn P Willson, of Batavia, is now engaged in the practice of medicine in Le Roy

During World War II, Dr Willson served twenty-six months overseas in both the Atlantic and Pacific theaters of operations He went on terminal leave on December 19, 1945, and since then has been taking refresher work at the Rochester General Hospital *

Greene County

Dr Frances E Persons, of Lexington, president of the Medical Society of the County of Greene, welcomed back to active practice three of Greene County's outstanding physicians, who volunteered their services to the United States armed forces

The three doctors are Dr William Petry, of Catskill, Dr Curtis Lacy, of Freehold, and Dr Frank Greenwald, of Prattsville

Jefferson County

Dr Henry Babcock, of Watertown, received his honorable discharge as a lieutenant-commander in the USNR in March.

Dr Babcock has been stationed for the past year at the Philadelphia Naval Hospital in the Neuro-Psychiatric Division, Philadelphia, Pennsylvania On May 1, he entered Butler Hospital in Providence, Rhode Island, as resident physician *

. . .

The March meeting of the Medical Society of Jefferson County was held at the Black River Valley Club The speaker was Dr Walter W Street, professor of clinical medicine at the Syracure University College of Medicine, who discussed "Clinical Diagnosis and Treatment of Cardiac Arrhythmias" *

. . .

Dr W Webber Young, of Watertown, formerly commander in the Medical Corps of the U S Naval Reserves, has returned home and has resumed his medical practice after more than forty-six months of active service in World War II

Kings County

The Medical Society of the County of Kings and Academy of Medicine of Brooklyn held their stated meeting Tuesday evening, April 16 1946, in MacNaughton Auditorium. The Scientific Program consisted of two lectures "The Abuse of Narcosis During Parturition" by Robert A. Hingson M D, Surgeon, U.S Public Health Service University of Tennessee, Memphis, Tennessee, and "Cesarean Section" by Edward A. Schumann, M D, G A C S Chief Obstetrician and Gynecologist, Philadelphia General Hospital, Philadelphia, Pennsylvania.

As a part of the educational program of the Brooklyn Cancer Committee, a gift of $200 will be made to the Medical Society of the County of Kings for use in adding more literature on cancer to its library, it was announced recently by the Information and Education Committee of the Brooklyn Cancer Committee.*

"Prevent World War III by keeping alive in people's memory the events of World War II" Dr Irving J Sands attending neurologist of the Neurological Institute, urged at the Kings County Medical Society meeting in March. He addressed a group of physicians in the first of the Spring series of Friday afternoon lectures on the subject "The Rehabilitation of the Neuro-Psychiatric Veterans."*

Lewis County

Dr Chris G Ronson, of Watertown, has returned to this city after recently being discharged from the Army as a captain, and will start a general practice of medicine and surgery with his offices in the Electric Building.

A dinner meeting was held April 11 at the Strife House Hotel, in Lowville by the Lewis County Nurses Association and the Lewis County Medical Society

Dr J G Frod Hiss, heart specialist of Syracuse, was the main speaker His subject was "Rheumatic Fever and the Cardiac Child" Dr Bruce M Phelps, president of the Lewis County Medical Society, introduced Dr Hiss.*

April marked the golden jubilee of Dr Frank M Ringrose as doctor for Constableville and its surrounding countryside.

It was just fifty years ago in the heart of the horse and buggy days, that Dr Ringrose came to Constableville to open his practice

A central New Yorker all his life Dr Ringrose was born in the town of Whitestown, January 19 1867 He received his education in the district school in Point Rock and in the Lee Center Union school. He was graduated in 1890 from Ives Seminary in Antwerp New York

He received the doctor of medicine degree from Syracuse University on June 14, 1894, and interned in Lying In Hospital New York. He returned to the scene of his early childhood, Point Rock, to begin his professional career, but in 1896 he came to Constableville.*

Madison County

Dr Richard Cuthbert, Canastota, Town of Lenox health officer, who recently returned from nearly four years of service in the Army Medical Corps, in March resumed the chairmanship of the Madison County Public Health Committee *

Dr Everett T Centerwall, former captain, home on terminal leave, has opened offices in the residence of his father, Charles Centerwall, Greene.

Service with hospital units took him to Ireland, England, France, Belgium, Germany, Czechoslovakia, and Italy During that time Dr Centerwall served with the 79th General Hospital, 897th Medical Professional Service, 28th Evacuation Hospital 59th Field Hospital, and the 300th General Hospital.

The regular Spring Meeting of the Madison County Medical Society was held at the Hotel Oneida Oneida, April 25 This was a combination dinner—business—scientific meeting, the first since the return of members from military service

The business meeting included reports of the Special Committees on the Madison County Welfare Department Fee Schedule and the Cancer Committee

The Scientific Program consisted of a lecture entitled "Carcinoma of the Lung—Its Diagnosis, Treatment and Prognosis," by Walter F Bugden, M.D of Syracuse New York The paper was illustrated by several chest films, showing various stages of this disease

"The Basic Science Law," was discussed by Charles Gullo, M.D, of Mount Morris, who is one of the proponents of a basic science law for medical practice

Monroe County

The Medical Society of the County of Monroe announced in April that the following physicians had returned from military service Dr Raphael Farber Dr Theodore B Steinhausen, Strong Memorial Hospital, Dr Charles M Furtherer, Dr George Gamsu, Dr F K. Holzwarth, Dr Herbert R. Brown, Jr, Dr Jean Chamtreuil, Jr, and Dr Baxter F Davies.

Also Dr Sidney Foyder, Dr Leo J Hofschneider Dr Albert Baronas, Dr Knox Brittain, Dr Norman Coulter, Dr Barnard Drexler Dr P F Metildi, and Dr Harold Friedman, all of Rochester *

Dr Francis C Ward has returned to his practice in Odessa after three and a half years of Army duty The Odessa physician served in the Army from September 15, 1942, until his recent discharge with the rank of major He was sixteen months overseas, being stationed in England and in France

A flight surgeon with the Eighth Air Force while in England he gave medical attention to Gen Jimmy Doolittle and Gen. O A. Anderson of the strategic general staff

Dr Charles E. Noonan, recently honorably discharged as an Army captain after three years service has reopened his offices in Rochester

Dr Noonan, who was a member of St Mary's Hospital staff before he went into service, last was stationed at Rhoads General Hospital in Utica *

• •

Appointment of Dr William P Van Wagenen, associate professor of neurological surgery at the University of Rochester School of Medicine and Dentistry, as consultant in neurosurgery of Veterans Administration Branch 2 Area has been announced *

Nassau County

Dr Harold Bernstein, recently separated from the Army Medical Corps, has resumed the practice of medicine in Rockville Centre after four years of military service *

• •

Dr Merny M Laster has become associated with Dr Irving Pinsley in the general practice of medicine in Freeport

Dr Laster is a graduate of Columbia University, College of Physicians and Surgeons, and interned in several prominent hospitals in New York City Before enlisting in the United States Army, where he served as flight surgeon for three and one-half years, Dr Laster practiced in Brooklyn *

• • •

Capt Abner Morris, an army doctor for three and one-half years, has resumed his medical practice in Hewlett, having been honorably released from the service *

• • •

Dr Raymond J Vavrina, of Floral Park, has resumed his private practice after three and one-half years in the United States Army During his period of service, Dr Vavrina spent two years overseas while attached to the 121st Station Hospital He held the rank of captain *

New York County

Dr Samuel A. Levine, of Boston, spoke on the subject "Some Pitfalls in the Care of Cardiac Patients," at the April meeting of the County Society

• •

Dr Anthony Bassler, of New York City, has been selected as vice-president of the International Gastroenterologic Society and president of the permanent International Committee of the organization

• • •

The Medical Society of the County of New York announced the inauguration in March of a campaign for the collection of medicines, drugs, appliances and medical journals from physicians in Manhattan for shipment to the Philippine Islands

Dr Roy B Henline, president, reported a distressing shortage of nearly every type of essential medicine and medical supplies there He urged members of the Society to ransack their supply closets thoroughly *

•

Dr Charles Bramman Meding, executive surgeon of the Harlem Eye and Ear Hospital, was feted on April 5, the eve of his eightieth birthday, at an informal dinner in his honor by the board of directors of the hospital at the Hotel Ambassador Spending almost sixty of his eighty years as a member of the staff of the hospital, Dr Meding became a secretary there in 1887, the same year he received his degree from Columbia University's College of Physicians and Surgeons

• • •

The 141st Annual Meeting of the County Society was held on May 27 In addition to election of officers there were heard consideration of Annual Reports, amendments were proposed to the Constitution and Bylaws, and the Presidential Address was given by Dr Roy B Henline

Niagara County

Dr Charles M Brent, of Niagara Falls, was recently elected president of the Niagara County Medical Society Dr Charles M Drake, Jr, of Niagara Falls, was the society's choice for secretary and Dr John C Kinzly, of North Tonawanda, is vice-president *

• • •

Dr Richard Wills, of Niagara Falls, who was recently released from the U S Army after four years' service, much of which was spent in the Pacific theater of war, has entered the practice of medicine here as an associate in the office of Dr Edward Stebbins, United Office building *

Oneida County

Dr Jules Redish, assistant professor of medicine, New York University, College of Medicine, discussed renal and cardiac aspects of arteriosclerosis and aging—diagnosis and treatment, at the April meeting for the Oneida County Medical Society *

• • •

Dr Samuel Kant, who has maintained an office for the practice of medicine in Clayville for the last two and a half years, has opened a second office in Chadwicks *

• • •

Oneida County doctors who have recently been discharged from the service include the following Dr John R Malcewicz, Dr Walter J Karwowski, Dr Ardow Ameduri, Dr James Wilson, Dr Paul Cahn, Dr Edward V Stanton, Dr Stuart E Krohn, and Dr James S Heywood, all of Utica, and Dr Charles H Vadney, of Lyons Falls, who will open an office in Utica

Onondaga County

The following doctors, discharged from service recently, have returned to their practices in Onondaga County Dr Albert W Van Ness, of Syracuse, Dr Leonard Nichols, of Syracuse, Dr John W Rowlingson, of Syracuse, who will practice in Fayetteville, Dr Leon A Goldstein and Dr George M Raus, both of Syracuse

Ontario County

A quarterly meeting of the Ontario County Medical Society was held in Clifton Springs Sanitarium, Wednesday, April 10 A clinic was given by members of the sanitarium staff

President Bryant C Hurlbutt, Rushville, conducted the business meeting followed by dinner *

Orange County

A county wide, public, illustrated lecture on cancer control has been arranged by the Orange County Medical Society cancer committee headed by Dr H M. Gasparian, pathologist of Cornwall Tumor Clinic and Mrs. E. M Siegler, captain of the Cornwall unit of the Field Army Two surgeons from the Memorial Hospital in New York delivered talks at the New York Military Academy Chapel on March 26.

Dr A F Hocker, consultant to the Cornwall Tumor Clinic and associated radio-therapist at Memorial Hospital, spoke on "The Role of Tumor Clinics in Cancer Control," and Dr Gordon McNeur, attending surgeon at the same hospital talked on "Earliest Stages and Symptoms of Cancer '*

Dr Robert W McCullough formerly of the Welsh Convalescent Hospital at Daytona Beach Florida, will be associated with Dr J Emerson Noll, who will return to Port Jervis soon

Dr McCullough is a lieutenant colonel having served several years in the armed forces He specializes in surgery *

Dr James C Donovan, chief surgeon of the surgical staff at St Luke's Hospital, Newburgh, discontinued general medical practice on April 1 and will confine himself to general surgery

Dr Paul Watson, formerly lieutenant commander in the Navy has resumed his medical and surgical practice in Newburgh *

Lt. Col Theodore R. Proper, (MC) recently discharged from the Medical Corps of the United States Army after three and a half years' service has resumed the practice of medicine and surgery in Newburgh.*

Otsego County

Otsego County Medical Society has heard a strong endorsement of the public health nursing service as it is carried on in two neighboring counties.

The endorsements were given by Dr Donald Davidson, Hancock, and Dr Roy Dougall Cobleskill who took part in a symposium on that topic at a meeting of the Otsego Society in March. Miss Marion Sheehan, Albany, director of public health nursing, New York State Department of Health, also participated in the discussion.*

Dr Edwin Olmstead has resumed the practice of medicine in Edmeston after spending forty-two months in the armed services, thirteen months of which were spent in the Pacific area.*

Queens County

Lt. Comdr John P Burghardt (MC) USNR, discharged from active service on March 6, has resumed general practice in Bayside where he has been serving the community as a doctor since 1933

Dr Burghardt served three years in the Navy, eighteen months of which were spent overseas. Before entering the armed forces he was on the surgical staff at the Flushing and Queens General Hospitals.*

A Legion of Merit was presented in Washington recently to Dr Arthur S. W Touroff, a consulting surgeon at Flushing Hospital, for outstanding services in thoracic surgery during two years with the Army *

Dr Roy A. Wolford, assistant director, Tuberculosis Service Veterans Administration Central Office, was the speaker at the April meeting of the Society His subject was "The Medical Program of the Veterans Administration '

Oswego County

Opposition to plans, announced by Oswego Hospital, for providing radiology, pathologic laboratory anesthesia, and physical therapy services to patients in the institution is made in a resolution adopted in April by the Medical Society of the County of Oswego, of which Dr Robert C Robb, Phoenix, is president, Dr F L. Carroll, Oswego, vice-president, and Dr L. H Morisette, Oswego secretary treasurer *

Rensselaer County

Two new members were accepted at the March dinner meeting of the Rensselaer County Medical Society They are Dr Kennedy Creevey until recently in the Navy who has been transferred from the Washington County Society and has begun a surgery practice in Troy, and Dr Henry Bejian, recently discharged from the Army Medical Corps who has begun duties at the Samaritan Hospital *

Lt. Comdr John H Sulzman, of Troy, has received a letter of commendation with a ribbon for "meritorious conduct" in the performance of his duties in the Medical Research Department, Submarine Base, New London, Conn. from April to December 1945 *

Richmond County

Dr Isadore Gordon, of West Brighton, has resumed his practice after being discharged from the Army Medical Corps

Other physicians who have returned to Richmond County after service with the armed forces are Dr Thomas J Larocca of Port Richmond, Dr Laurence E. Viola, of Great Hills, and Dr George W McCormick, of Staten Island.

Dr Michael A. Salamone, of Staten Island, who has just completed an eighteen months' residency in St. Vincent's Hospital reported for duty in April at an Army post in Texas. He holds the rank of first lieutenant in the U.S Army Reserve *

Saratoga County

The proposed plan for health insurance came before the meeting of the Saratoga County Medical Society April 18

Dr Malcolm J Magovern, secretary, mailed to all members of the Saratoga County Medical Society a copy of the Proposed Plan for the Northeastern New York Medical Service being organized in thirteen surrounding counties in which the medical society of each county will sponsor this type of protection under the Blue Cross.*

. . .

Dr William Howard, of Albany, discussed the position of the Association of American Physicians and Surgeons in Medical Economics at a special meeting of the Saratoga County Medical Society in March.*

St Lawrence County

Dr John H Stauffer has resumed his former practice in Canton

Dr Stauffer was former assistant chief of Orthopedic Surgery, the Rhoads General Hospital, Utica, before leaving military service *

. . .

Capt William Sapsin, former Canton physician, has been relieved from active duty at Ft Dix ASF Separation Center and has opened his office in Canton for the practice of internal medicine *

. . .

Capt L J Baker, United States Army Medical Corps, now stationed at Halloran General Hospital, Staten Island, will soon resume his former practice as ear, nose, and throat specialist in Ogdensburg Dr Baker was the first local physician to volunteer for service with the Army after Pearl Harbor *

Schenectady County

Dr Clayton W Greene, professor of medicine at the University of Buffalo, School of Medicine, discussed chemotherapy and the antibiotics at a postgraduate instruction given for the Schenectady County Medical Society in March *

. . .

Dr Walter M Clark, Dr Jesse M W Scott, and Dr Edward J Wiencke, all of Schenectady, shared honors with nineteen classmates in March at the banquet of the alumni association of Albany Medical College at Albany They were presented fifty-year certificates marking the golden jubilee of their graduation from Union University *

. . .

Several doctors from the County have recently been discharged from the service They are Dr Myron J Dybick, Dr Raymond H Warner, Dr Hans M Rozendaal, and Dr Quentin E Dinardo

Suffolk County

Dr Francis S Elson, a specialist in skin diseases, who entered the armed forces in 1942, has reopened his office in Huntington Dr Elson has been associated with the New York Post-Graduate Skin and Cancer Unit for many years and is on the dermatology staffs of the Queens General Hospital, Jamaica Hospital, and Huntington Hospital He is a Diplomate of the American Board of Dermatology *

Sullivan County

Dr Edward P Maynard, Jr, professor of clinical medicine, Long Island College of Medicine, spoke on heart disease and pregnancy at a meeting of the Sullivan County Medical Society on April 3 at Monticello Hospital *

Steuben County

The Spring meeting of the County Society was held on April 11 at the Baron Steuben Hotel The scientific program consisted of a lecture by Dr Henry Field, Jr, associate professor of medicine, University of Buffalo School of Medicine, who spoke on "Differential Diagnosis and Treatment of Coronary Heart Disease"

Ulster County

Dr Harold W Brown, professor of parasitology, DeLamar Institute of Public Health, College of Physicians and Surgeons, Columbia University, spoke on tropical diseases in the returning veteran at a meeting of the Ulster County Medical Society *

. . .

Two Kingston physicians delivered radio broadcasts in April over WKNY to give impetus to the yearly Spring campaign of the American Cancer Society They were Dr Maurice Silk, president of the Ulster County Medical Society, who talked on cancer control and Dr B F Mattison, State Public Health Officer

. . .

Two County physicians who have opened practice in Kingston after serving with the armed forces are Dr Michael Diacovo and Dr Curtis P Bight

. . .

Dr Harry P VanWagenen, of Kingston, in March marked the fiftieth anniversary of his graduation from medical school

Westchester County

A group of Westchester County physicians were recently discharged from service and have resumed their former practices They include Dr John A. Ahouse, of Riverdale, Dr Valentine A Nowicki, of Yonkers, Dr Marshall H Wood, of Ossining, Dr Harry Meyer, of Yonkers, Dr William J Sullivan, of Bronxville, Dr Frank L Morton, of New Rochelle, Dr Ernest Kish, of Mt Kisco, and Dr G A. Petruzzelli, of Pleasantville

. . .

Dr Marvin R Thompson, chairman of the Board of Trustees, Columbia University College of Pharmacy, spoke to the members of the Society in April on "The Role of Amino Acids in Health and Disease"

GRANTS-IN-AID FOR BLOOD RESEARCH

The Blood Transfusion Association of New York City will resume grants-in-aid for research in the field of blood and blood substitutes in relation to transfusions

Those interested in obtaining such grants should write, giving full information concerning their projects, to the Chairman of the Research Grants Committee, at 2 West 106th Street

Necrology

Astrachan, Girsch David, M.D, of New York died on April 30, at the age of 51 He received his medical degree from Jena University, Germany, in 1923 Dr Astrachan was attending dermatologist and syphilologist in the outpatient department of the skin and cancer unit of New York Post-Graduate Hospital, on the staff of which he had served since 1926 He conducted fundamental research in treatment of syphilis and the care of patients He was associate in dermatology and syphilology at the New York Post-Graduate Medical School of Columbia University

Dr Astrachan was also assistant clinical professor of dermatology at New York Medical College and visiting dermatologist and syphilologist at Metropolitan Hospital, and was associated with the hospitals of the Department of Correction

Bowen, William W., M.D, of Glens Falls, was 63 at the time of his death on April 26 Dr Bowen received his medical degree in 1907 from Baltimore Medical College. He was head of the department of anesthesia at Glens Falls Hospital.

Crawford, John F., M.D., 71 of Brooklyn, former president of the Kings County Pediatric Society and a member of the Kings County Medical Society died on April 27 Dr Crawford received his medical degree from Long Island College of Medicine in 1903

He had served on the medical staffs of Long Island College Hospital, Samaritan Hospital, Seaside Home in Coney Island, and Kingston Avenue Hospital.

Devendorf, Frederick, M.D., of Herkimer died on May 5 at the age of 62 He received his medical degree in 1910 from Long Island Hospital. In the first World War he served overseas with the Army Medical Corps and, until his retirement from sea service in 1940, was ship's surgeon on the Leviathan and vessels of the Dollar Lines

Erdwurm, Frank, M D., of New York, died on April 26, at the age of 64 Dr Erdwurm was president of the Board of Visitors of the New York State Hospital for Treatment of Incipient Pulmonary Tuberculosis at Ray Brook, in Essex County, and was reappointed a year ago by Governor Dewey to a seven year term He was graduated from the College of Physicians and Surgeons, Columbia University, in 1903

Graves, Frederick, M.D., of Brier Hill, died on January 28 at the age of 81 He was graduated from Hahnemann Medical College Chicago in 1888. Dr Graves had held the office of health officer for Brier Hill until three years ago He was a member of the St Lawrence County Medical Society and the New York State Medical Society

Green, Harold A., M D., of Wynantskill, died on January 20 In 1937 he was graduated from the University of Hamburg He devoted much of his time to work among the underprivileged assisted at the weekly clinics in the Troy Health Building held in cooperation with the Rensselaer County Tuberculosis and Public Health Association, and also conducted clinics at Rensselaer and at Hoosick Falls. He was 35 at the time of his death.

Grigg, Walter K., M.D, of Albany, died on December 8. He was a graduate of Albany Medical College, class of 1927 Dr Grigg was a member of the American Medical Association and the State Medical Society

Hoyt, Henry A., M.D., of Watertown, died March 12, at the age of 81 He was graduated 1896 from the Syracuse University, College of Medicine Dr Hoyt was a former treasurer of the Fifth District Branch of the State Society, having been elected October 19 1910 He was an early member of the old Watertown City Medical Society, formed January 28, 1896 and became a member of the Jefferson County Medical Society in 1897 At his death, he was one of the society's oldest members

Dr Hoyt was a member of the American Medical Association of the New York State Medical Society, and the Jefferson County Medical Societies. He was a former member of the medical staffs of both the House of the Good Samaritan and Mercy Hospital.

Jenks, Gedney, M.D., of Hastings-On-Hudson, died on January 13 at the age of 66 He received his medical degree in 1908 from New York Medical College Dr Jenks was a member of the Medical Society of the State of New York.

Johnson, Darnell E., M.D., of Brooklyn, died on February 12 He was 36 years old Dr Johnson received his medical degree from Howard University College of Medicine Washington, in 1935 He was a member of the Kings County Medical Society and the Provident Medical and Dental Society, and the American Medical Association. After graduation, Dr Johnson taught in the medical department of Howard University Medical College.

Levy, Max, M D., 82 of Brooklyn, died on February 12 He was graduated from the College of Physicians and Surgeons, Columbia University, in 1885 Dr Levy was a general practitioner of medicine in Brooklyn for more than fifty years

Lilienthal, Howard, M.D, of New York, died on April 30 at the age of 85 Dr Lilienthal was graduated from Harvard University Medical School in 1887 He devised seven instruments or types of equipment ranging from a bullet forceps to a portable operating table He wrote more than 300 articles and books on surgery

Dr Lilienthal was consulting surgeon at New York Polyclinic Hospital, a surgeon at Bellevue Hospital from 1909 to 1940 and a professor of clinical surgery at Cornell University Medical School.

He was a former president of the American Society of Thoracic Surgery the New York Society for Thoracic Surgery the New York Surgical Society, and the Medical Society of the County of New York. He was a member of the American College of Surgeons and the American Board of Surgery, and a corresponding member of the Academie de Chirurgie He was a former surgeon general of the Military Order of the World War

Long, Joseph F, M D, of Brooklyn, died on January 8. He was 71 years old In 1895 he received his medical degree from Long Island College of Medicine. For many years he was physician for the Foresters of America. He was a member of the Kings County Medical Society, and at one time a member of the medical staff of the Kings County Hospital.

Martin, Thomas W., M.D., of Bronx, died on January 28 at the age of 83 Dr Martin was graduated from New York University College of Medicine in 1888. He was a pioneer medical practitioner in the Kingsbridge section of the Bronx.

McGovern, Louis V, M.D, of Brooklyn, died on April 29 He was 70 years old Dr McGovern was consulting physician at Wyckoff Heights Hospital and St. Catherine's Hospital in Brooklyn. He was [illegible]

of the heart and stomach for many years Dr McGovern was a member of the American College of Physicians, and a Diplomate in the American Board of Internal Medicine

McGowan, Hiram, M D, of Rock Glen, was 90 when he died on January 31 He was graduated from the University of Michigan Medical School, Ann Arbor, in 1881, and practiced medicine for over forty years in Buffalo and Brooklyn

Niver, Emmet, M D, of Hillsdale, died on March 21 He was 83 Dr Niver received his degree from Albany Medical College in 1889 He was a member of the Columbia County Medical Society

Nolting, William F, M D, of Brooklyn, died on January 25 at the age of 77 He received his medical degree from Long Island College of Medicine in 1895 During World War I, he served on a local draft board He was a member of the Kings County Medical Society, the Medical Society of New York State, and the American Medical Association

Oppenheimer, Edgar D, M D, of New York City, died on April 29, at the age of 62 Dr Oppenheimer received his medical degree in 1907, from the College of Physicians and Surgeons, Columbia University Associated with Beth Israel Hospital, Hillside Hospital in Jamaica, Queens, and the City Cancer Clinic on Welfare Island, he was also chairman of the medical board of consultants in charge of general medicine, pediatrics, and surgery for the Jewish Child Care Association

For twelve years he was the chief orthopedic surgeon of Beth Israel, and had at various times been on the staffs of Mount Sinai, Montefiore Hospital, and the Elizabeth, New Jersey, General Hospital He was a member of the New York Academy of Medicine and the American College of Surgeons In 1932 he received the medal of the American Academy of Orthopedic Surgery for his inventions in orthopedic surgery

Ormes, Cornelius F, M D, of Jamestown, died on March 26 He was 71 years old He was a past president of the Jamestown Medical Society and a member of the Chautauqua County, New York State societies, and American Medical Association He was a member of the visiting staff of the Gowanda State Hospital, was school physician for the Celoron and Lakewood schools and had formerly served four years as city physician

For thirty years, up to the time of his death, he served as city clinician Dr Ormes received his medical degree from the New York Medical College, Flower and Fifth Avenue Hospitals, in 1900

Piper, Stewart S, M D, of Elmira, died on January 21 He was 69 In 1906, he received his medical degree from the New York Medical College, Flower and Fifth Avenue Hospitals Dr Piper was examining physician for the present Company L, New York State Guard He was a member of the Chemung County and New York State medical societies

Read, Willard F, M D, of Hamilton, died on February 11 He received his medical degree from New York University College of Medicine in 1897 Dr Read was a practicing physician in Hamilton and a school doctor for many years

Reb, John Henry, M D, a physician in Brooklyn for the last fifty-two years, died on February 10 at the age of 72

Dr Reb was graduated from the College of Physicians and Surgeons of Columbia University in 1894 Long on the staff of Samaritan Hospital, Brooklyn, he was a member of the Board of Visitors of Kings Park State Hospital since 1928, and its former president, having been appointed to the board by the late Alfred E Smith when he was governor

Redding, Charles J V, M D, of Owego, died on January 31 He was 67 He was graduated from Cornell University Medical School in 1908 Dr Redding was a member of the Tioga County Medical Society and the Medical Society of the State of New York

Sandler, Joseph G., M D, of Ellenville, died on November 16 He was 35 In 1931 he received his medical degree from the Yale School of Medicine Dr Sandler was in the Medical Corps of the Navy and spent two years in the South Pacific

Shank, Leon J, M D, 55, widely known Kinderhook physician, died on March 1 He was a member of the Medical Society of the State of New York, and a past-president of the Columbia County Medical Society

Smith, Harry M, M D, of Canandaigua, died December 27 at the age of 56 He was graduated from New York University and Bellevue Hospital, New York City, in 1912 A member of both the Ontario County and Canandaigua medical societies, Dr Smith was secretary-treasurer of the Ontario County Medical Society He was a member of the American College of Surgeons, the American Medical Association, was medical examiner and surgeon for both the Pennsylvania and New York Central railroads, was president of F F Thompson Memorial Hospital staff in Canandaigua, and a member of the hospital board of directors, as well as chairman of the executive committee He was also former Ontario County Coroner

Smith, Henry Mitchell, M D, died on February 23 For twenty-seven years Dr Smith was a member of the faculty of the Long Island College of Medicine He started as an instructor there in 1908, and from 1923 to 1935, he was professor of ophthalmology He was made professor emeritus of ophthalmology in 1935

Dr Smith had served as chief ophthalmologist at Coney Island Hospital, the Brooklyn Eye and Ear Hospital, and at Nyack Hospital, Nyack He also had served as visiting and attending ophthalmologist at Long Island College Hospital, and at his death was consulting ophthalmologist there

He was graduated from the Long Island College of Medicine in 1893 Dr Smith was a member of the American College of Surgeons, and a member of the Kings County Medical Society He was 75

Stewart, Chester T, M D, of Buffalo, died on January 25 He was 84 In 1882 he received his medical degree from the College of Physicians and Surgeons, Baltimore He was pension examiner at the Soldiers' Home in Bath during President Grover Cleveland's first and second terms, and at the same time, was health officer for Steuben County

Turner, Leslie A, M D, of Brooklyn, died on January 19 at the age of 71 He was graduated from the College of Physicians and Surgeons, Columbia University, in 1898 Dr Turner was a member of the Kings County Medical Society, the New York State Medical Society, and the American Medical Association

Waterman, John Slater, M D, of Scarsdale, died on April 26 He received his medical degree in 1901 from Harvard Medical School Dr Waterman was on the medical staff of the Bell Telephone Laboratories in New York for twenty-three years

Wilson, David, M D, of Amsterdam, died on December 29 He was 61 In 1907 he received his degree from Cornell University Medical College In 1914 he took charge of the x-ray department of the Amsterdam City Hospital Dr Wilson was a past-president of the Montgomery County Medical Society, and a member of the American Medical Association

ANEMIA, IN INFANTS, IS SO IMPORTANT A FACTOR IN PREDISPOSING TO INFECTION THAT NO ANEMIA EVEN OF SLIGHT DEGREE IS INSIGNIFICANT

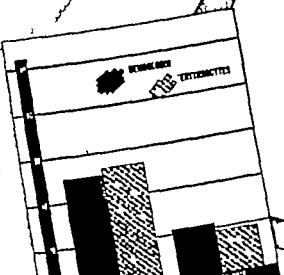
A LARGE number of babies, divided impartially into two groups—one being given iron medication and the other used as controls—were studied by Mackay* who concluded that most infants experienced a mild hypochromic anemia, due to iron deficiency, beginning at about the fourth month, which was *preventable* by iron medication. The anemia, even though slight, lowered markedly the resistance of the child to infectious diseases. In those given iron, the incidence of infection was lower and its duration considerably shorter. Growth was retarded by iron deficiency. Babies receiving iron averaged one pound heavier than those in the control group. Mackay concluded that anemia, even of slight degree, is too important in predisposing to infection ever to be considered insignificant.

It has been shown that iron-containing foods, when *homogenized*, make considerably more iron available for absorption than similar foods which have been only strained. The texture of homogenized baby foods is so fine that they may be fed—mixed in the formula" —through a nipple opening of normal size. Thus, supplemental feeding may be started as early as the fifth week of life, before the prenatal stores of iron have been exhausted, and before the so-called "physiological anemia" of infancy has set in.

Libby's Baby Foods are the only *homogenized* and *strained* baby foods available.



Erythrocyte and hemoglobin curves of first year of life plotted from statistics of Holt and McIntosh Holt's Diseases of Infancy and Childhood New York, N.Y., D. Appleton-Century Co., 1940 11th ed., p. 61.



Comparative effects of spinach feeding on hemoglobin and erythrocytes of anemic animals: left spinach strained and homogenized; right strained but not homogenized.

*See: Kracke, Roy R.: Diseases of the Blood. Philadelphia, Pa., J. B. Lippincott Co., 1941 ed. 2, p. 336.

Libby, McNeill & Libby
Chicago 9, Illinois



Hospital News

Forty-Eighth Annual Hospital Convention to Be Held in September

PHILADELPHIA is to be host to the forty-eighth Annual Convention and Postwar Conference of the American Hospital Association during the week starting Monday, September 30 With the Philadelphia Commercial Museum, Exhibition and Convention Hall containing excellent facilities booked for meetings and exhibits, the Bellevue-Stratford and Benjamin Franklin hotels will be used for hotel activities

Facilitating the assignment of hotel rooms, a Housing Bureau will be conducted in the Association's Chicago headquarters to handle all requests for living quarters

In order that transportation facilities may be secured prior to hotel notification of the date of arrival of the conferees and exhibitors, applicants will be issued a form authorizing the selected hotel to assign rooms directly rather than through a bureau there Since relatively few single rooms will be available it is urged that those attending plan to utilize twin or double bedrooms

Dealer's Day at the convention will be Thursday, October 3, in accordance with the following resolution adopted by the Association's Board of Trustees at its June, 1946 meeting

"That nonexhibiting dealers and manufacturers might, on invitation of the Association, attend the exhibit at the annual convention on the last day from 12 NOON to 8 00 P M , for the purpose of familiarizing themselves with the nature of the exhibit material and not for the purpose of solicitation. The Association agrees to assume the additional cost of maintaining the exhibit open past the usual previous closing time "

Army to Give Up Rhoads Hospital in July

THE U S Army will give up Rhoads General Hospital about July 1, it was announced in April by Col A. J Canning, the commanding officer

At the same time, Colonel Canning revealed that the Veterans Administration now definitely is interested in Rhoads as a veterans' facility

The forecast of July 1 as a possible date for surrender of the Hospital by the Army is predicted, Colonel Canning said, on an order received from the Surgeon General, blocking Rhoads as of April 3 from receiving any further patients except local emergencies

That means, it was explained, no convoys or groups of patients will come here from other hospitals

A "normal clearing period" of 90 days generally follows a block, during which present patients are to be sent elsewhere or discharged.

Rhoads Hospital received its first patients August 5, 1943 and since then has registered more than 25,250 patients

The cost of the institution as it now stands was estimated at six million dollars Comprising 105 buildings, it occupies 175 acres and is heated by nine miles of pipe Its peak capacity was reported as 2,700 patients The current operating staff includes 1,004 civilians and 720 Army personnel, including WACs, enlisted men, physicians, and nurses

Rhoads has specialized in orthopedic cases and achieved a splendid reputation for surgical work in that field, while recording an exceptionally low rate of mortality

Hospital Care Costs Shown Rising in New York City

THE cost of hospital care in New York City has increased, a survey of the institutions has disclosed

Patients in most of the ninety-three voluntary nonprofit as well as in the fifty-one private hospitals have been paying $1 a day or more for food or accommodation services

It was said that the increases, in some instances as high as 10 per cent, began the first of the year and were owing to mounting costs of food and general maintenance

It was pointed out that patients under insurance plans are not affected directly, as the insurer takes up any of the increases in rates

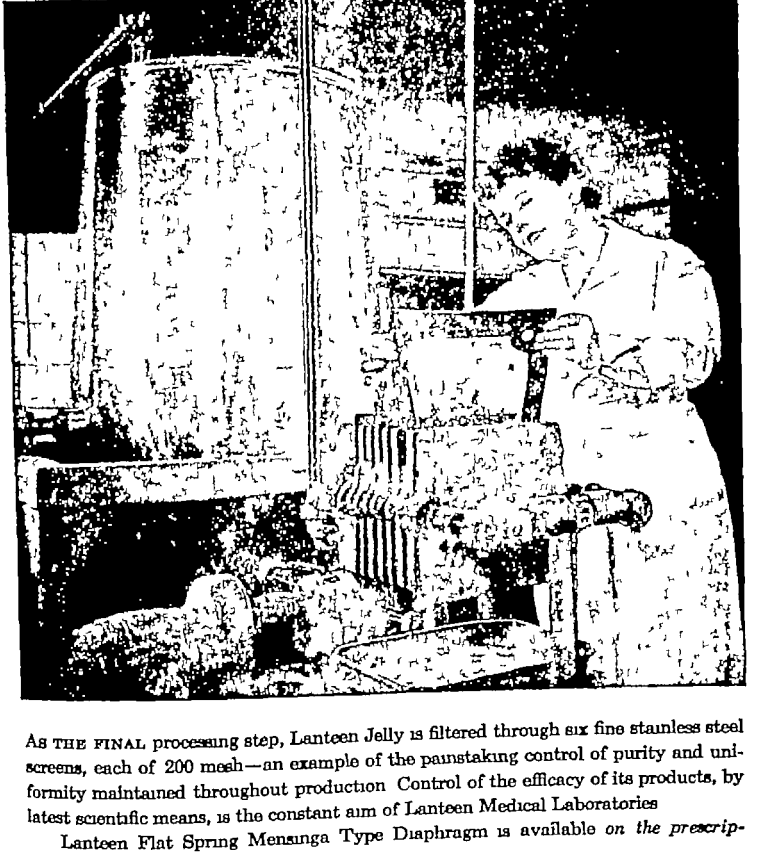
At the Department of Hospitals it was explained that cost of hospital care as in operation of business generally has been on the increase for the last two years The hospital rates, it was said, were kept to prewar levels and advanced only when there was no alternative It was pointed out that patients unable to pay are receiving free services as usual. The twenty-two municipal hospitals are among those where services are free and nominal charges are made only when patients can afford to pay

Newsy Notes

In its postwar mental hygiene educational plan the Willard State Hospital of Willard, New York, under the directorship of Dr Kenneth Keill, has initiated an educational program to afford communities in the surrounding counties an opportunity of increasing lay knowledge of psychiatry and of understanding the role played in the community by the mental hospital. In connection with this, invitations were sent to the medical societies of the counties of Allegany, Cayuga, Onondaga, Ontario, Schuyler, Seneca, Steuben, Tompkins, Wayne, and Yates to attend the biweekly staff meetings, and tours, lectures, and clinical demonstrations have been available to the following colleges or universities Keuka, William Smith, Hobart, Cornell, Wells and Alfred, during the month of May

Also in May, as part of the postgraduate course to health officers of the County of Ontario a psychiatric program was made possible in conjunction with the latter training course

[Continued on page 1270]



As THE FINAL processing step, Lanteen Jelly is filtered through six fine stainless steel screens, each of 200 mesh—an example of the painstaking control of purity and uniformity maintained throughout production Control of the efficacy of its products, by latest scientific means, is the constant aim of Lanteen Medical Laboratories

Lanteen Flat Spring Mensinga Type Diaphragm is available *on the prescription of a physician*

Since patients are not mechanically minded, simplicity and ease of handling are prime requisites for continued use Lanteen Lilac flat spring diaphragm is extremely simple to place—it is collapsible in one plane only No inserter required.

L A N T E E N

COPYRIGHT 1944, LANTEEN MEDICAL LABORATORIES, INC., CHICAGO 10

[Continued from page 1208]

Benedict Memorial Hospital building fund drive ended "over the top" by more than seven thousand dollars The final total was $132,052 25 and the goal was $125,000 *

• •

Through a $15,000 subscription to Albany Hospital's $3,000,000 building fund from William Barnet and Son, Inc , the children of William and Rose B Barnet will establish a memorial to their parents in the enlarged hospital The memorial is to be the large admitting office adjoining the general lobby on the first floor of the main building *

• •

Two additional subscriptions totaling $4,500 have been received for the $3,000,000 building fund for Albany Hospital, Alfred Renshaw, chairman of corporation subscriptions, has announced

Joint contributions of $3,000 were made by the Albany Hardware and Iron Company and members of the family of William C Dearstyne, president of the company, for a room in the North Building, memorializing William I Baker, former president of the hardware concern

Green's, Albany stationers, has subscribed $1,500 for a bed in a four-bed room in memory of Mrs Pearl Cohen Green, wife of George H Green *

• • •

A subscription of $4,200 to the building fund of the Tarrytown Hospital by the Lions Club, which will supply one room in the Robins' Nest, the children's department of the new hospital, was announced in April by Sylvester J Balassi, chairman of the memorial gifts committee of the fund

Mr Balassi also announced an additional contribution of $500 to the Dr Todd Memorial Fund bringing the total of that memorial to $3,270 thus far The Dr Todd Memorial Fund is being held open for further subscriptions, in memory of Dr John Clarendon Todd *

• •

Residents of four more communities directly served by Jamaica Hospital have contributed $32,970 toward the $2,000,000 sought for a 300-bed addition to the hospital

The combined contributions of the ten-community house-to-house canvass is $99,022 The house-to-house quota is $240,000 The balance of the $2,000,000 building fund is being collected on a county-wide basis by commerce and industry and a special gifts committee *

• •

A new Catholic hospital, costing several million dollars, will be constructed by the Archdiocese of New York from 63d to 64th Streets The Archdiocese has contracted for the hospital site, and will take title in June, 1947 *

The Keller Hospital in Westhampton Beach, Long Island, was officially opened on March 15, after having been closed since it was vacated last fall by the U S Coast Guard

The hospital is directed by Dr Donald R Keller who has recently been discharged from the Navy Associated with him is Dr S J Post, of Center Moriches There is a staff of 15 consulting specialists, five nurses, four associate nurses, and two practical nurses *

• •

When the end of 1946 rolls around, St Joseph's Hospital for Chest Diseases, of the Bronx, will have completed its sixty-fourth year of caring for the tuberculous of New York City St Joseph's is the oldest Catholic Hospital in its district Established in 1882 by the Sisters of the Poor of St Francis, the hospital was originally located at 109th Street In 1888 the Sisters, realizing the advantages of a better location, selected its present site at 143d Street and Brook Avenue St Joseph's is one of the specialized hospitals affiliated with New York Catholic Charities whose annual fund appeal was carried on in April *

• •

Designed to combat alcoholism, a clinic was opened at Meyer Memorial Hospital, Buffalo, in April This announcement was made by Dr Donald C O'Connor, hospital superintendent, after a conference with doctors, clergymen, social welfare workers, and representatives of Alcoholics Anonymous The meeting, attended by 30 persons, was held at the hospital at the request of Dr O'Connor

Dr Alfred L Ulrich, chief of the hospital's neuropsychiatric department, will be in charge of the clinic and will be assisted by an internist, yet to be named *

•

City Hospital in Binghamton has been approved for residencies in pathology and orthopedics

Under the approval by the American Medical Association and the American Boards of Pathology and Orthopedics, the hospital will accept doctors for "resident training" in these two divisions of medicine

This was announced by acting Manager Marion E Sawtelle, who said that "many returned veterans of World War II are now looking for this type of training"

Under the approval, City Hospital may now provide "quarters and facilities including full maintenance," for one man in each of these fields at a time, he added *

•

Testimonials in the form of bronze scrolls were presented to Drs Louis F Litch and John M Scannell, consulting surgeons of Mary Immaculate Hospital, at a dinner given recently in Brooklyn in their honor at the Commercial Hotel

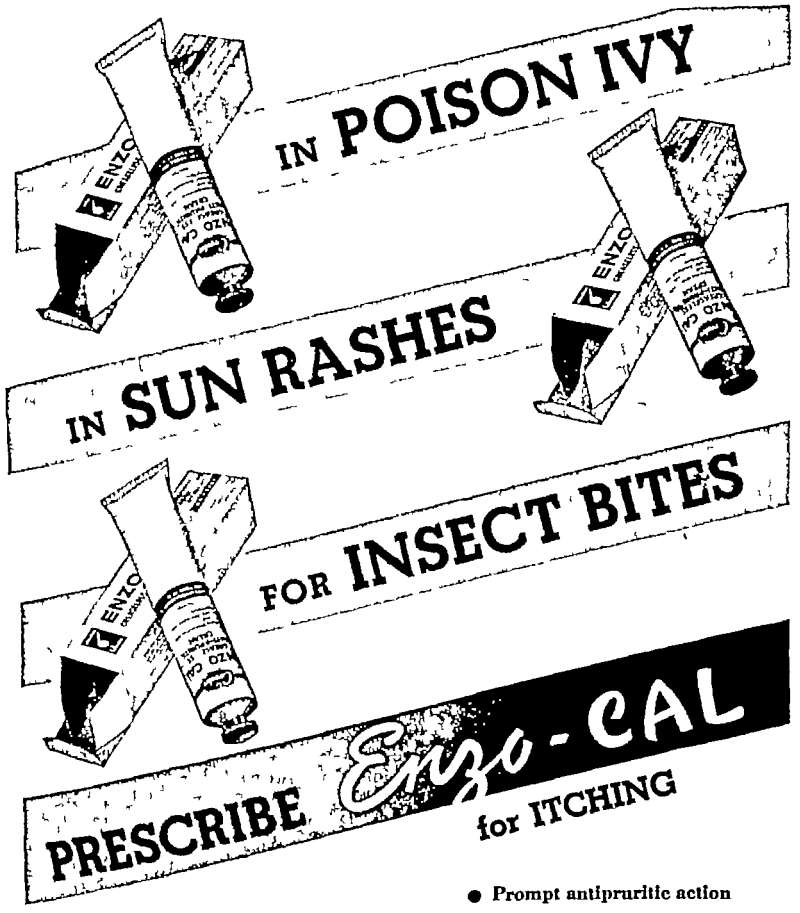
About 130 attended the affair, sponsored by the doctors on the hospital staff to mark the retirement of the men as active attending surgeons, after a quarter of a century of service, to take consulting status *

•

"Mt Kisco will have one of the most modern hospitals in the county," Ralph Walker, of Chappaqua, executive vice-president of the Northern Westchester Hospital and Chairman of the Building Committee, said in commenting on the one-half

[Continued on page 1272]

* Asterisk indicates that item is from a local newspaper



- Prompt antipruritic action
- Protects and aids healing
- Cleaner and more convenient to use, patients prefer it
- Soft, *greaseless* cream combining semi-colloidal calamine and zinc oxide with benzocaine.

CROOKES
Laboratories
305 East 45th Street
New York 17, N Y

[Continued from page 1270]

million dollar addition to the present hospital for which ground was broken in April

The new addition will be three stories high to the South of the building and will be red brick with white trim to conform with the present structure

It will contain a new kitchen, new dining rooms for the staff, new entrance, administration quarters for the superintendent and chief of nurses, convalescing porches, brand new surgery with two modern operating rooms, and central sterilizing rooms for entire hospital Forty-six beds, mostly private and semi-private will be added

A central storeroom will be developed in the basement of the present building and the present entrance in front of the hospital will be converted into a clinical pavilion, emergency operating rooms, examination rooms, x-ray department, and laboratory

The maternity section in the hospital will be revised and improved with a complete change and improvement of the nursery Improved parking grounds will complete the program *

• •

St. Elizabeth Hospital in Utica will be expanded to meet existing and future needs for increased hospital service

While details are tentative and subject to further action, it has been announced that in all probability the hospital will erect an additional building or buildings to cope with overcrowded conditions and to provide adequate service The plans call for the addition of about 100 beds *

• • •

Miss Cora Dean, of Gouverneur, has left the A Barton Hepburn Hospital of Ogdensburg a legacy of $5,000 for maintenance of a room in her memory *

• •

The Medical Board of Flushing Hospital has stretched out a helping hand to young North Queens' physicians by setting an age limit of 63 for attending physicians, surgeons, and specialists

The outpatient department recently has been considerably enlarged through the establishment of cardiology, metabolic and gastroenterology clinics

A complete reorganization of the medical department is under way and all other departments are filling positions according to a new table of organization

The new ruling means that the older doctors will automatically step down when they reach their sixty-third birthdays and that younger men, particularly doctors recently returned from military service, will replace them Shortly after the ruling goes into effect, two department directors will retire and their places will be filled by considerably younger men *

• •

Organization of a Hospital Council for Malone took place in March

Representatives of the following hospitals are members of the council The Alice Hyde, Malone, Potsdam Hospital, Massena Memorial, Stephen B Vanduzee, Gouverneur, Mercy Hospital, Tupper Lake, and the Gabriels Hospital. The Physicians' Hospital and the Champlain Valley of Plattsburgh, as well as the Moses Ludington Hospital of Ticonderoga, and the A Barton Hepburn of Ogdensburg, are also affiliated with the organization, but representatives of the institutions were unable to attend the organization meeting

Purpose of the Council, Miss Isabel M Reardon, superintendent of the Alice Hyde, said, is to secure the advantages of combined experiences, and standardize rates and policies, of the participating hospitals, as well and to exchange credit and collection informations of patients who enter the various hospitals from this area *

• • •

Howard S Cullman, president of the Beekman-Downtown Hospital, New York City, disclosed in April in his annual report that the drive for a new building under the chairmanship of William C Langley had raised $2,881,550 Despite the success of the campaign in surpassing the original goal by $131,550, Mr Cullman said it would be continued to raise $350,000 more for higher building costs The new building is planned as a 175-bed hospital *

•

Lenox Hill Hospital, New York City, is making its first general appeal for funds to meet increased operating costs

The annual report of the hospital's board of trustees disclosed an operating deficit in 1945 of $284,692, which William H Zinsser, president of the hospital, described as the highest since the hospital was incorporated in 1851

The report also showed that 13,489 patients, more than in any previous year, were cared for at the hospital last year A tribute was also paid to the volunteer workers and nurses' aides who helped maintain the full services of the hospital during the war years

Their work is commemorated by a bronze plaque in the hospital. Lenox Hill Hospital is a member of the Greater New York Fund and since 1880 a member of the United Hospital Fund *

At the Helm

Headed by Dr Thomas D'Angelo, of Flushing, president, officers of the Medical Board of Flushing Hospital were re-elected in April.

Dr J Coombes has been promoted from attending surgeon to consultant in surgery, and Dr E Allen Good from attending otorhinolaryngologist to consulting otorhinolaryngologist Dr William Benenson, Dr Benjamin Goldsmith, and Dr Edward Veprosky are new members of the board

The following Queens physicians have been reappointed as members of the consultant staff

Dr Herbert D Ayers, Sr, Flushing, dental surgery, Dr Abraham Braunstein, Long Island City, tuberculosis, Dr Frederick Courten, Richmond Hill, orthopedic surgeon, Dr Frank H Deely, Jamaica, surgery

Dr John F Dick, Flushing, physician emeritus, Dr Gustav P Frahm, Flushing, dental surgery, Dr Leonard B Goldman, Elmhurst, radiation therapy, Dr George J Lawrence, Sr, Flushing, gynecology-obstetrics, Dr J C McCauley, Jr,

[Continued on page 1274]

CLAIMS

VS.

DIFFERENCES

WHAT value have claims of superiority unless there is a difference in formula or process to justify such claims?

Take cigarettes for example

PHILIP MORRIS Cigarettes are *made* differently In the clinic as well as in the laboratory, the *advantages* of PHILIP MORRIS have been repeatedly observed, repeatedly reported by *recognized authorities* in leading medical journals Yes, PHILIP MORRIS *claims* superiority *and that superiority has been proved* *

May we suggest that your patients suffering from irritation of the nose and throat due to smoking change to PHILIP MORRIS—*the one cigarette proved definitely less irritating*

PHILIP MORRIS

PHILIP MORRIS & CO , LTD , INC.,
119 FIFTH AVENUE, N Y

*Laryngoscope Feb 1935 Vol XLV No 2 149 154
Laryngoscope Jan. 1937 Vol XLVII No 1 58-60
Proc Soc Exp Biol and Med., 1934, 32, 241
N Y State Journ Med., Vol 35 6-1 35 No. 11 590-592

TO THE DOCTOR WHO SMOKES A PIPE We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

[Continued from page 1272]

Flushing, orthopedic surgery, Dr Johnston MacLeod, Flushing, medicine, Dr Charles B Story, Flushing, surgeon emeritus, Dr Joseph S Thomas, Flushing, consultant in surgery, Dr Joseph N Wickham, Flushing, surgeon emeritus, and Dr Frederick B Wood, Elmhurst, physician emeritus

Other officers of the board are Dr Frederick Carpenter, vice-president, Dr James R. Reuling, Jr, secretary-treasurer

Dr D'Angelo is chairman of the executive committee, which includes Dr Reuling, Dr Carpenter, Dr Abraham Levy, Dr Benjamin Darrah, Dr Harold Vogel, and Dr William K Rogers *

. . .

Dr Gene S Rogatti, of Valatie, has been appointed physician at the County Home at Ghent Dr Rogatti opened his office in Valatie after being honorably discharged from the Army *

. . .

Dr Kenneth E Snyder, of Scotia, who received his medical degree from Albany Medical college on March 22, began his internship at Doctors' Hospital, Washington, on April 1 *

. . .

Dr John Powell, of New York City, a native of Elmira, has joined the staff of St Joseph's Hospital as an intern after three and a half years with the Army Medical Corps *

. . .

Miss Miriam Hodges, R.N, has been engaged as the new superintendent of Canastota Memorial Hospital. She will succeed Mrs Elmer Lavery who has served as superintendent of the institution for the past ten years, and who has resigned the position to take effect June 1

Miss Hodges is a graduate of Middlebury College with a degree of B S in 1937 She also was graduated from a five-year nursing course in the School of Nursing at the University of Minnesota in December, 1943 She is a graduate nurse, a registered nurse, and also a certified public health nurse For about a year she served as a member of the U S Army Nurse Corps, seeing service in overseas hospital institutions in the Pacific area *

John R Normile, former assistant Broome County district attorney, in April was appointed to the Board of Managers of Binghamton City Hospital.*

. . .

Robert L Eckelberger, administrator of Wilson Memorial Hospital in Johnson City, is the new president of the Board of Managers of the Broome County Tuberculosis Hospital *

. . .

Dr Steward E Goldblatt, of Schenectady, has been appointed to the resident staff of the Perth Amboy, New Jersey, General Hospital *

. . .

Maj William D Millner has been named director of supplies in Rhoads General Hospital He replaces Maj W H Flanders who is leaving the hospital for overseas assignment *

. . .

Dr Cecil L Schultz, superintendent of the Columbia County Sanatorium at Philmont, has resigned his position to become officer, senior grade, of a large Veterans Administration hospital near Asheville, North Carolina He began his duties there June 1

Dr Schultz came to the county sanatorium August 1, 1934, succeeding Dr Samuel Post He served as president of the Columbia County Medical Society for two and a half years, and is a member of the American Society of Chest Physicians and of the American Trudeau Society He also is a member of the board of directors of the Columbia County Tuberculosis Eradication Association

Formerly, Dr Schultz was assistant superintendent at the J N Adams Memorial Hospital, at Perrysburg, maintained by the City of Buffalo A graduate of the University of Buffalo, College of Medicine, he served an internship in the Buffalo General Hospital and an additional year as resident physician on tuberculosis in the Buffalo City Hospital.

. . .

Dr Francis Carr was elected president of the medical board of St Agnes Hospital, White Plains, succeeding Dr Daniel MacDonald, at the annual meeting of the hospital's medical board and board of governors in March.

Dr Harry Klapper was elected vice-president, and Dr Henry J Vier, secretary *

MEMORIAL TO FLORENCE NIGHTINGALE

On May 13 a significant meeting was held in the Town Hall auditorium in New York City, when Gertrude Lawrence dedicated a memorial chair in the name of Florence Nightingale, as a tribute to all members of the nursing profession

This meeting was sponsored by the Board of Trustees of Town Hall in cooperation with the Town Hall Historical Committee of which Mrs James H Van Alen is chairman.

Following Miss Lawrence's reading of Longfellow's poem, "The Lamp," she was assisted in the unveiling of the Florence Nightingale chair by Miss Annie Warburton Goodrich, dean emeritus and founder of the Yale School of Nursing

Other speakers on the program were Mrs August Belmont, Board member, New York Chapter, American Red Cross, Mrs James H Van Alen, Dr Charles Edward A. Winslow, professor emeritus of the Yale School of Public Health, and Col Yale Kneeland, Jr, (MC), USA, consultant in medicine to the United Kingdom Base The topic discussed was "Our Nurses in War and Peace" Mrs George V Denny, Jr, president of Town Hall, Inc, presided Others who participated in the ceremonies were representative members from the nursing schools of Bellevue, Presbyterian, Lenox Hill, Beth Israel, Fordham hospitals, also from New York Hospital and the College of Mount St. Vincent



TWIN ELMS

A Modern Psychiatric Unit
Selected drug and alcohol problems welcome.
Rates moderate
Eugene N Boudreau, M.D., *Phys-in-Chg*
SYRACUSE, N Y

PINEWOOD

Route 100 Westchester County, Katonah, New York

Licensed by the Department of Mental Hygiene
In addition to the usual forms of treatment (occupational therapy physiotherapy, outdoor exercise etc.) we specialize in more specific techniques. All forms of shock therapy Psychological and physiological studies. Psychoanalytic approach. Group psychotherapy

DR. JOSEPH EPSTEIN } Physicians in Charge
DR. LOUIS WENDER }
Tel. Katonah 775

Dr Max Friedemann Senior Psychiatrist
N Y Offices: 19 East 79th St. Tel. Butterfield 8-0580

HALCYON REST

754 BOSTON POST ROAD RYE, NEW YORK
Henry W Lloyd, M.D., Physician-in-Charge
Licensed and fully equipped for the treatment of nervous, mental drug and alcohol patients, including Occupational therapy Beautifully located a short distance from Rye Beach. TELEPHONE: RYE 550 *Write for illustrated booklet.*

WEST HILL

West 252nd St. and Fieldston Road
Riverdale-on-the-Hudson, New York City

For nervous, mental, drug and alcoholic patients. The sanitarium is beautifully located in a private park of ten acres. Attractive cottages, scientifically air-conditioned. Modern facilities for shock treatment. Occupational therapy and recreational activities. Doctors may direct the treatment. Rates and illustrated booklet gladly sent on request

HENRY W. LLOYD, M.D., *Physician in Charge*
Telephone, Kingsbridge 9-8440

YONKERS PROFESSIONAL HOSPITAL

The Yonkers Professional Hospital has enlarged its bed capacity to meet the increasing demand for the care of convalescents post-operative cases, invalids and patients suffering from chronic ailments
Modern Fire-proof building Excellent location.

Rates from $35.00 per week, and up
Physicians are privileged to treat their own patients.

Yonkers 3-2100
26 Ludlow St. Yonkers, N Y
No contagious or mental cases accepted.

BRIGHAM HALL HOSPITAL

AT CANANDAIGUA, N Y

FOR MENTAL AND NERVOUS PATIENTS. An an institutional atmosphere. Treatment modern, scientific, individual. Moderate rates. Licensed by dept. of Mental Hygiene. (See also our advertisement in the Medical Directory of N Y., N.J. and Conn.) Address inquiries to MARGARET TAYLOR ROSS, M.D., *Physician-in-Charge.*

FALKIRK
IN THE
RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

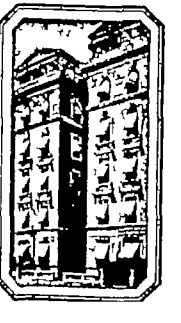
THEODORE W NEUMANN, M.D., Phys.-in-Chg.
CENTRAL VALLEY Orange County N Y

TOWNS TREATMENT for ALCOHOLISM and NARCOTIC and HYPNOTIC ADDICTIONS

Established 1901 *Now Generally Accepted*

PROVIDES (1) An Assurance of a Definite Medical Result
(2) An Assurance of Length of Time Required and Exact Cost
(3) An Assurance of Absolute Privacy

Our "SYMPOSIUM OF MEDICAL OPINION" includes case histories of this successful treatment endorsed by many physicians. Copy on request.



CHARLES B TOWNS HOSPITAL

FOR ALCOHOLISM AND DRUG ADDICTION EXCLUSIVELY
COMPLETELY REDECORATED AND MODERNIZED

293 Central Park West, New York 24, N Y Tel: SChuyler 4-0770

Books

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and interest to our readers

RECEIVED

The Medical Clinics of North America. Boston Number, September, 1945 Octavo Philadelphia, W B Saunders Co, 1945 Published bimonthly (six numbers a year) Cloth, $16 net, Paper, $12 net

Psychology for the Armed Services. Prepared by a Committee of the National Research Council with the collaboration of many specialists Edited by Edwin G Boring Octavo of 533 pages, illustrated Washington, the Infantry Journal, 1945 Cloth, $3 00

The Osseous System A Handbook of Roentgen Diagnosis By Vincent W Archer, M D Octavo of 320 pages, illustrated Chicago, Year Book Publishers, 1945 Cloth, $5 50

Electrotherapy and Light Therapy With The Essentials of Hydrotherapy and Mechanotherapy By Richard Kovács, M D Fifth edition Octavo of 694 pages, illustrated Philadelphia, Lea & Febiger, 1945 Cloth, $8 50

New Goals for Old Age Edited by George Lawton Octavo of 210 pages New York, Columbia University Press, 1943 Cloth, $2 75

The Autonomic Nervous System By Albert Kuntz, M D Third edition Octavo of 687 pages, illustrated Philadelphia, Lea & Febiger, 1945 Cloth, $8 50

Experimental Catatonia. A General Reaction-Form of the Central Nervous System and Its Implications for Human Pathology By Herman Holland de Jong, M D Octavo of 225 pages, illustrated Baltimore, Williams & Wilkins Co, 1945 Cloth, $4 00

Rorschach's Test. By Samuel J Beck, Ph D Vol 2 A Variety of Personality Pictures Octavo of 402 pages New York, Grune & Stratton, 1945 Cloth, $5 00

Classic Descriptions of Disease With Biographical Sketches of the Authors By Ralph H Major, M D Third edition Octavo of 679 pages, illustrated Springfield, Ill, Charles C Thomas, 1945 Cloth, $6 50

Microbes of Merit. By Dr Otto Rahn Octavo of 277 pages, illustrated Lancaster, Pa., Jaques Cattell Press, 1945 Cloth, $4 00

Pathology of Tropical Diseases. An Atlas By Col J E Ash, (MC), USA, and Sophie Spitz, (MC), AUS Quarto of 350 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, $8 00

A Manual of Surgical Anatomy Prepared Under the Auspices of the Committee on Surgery of the Division of Medical Sciences of the National Research Council By Tom Jones and W C Shepard Duodecimo of 254 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, $3 00 (Military Surgical Manuals) Pocket edition

A Textbook of Surgery. By American Authors Edited by Frederick Christopher, M D Fourth edition Quarto of 1,548 pages, illustrated Philadelphia, W B Saunders Co, 1945 Cloth, $10

Manual of Psychological Medicine For Practitioners and Students By A F Tredgold, M D Second edition Octavo of 308 pages Baltimore, Williams & Wilkins Co, 1945 Cloth, $5 00

Hahnemann The Adventurous Career of a Medical Rebel By Martin Gumpert, M D Octavo of 251 pages, illustrated New York, L B Fischer Pub Co, 1945 Cloth, $3 00

General and Plastic Surgery With Emphasis on War Injuries By J Eastman Sheehan, M D Octavo of 345 pages, illustrated New York, Paul B Hoeber, 1945 Cloth, $6 75

Familial Nonreaginic Food-Allergy By Arthur F Coca, M D Second edition Octavo of 191 pages, illustrated Springfield, Ill, Charles C Thomas, 1945 Cloth, $3 75

Recent Advances in Obstetrics and Gynaecology By Aleck W Bourne, M B (Eng), and Leslie H Williams, M D Sixth edition Octavo of 367 pages, illustrated Philadelphia, Blakiston Co, 1945 Cloth, $5 00

Personality in Arterial Hypertension By C A L Binger, M D, and others Quarto of 228 pages New York, American Society for Research in Psychosomatic Problems, 1945 Cloth, $3 00 (Psychosomatic Medicine Monographs)

American Red Cross First Aid Textbook. Prepared by the American Red Cross for the Instruction of First Aid Classes. Revised edition Duodecimo of 254 pages, illustrated Washington, D C, American National Red Cross, 1945

Structure and Function of the Human Body By Ralph N Baillif, Ph D, and Donald L Kimmel, Ph D Octavo of 328 pages, illustrated Philadelphia, J B Lippincott Co, 1945 Cloth, $3 00

Das Herz Beim Scharlach By Bernhard Stemmann, M D Octavo of 149 pages, illustrated Bern (Switzerland), Medizinischer Verlag Hans Huber, 1945

Everyday Psychiatry Concise, Clinical, Practical By Comdr John D Campbell, (MC), USNR. Octavo of 333 pages Philadelphia, J B Lippincott Co, 1945 Cloth, $6 00

The Way of an Investigator A Scientist's Experiences in Medical Research By Walter Bradford Cannon, M D Octavo of 229 pages New York, W W Norton & Co, 1945 Cloth, $3 00

Emotional Problems of Living Avoiding the Neurotic Pattern By O Spurgeon English, M D, and Gerald H J Pearson, M D Octavo of 438 pages New York, W W Norton & Co, 1945 Cloth, $5 00

[Continued on page 1278]

LOUDEN-KNICKERBOCKER HALL, INC

81 LOUDEN AVENUE - Tel Amityville 53 - AMITYVILLE, N Y

A private sanitarium established 1836 specializing in NERVOUS and MENTAL diseases.

Full information furnished upon request

JOHN F LOUDEN *President* GEORGE E. CARLIN M.D *Physician in Charge*

NEW YORK CITY OFFICE, 67 West 44th St., Tel. VAnderbilt 6-3733

BRUNSWICK HOME

A PRIVATE SANITARIUM Convalescents, postoperative aged and infirm, and those with other chronic and nervous disorders. Separate accommodations for nervous and backward children. Physicians' treatments rigidly followed. C. L. MARKHAM, M. D., Supt.
B'way & Loudan Ave., Amityville N Y Tel 1700, 1 2.

DR. BARNES SANITARIUM

STAMFORD, CONN.

45 minutes from N Y, C. via Merritt Parkway

For treatment of Nervous and Mental Disorders Alcoholism and Convalescents. Carefully supervised Occupational Therapy Facilities for Shock Therapy Accessible location in tranquil beautiful hill country Separate buildings.
F H. BARNES M.D. Med. Supt. *Tel. 4-1143

'INTERPINES'

Goshen, N Y

Phone 117

Ethical — Reliable — Scientific
Disorders of the Nervous System
BEAUTIFUL — QUIET — HOMELIKE

Write for Booklet

FREDERICK W SEWARD, M. D., *Director*
FREDERICK T SEWARD, M. D. *Resident Physician*
CLARENCE A. POTTER, M. D., *Resident Physician*

CLASSIFIED

Classified Rates

Rates per line per insertion:

One time	$1.10
3 Consecutive times	1.00
6 Consecutive times	.80
12 Consecutive times	.75
24 Consecutive times	.70

MINIMUM 3 LINES

Count 7 average words to each line

Copy must reach us by the 20th of the month for issue of First and by the 5th for issue of Fifteenth.

Classified Ads are payable in advance. To avoid delay in publishing remit with order

SELECTION AND FITTING OF HEARING AIDS

Thomas H. Halsted, M D , F.A C.S

Otologist, Specializing in the Fitting of Hearing Aids

Representative for

AUREX, BELTONE, OTRONIC, PARAVOX, RADIO EAR, TELEX, WESTERN ELECTRIC.

Hours 9:30-4:30. Saturday 9:30-1:00 By appointment.
475 Fifth Avenue, (cor 41st St.) New York City (17)
La. 2-3427

POSITION WANTED

Pathologist, American Board Diplomate and certified by New York State Health Dept. desires hospital or group association. Box 4020 N Y St. Jr Med.

POSITION WANTED

X ray Technician seeks position with opportunity Will work as trainee in Hospital or Doctor's Office. Salary Optional Joseph Israel 143 Sterling St., Brooklyn 25 N Y

POSITION WANTED

Secretary to Doctor—Part time only Experienced compensation efficient dependable. Convenient to Metropoli tan area or Long Island City Box 5103 N Y St Jr Med

OFFICE OR LOCATION WANTED

Dermatologist, veteran, certified desires midtown Manhattan location, share office and expenses. Box 5290 N Y St. Jr Med

[Continued from page 1276]

REVIEWED

Cancer of the Colon and Rectum Its Diagnosis and Treatment. By Fred W Rankin, M D, and A Stephens Graham, M D Second printing Octavo of 358 pages, illustrated Springfield, Ill, Charles C Thomas, 1939 Cloth, $5 50

In this outstanding volume are incorporated the experiences of the authors as well as the work of other surgeons, here and abroad, interested in cancer of the rectum and colon

The book is divided into three parts of five chapters each, covering the subject in an orderly, authoritative, and detailed manner Emphasis is placed on pathology, diagnosis, choice of operation, preoperative and postoperative care, and operative procedures

The reviewer is thoroughly in accord with the authors' statement in regard to the treatment of patients with carcinoma of the rectum, to wit " radical surgery is well worth while and that radical surgery may not be applied save by the use of colostomy "

By this time it is well known that Rankin "reluctantly abandoned" the routine use of intraperitoneal vaccine After giving some interesting figures, the authors state "This series of cases has convinced us that the decline of the mortality rate under cooperative management which included intraperitoneal vaccination was due more largely to the other rehabilitory and decompressive steps than to vaccine "

There are 133 excellent illustrations and 54 illuminating tables dealing with operability, operative mortality, and end results that reflect the progress made in the management of carcinoma of the large bowel

There are references at the conclusion of each chapter and a complete author index as well as an excellent index by subjects

The work is complete and should prove of inestimable value to those interested in the subject

A W Marino

Medical Diseases of War By Lt Col Sir Arthur Hurst, late R A M C, with the cooperation of seven authors Fourth edition. Octavo of 511 pages, illustrated Baltimore, Williams & Wilkins Co, 1944 Cloth, $6 00

Since 1916 this volume has grown from 151 pages to 510 Need much more be said to indicate its present breadth and completeness! Seven clinicians of prominence are associated with the distinguished author, and the result is a book of great value

One notes only one conspicuous omission filariasis The special syndromes are all included hysteria in its many phases, functional disorders of hearing and vision, exhaustive states, anxiety neuroses, effort syndrome, the varied types of hepatitis, trench fever, war nephritis, the malarias, typhoids, and dysenteries

The volume is splendidly written and can be highly recommended

Frank Bethel Cross

Textbook of Neuropathology By Arthur Weil, M D Second edition Octavo of 356 pages, illustrated New York, Grune & Stratton, 1945 Cloth, $5 50

This book reviews the present stage of our knowledge in neuropathology It contains a collection of facts which should enable one to obtain a better understanding of the reaction of the nervous system in disease It describes the pathology of the nervous tissues in such diseases as anemic softening of the brain, arteriosclerosis, infections, intoxications, concussion, skull fracture, and brain wounds The close relationship of the nervous system to its environment is emphasized by the influence of nutrition, internal secretion, and chemical changes There are also chapters describing the degenerative diseases of the brain, brain tumors, and congenital malformations of the brain The text is profusely illustrated The appendix describes the manner of removing the brain and spinal cord, the sectioning of it, and staining methods On the whole the book is very instructive and should be in the possession of every practitioner of medicine

Edward H Nidish

Infections of the Peritoneum By Bernhard Steinberg, M D Octavo of 455 pages, illustrated New York, Paul B Hoeber, Inc, 1944 Cloth, $8 00

The first one hundred and eighty pages of this excellent book are devoted, properly and thoroughly, to the academic discussion of developmental mechanism, applied physiology, pathology, and some other related subjects Then follow the chapters on the types of infection, with one devoted to illustrative histories The concluding three chapters consider treatment, with case histories illustrating therapeutic management

In the foreword, Dr Frederick A Coller, of Ann Arbor, tells of the experimental studies made by Dr Steinberg for many years and the value of the practical application of these studies Whether the coming years will find some new measures in the therapeusis of this dreaded and dreadful condition, the scientific studies of Dr Steinberg have added much to our present understanding of peritonitis, in our efforts to prevent its occurrence and to treat it in its varying phases

Joseph Raphael

Hope Deferred By Jeanette Seletz Octavo of 536 pages New York, Macmillan Co, 1943 Cloth, $2 75

The pilgrimage of Jone Brent through medical college, internship, romance, and beginning professional life is interesting reading There is a degree of scientific accuracy not often seen in books so highly colored with almost sentimental adoration of the profession The writer has the gift of inspiring identification with the characters in her reader

The age-old war of the idealist with the reality of his environment is well drawn The writer yields to the usual temptation of painting some characters white and some black and letting them fight it out through the book. Some day a book depicting the real war of each man with himself will be written, but this writer lacks that insight as yet, and so the book falls short of being great

Adele E Streeseman

CLASSIFIED

CAPABLE ASSISTANTS

When you need a trained office or laboratory assistant call our free placement service Paine Hall graduates have character intelligence personality and thorough technical training. Let us help you find exactly the right assistant.

Est 1869 Paine Hall

101 W 31st St. New York
BRyant 9-2831
Licensed by State of N Y

FOR SALE

House with fully equipped office including portable X Ray in Central New York community Immediate occupancy Box 4039 N Y St Jr Med

FOR SALE

Urological Table and X Ray Call Astoria 8-0467 Long Island City N Y

For sale 200,000 volt used non shock proof deep therapy x-ray equipment in perfect condition Dr I. Weitaner 135 E. 55th St. N Y Bu 8-0988

FOR SALE

Mobile, shockproof X Ray unit for sale. 50–60 cycles, 11 amperes maximum. Price $400 Call Flushing 9-3912.

FOR SALE

Electrocardiograph, Cambridge, all-electric stationary, in excellent condition. Dr Rapp, 1401 University Ave. New York 52, N Y

PATENT ATTORNEY

Z. H. POLACHEK, Patent Attorney Engineer Specialist in patents and trademarks. Confidential advice 1234 Broadway N Y C. (at 31st) LOngacre 5-3055

For your personnel problems

Emily Ross

PERSONNEL SERVICE INC

M. V STEWART Manager Medical Dept.

Longacre 6-5858
11 W 42nd St., N Y 18

NASSAU MEDICAL EXCHANGE

5 Beekman St. (Agency) Co 7-5669

We place medical assistants lab. and x-ray technicians nurses doctors, secretaries, receptionists, etc.

When you need medical personnel won t you try our service?

The accumulated unpaid patients bills remain dormant until the statute of limitations erases them as an asset. If you wish to have those accounts collected without offending the patient write.

NATIONAL DISCOUNT & AUDIT CO
Herald Tribune Bldg
New York 18, N Y

Splendid opening for Dermatologist and Syphilologist, Up-State. Lease and equipment. Withdrawing health Box 5208, N Y St. Jr Med.

PRESCRIBE OR DISPENSE
ZEMMER PHARMACEUTICALS
A complete line of laboratory controlled ethical pharmaceuticals. N Y 6-46

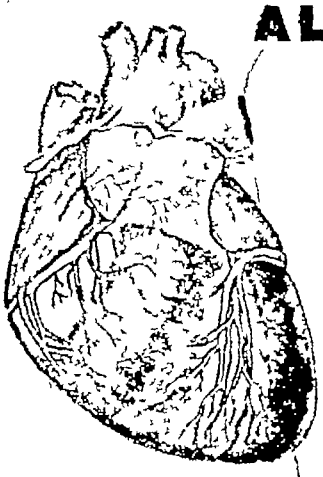
Chemists to the Medical Profession for 44 years.

THE ZEMMER COMPANY Oakland Station Pittsburgh 13 Pa.



In Daily Maintenance, too...

ALL THESE ADVANTAGES



MAINTENANCE of sustained, unvarying, digitalization of the failing myocardium can be accomplished only through the use of cardiotonic drugs of uniform potency and dependable therapeutic action Differences in potency make for varying clinical results which, in the case of cardiac disease, may prove extremely distressing to both patient and physician

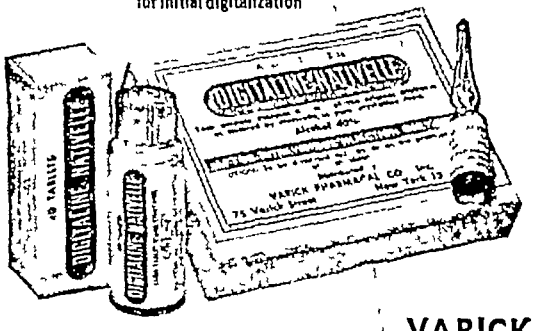
With Digitaline Nativelle—pure crystalline digitoxin—such uncertainty is circumvented Representing the chief cardiotonic glycoside of Digitalis purpurea, Digitaline Nativelle is so constant in potency and pharmacologic action that dosage can be and is measured by weight One tablet of 0 1 mg represents the therapeutic equivalent of 1 5 gr of standardized whole digitalis leaf, a ratio which reflects its high state of purity [1]

Dependable maintenance digitalization is effected by 0 1 mg daily, only rarely must this quantity be raised to 0 2 mg daily Thus no different instructions need be given the patient Because it is absorbed in toto, probably from the stomach, Digitaline Nativelle virtually never produces nausea or vomiting from local irritation [2]

If desired, rapid, *complete*, digitalization may be produced in 6 to 10 hours by the *oral* administration of 1 2 mg of Digitaline Nativelle,[3] given either at one time or in 2 doses of 0 6 mg each at a 3- to 6-hour interval

WHEN THE INTRAVENOUS ROUTE IS DESIRED

Digitaline Nativelle is available in ampuls of 0.2 mg (1 cc.) and 0 4 mg (2 cc.), in packages of 6 ampuls Intravenous dosage identical with oral dosage for initial digitalization



1 Gold, H , Cattell M , Modell, W , Kwit N T Kramer, M L, and Zahm, W J Pharmacol & Exper Therap. 82 187 (Oct.) 1944

2 Gold, H Connecticut M J 9 3 (Mar) 1945

3 Levine S. A Clinical Heart Disease, ed. 3, Philadelphia, 1945, W B Saunders, p. 273.

Physicians are invited to send for samples, literature, and bibliography

ACCEPTED AMERICAN MEDICAL ASSN.

COUNCIL ACCEPTED

VARICK PHARMACAL COMPANY, INC.

A Division of E Fougera & Co , Inc

75 Varick Street, New York 13, New York

Digitaline Nativelle

REG. U S PAT OFF

THE ORIGINAL DIGITOXIN IN PURE, CRYSTALLINE FORM

FRIED & KOHLER, Inc.

[*"True to Life"*]

Artificial Human Eyes

Especially Made to Order by Skilled Artisans





[Comfort, pleasing cosmetic appearance and motion guaranteed Eyes also fitted from stock by experts Selections sent on memorandum Referred cases carefully attended]

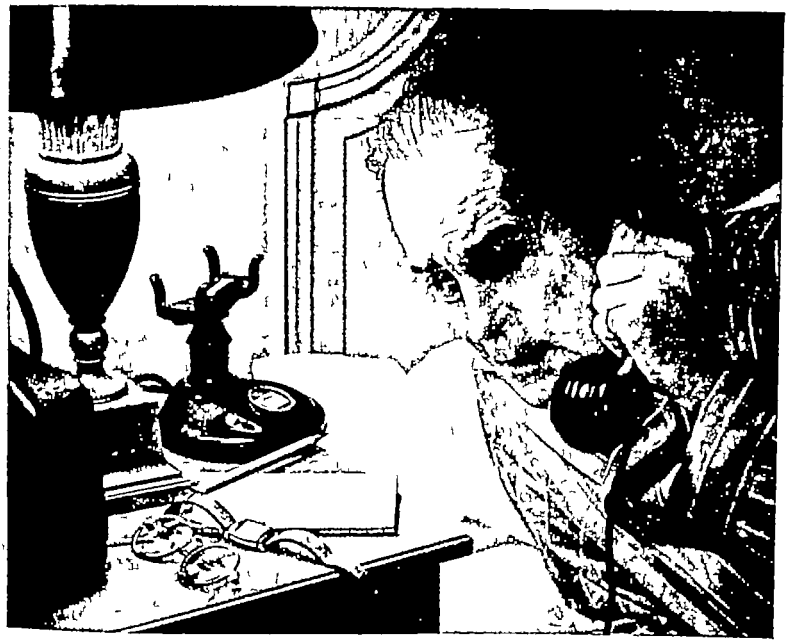
FRIED & KOHLER, Inc.

Specialists in Artificial Human Eyes Exclusively

665 Fifth Avenue
(near 53rd Street)

New York, N Y
Tel Eldorado 5-1970

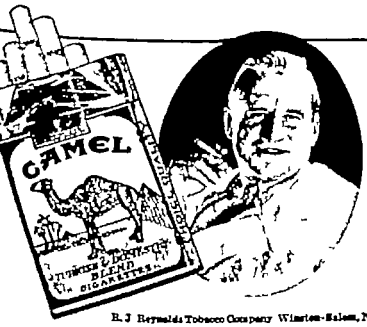
"Over Forty Years devoted to pleasing particular people"



"I'll Be Right Over!"

. 24 hours a day your doctor is "on duty". guarding health protecting and prolonging life ..

• Plays novels motion pictures have been written about the "man in white." But in his daily routine he lives more drama, and displays more devotion to the oath he has taken, than the most imaginative mind could ever invent. And he asks no special credit. When there's a job to do, he does it. A few winks of sleep a few puffs of a cigarette and he's back at that job again



According to a recent independent nationwide survey

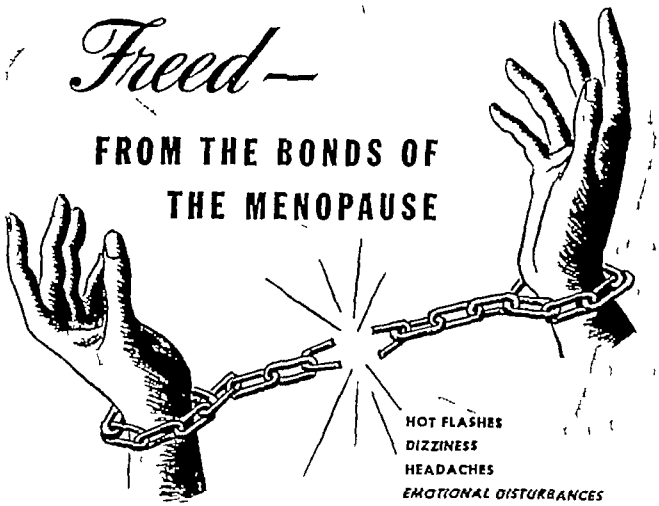
More Doctors Smoke Camels

than any other cigarette

R. J. Reynolds Tobacco Company Winston-Salem, N. C.

Freed—

FROM THE BONDS OF THE MENOPAUSE



HOT FLASHES
DIZZINESS
HEADACHES
EMOTIONAL DISTURBANCES
SLEEPLESSNESS

SYMPTOM CONTROL with Conestron is often a valuable aid to a smoother, more rapid adjustment to the natural internal changes which occur during the climacteric

RELATIVELY NONTOXIC, Conestron brings about a striking improvement in the patient's sense of well being without the distressing side effects which may be associated with synthetic preparations

HIGHLY POTENT ORALLY ACTIVE WELL TOLERATED



TABLETS
CONESTRON
TRADE-MAR
Natural Conjugated Estrogens (equine)
Each tablet contains 0.625 mg. estrogens as sodium estrone sulfate • *Supplied in bottles of 100 and 1000*

Wyeth

WYETH INCORPORATED • PHILADELPHIA 3, PA

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK 17, MURRAY HILL 3-9841

CONTENTS—Continued from page 1284

Clinicopathologic Conference (*Fourth Medical Division of Bellevue Hospital*) 1365

CASE REPORTS

Femoral Hernial Appendicitis in An Aged Individual, *Leonard K Stalker, M D*, and *G Stuart Roth, M D* 1360
Thrush as Sequel to Penicillin Treatment, *Eugene E Marcovicci, M D, F A C P* 1361
Pregnancy in Hypertensive Disease Followed by Thoracolumbar Sympathectomy with Renal Biopsy and Complete Recovery, *Salo M Boltuch, M D, F A C S* 1362

EDITORIALS

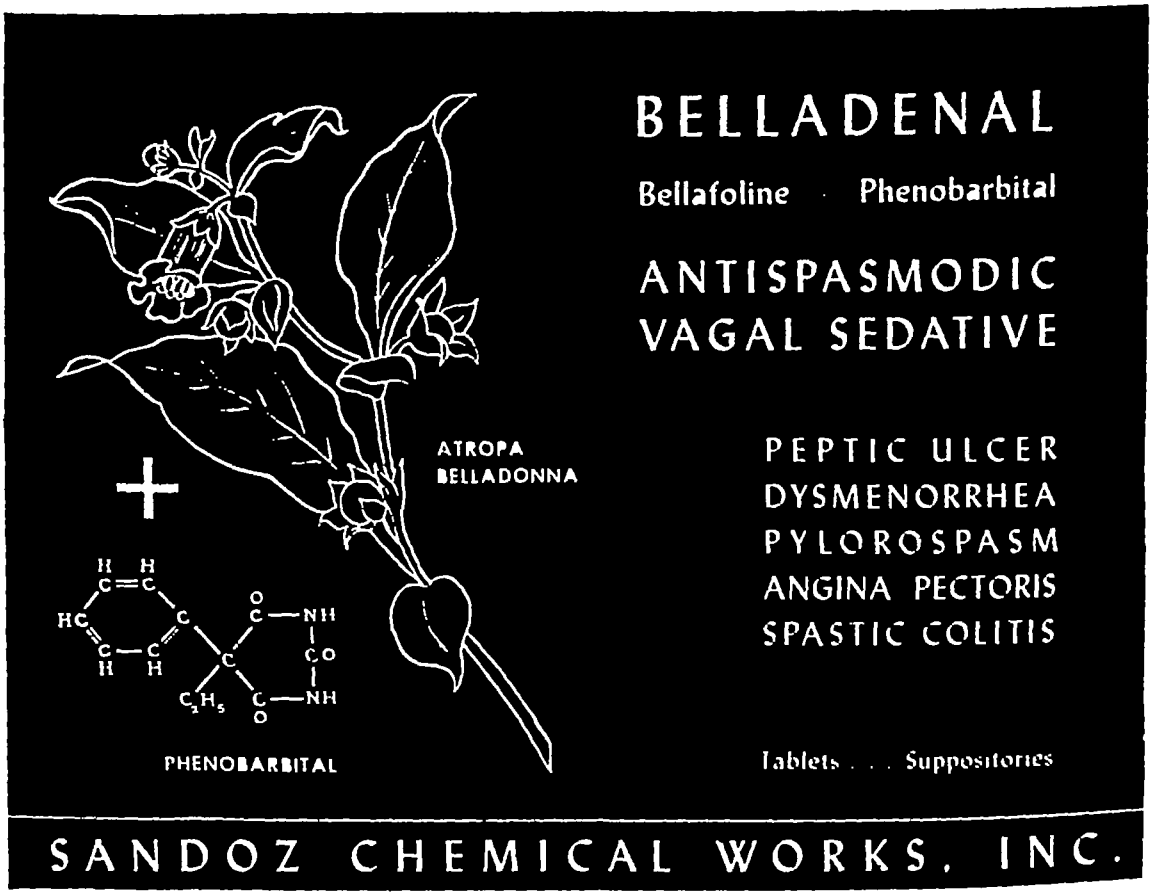
The Social Aspects of Medicine 1323
Insurance and Hospital Accounting 1324
The Changing Order 1325
Survey 1326
Vomiting of Pregnancy 1326
Current Editorial Comment 1327

GENERAL FEATURES

Woman's Auxiliary 1368
Legislative Bureau 1373
Postgraduate Medical Education 1377
Medical News 1378
Necrology 1385
Hospital News 1388
Suggestions to Contributors 1396

MISCELLANEOUS

State Society Officers 1288, 1290, 1292
County Society Officers 1398



BAPTISM UNDER FIRE

Out of the experiences of amphibious warfare and beach landings has come hyoscine (scopolamine) for seasickness. Tested under rigorously controlled conditions[1] [2] by American and British Armed Forces, hyoscine, the major component of VASANO has proved its value in decreasing significantly distress due to motion of sea and air travel.



containing hyoscine and hyoscyamine as camphorates counters travel sickness by inhibiting vagus irritation and disturbances of the higher centers in susceptible individuals.

VASANO is available in tablet and suppository form and is best taken one to two hours before starting a trip. The usual dose consists of two tablets initially, followed if necessary by a third and fourth tablet four hours apart. When the use of tablets is not indicated, VASANO Suppositories may be employed, one suppository substituting for two tablets. No more than four tablets should be taken in twenty four hours.

Packaging: VASANO Tablets containing 0.1 mg hyoscine (scopolamine) camphorate and 0.4 mg. hyoscyamine camphorate, in boxes of twelve; VASANO Suppositories containing 0.2 mg. hyoscine (scopolamine) camphorate and 0.8 mg. hyoscyamine camphorate, in boxes of ten

Trade-Mark VASANO—Reg. U. S. Pat. Off.

1. H Illig H E.; McArdle, R., and Trotter W.R.: Lancet 1:127 1941.
2. Hill I. C. W., and Guest A. I.: Brit. M. J. 2:6, 1945.
3. A Critical Study of Seasickness Remedies No. 4 Royal Naval Medical Bulletin 24:3, 1943, abstracted, Bulletin of War Medicine 18:1242 1944.
4. Lilienthal, J. L.: J. Aviation Med. 16:59 1945.

Schering CORPORATION BLOOMFIELD N. J.

In Canada, Schering Corporation Limited, Montreal

MEDICAL SOCIETY OF THE STATE OF NEW YORK

292 MADISON AVENUE, NEW YORK 17, NEW YORK
MURRAY HILL 3-9841

OFFICERS

President	WILLIAM HALE, M D , Utica
Past-President	EDWARD R CUNNIFFE, M D , Bronx
President-Elect	LOUIS H BAUER, M D , Hempstead
Second Vice-President	CHARLES D POST, M D , Syracuse
Secretary	W P ANDERTON, M D , New York
Assistant Secretary	W GUERNSEY FREY, JR , M D , Forest Hills
Treasurer	JAMES R REULING, M.D , Bayside
Assistant Treasurer	FENWICK BEEKMAN, M D , New York
Speaker	F LESLIE SULLIVAN, M D , Scotia
Vice-Speaker	ALBERT F R ANDRESEN, M D , Brooklyn

COUNCIL

THE ABOVE OFFICERS

AND

Term Expires 1947	*Term Expires 1948*	*Term Expires 1949*
FLOYD S WINSLOW, M D Rochester	OLIVER W H MITCHELL, M D Syracuse	CARLTON E WERTZ, M D Buffalo
J STANLEY KENNEY, M D New York	MAURICE J DATTELBAUM, M D Brooklyn	E CHRIS WOOD, M D White Plains
HARRY ARANOW, M D Bronx	DAN MELLEN, M D Rome	CHARLES M ALLABEN, M D Binghamton

TRUSTEES

	JAMES F ROONEY, M D , *Chairman*		Albany
ALBERT A. GARTNER, M D	Buffalo	WILLIAM H ROSS, M D	Brentwood
KIRBY DWIGHT, M D	New York	JOHN J MASTERSON, M D	Brooklyn

[*See pages 1290 and 1292 for additional Society Officers*]

Rapid Sustained
4-WAY RELIEF
INTESTINAL INDIGESTION
GALLBLADDER STASIS
BIDUPAN
(formerly Intestinal Concentrated)

Two Bidupan tablets t.i d provide Extr Ox Bile 12 grs , Conc Pancreatin 12 grs , Duodenal Subst. 3 grs., Charcoal 6 grs

Pure Bile Salts, concentrated Pancreatin, Duodenal Substance, Charcoal in Bidupan . . . improve biliary drainage, digestion of albumin, carbohydrates, fats, stimulate pancreatic secretion; remove fermentive factors . . . to speed relief in biliousness intestinal indigestion, and recurrent flatulence. Bottles of 50 and 100 tablets.

Send for Literature, address Dept. N.

CAVENDISH PHARMACEUTICAL CORP., 25 West Broadway . New York 7

For National Rehabilitation



Ice Cream is so Delicious

it's hard to believe

it can be so Nutritious!

But look what it provides

On top of its welcome deliciousness beyond its tempting, refreshing taste that everyone loves see what bounteous nourishment every helping of ice cream brings

Vitamins Ice Cream is a good source of Vitamin A and Riboflavin (Vitamin G) and contains other vitamins found in milk

Minerals Calcium necessary for strong bones and teeth, is supplied abundantly by Ice Cream

Proteins. Ice Cream provides high quality proteins those found in milk to promote health and well being

No other single food provides Ice Cream's particular combination of nutritive elements *No wonder* Ice Cream is playing a leading role in national rehabilitation and in lifting everyone's morale.

EST 1918 NATIONAL DAIRY COUNCIL

NATIONAL DAIRY COUNCIL

437 FIFTH AVENUE NEW YORK 16, N

A non profit, educational organization promoting nationa through a better understand dairy foods

MEDICAL SOCIETY OF THE STATE OF NEW YORK
292 MADISON AVENUE, NEW YORK 17, NEW YORK
MURRAY HILL 3-9841

PRESIDENTS, DISTRICT BRANCHES

First District
SCOTT LORD SMITH, M D , Poughkeepsie
Second District
EVERETT C JESSUP, M D , Roslyn
Third District
JOHN L EDWARDS, M D , Hudson
Fourth District
FRANK F FINNEY, M D , Malone
Fifth District
SHERMAN M BURNS, M D , Oswego
Sixth District
IVAN N PETERSON, M D , Oswego
Seventh District
FLOYD F ALLEN, M D , Pittsfield
Eighth District
WILLIAM J ORR, M D , Buffalo

NEW YORK STATE JOURNAL OF MEDICINE

Publication Committee

GEORGE W KOSMAK, M D
KIRBY DWIGHT, M D
W P. ANDERTON, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M D
JAMES R REULING, M D.

[Address all communications to above address]

LEGAL DEPARTMENT

Counsel . WILLIAM F MARTIN, Esq Attorney THOMAS H CLEARWATER, Esq
30 Broad Street, New York 4 Telephone HAnover 2-0670

AUTHORIZED INDEMNITY REPRESENTATIVE

HARRY F WANVIG, 70 Pine St , New York 5 Telephone DIgby 4-7117

EXECUTIVE OFFICER

ROBERT R. HANNON, M D , 100 State St , Albany 7 Telephone 4-4214

DIRECTOR, BUREAU OF WORKMEN'S COMPENSATION

DAVID J KALISKI, M D , 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

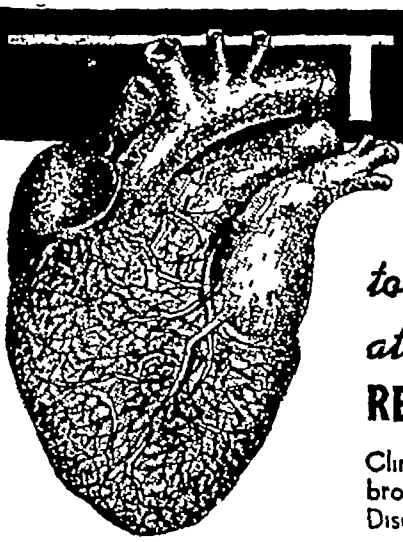
DIRECTOR, PUBLIC RELATIONS BUREAU

DWIGHT ANDERSON, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9847

DIRECTOR, BUREAU OF MEDICAL CARE INSURANCE

GEORGE P FARRELL, 292 Madison Ave , New York 17 Telephone MUrray Hill 3-9841

THESODATE Brewer



The ORIGINAL ENTERIC-COATED TABLET OF THEOBROMINE SODIUM ACETATE

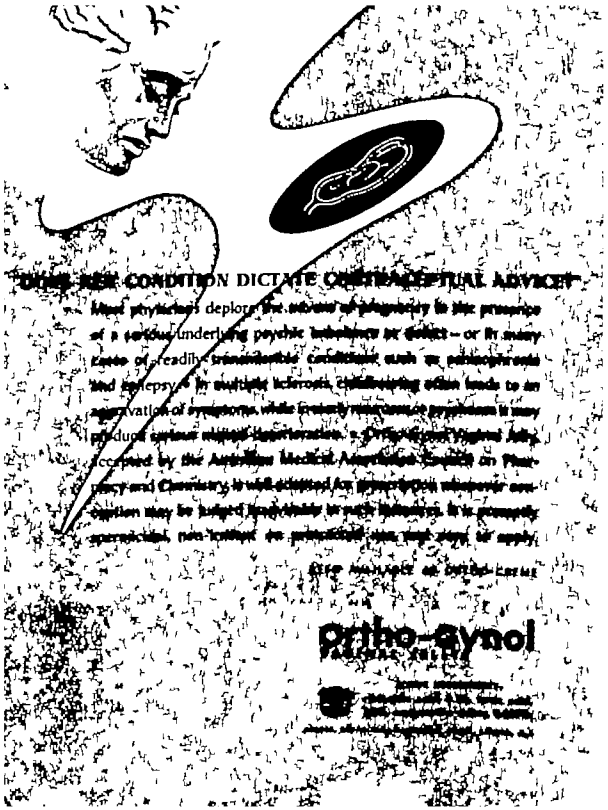
to control frequency and severity of attacks in **CARDIOVASCULAR AND RENAL DISEASES** *and to prevent* **EDEMA**

Clinical experience and studies have proven the value of Theobromine Sodium Acetate in certain Cardiovascular and Renal Diseases In Angina Pectoris, used adequately, it permits more work by the individual without developing precordial pain or distress As one of the most effective Xanthine Vasodilators it helps increase the available blood supply to the heart and kidneys to increase the efficiency of these organs

It has also been found an effective aid in treating and preventing Edema of Cardiac or Renal origin The enteric coating (especially developed for Thesodate) permits larger doses without the drug's contact with the Gastric Mucosa

Supplied—in 7½ grains with and without Phenobarbital ½ grain, in 5 grains with Potassium Iodide 2 grains and Phenobarbital ½ grain, and in 3¾ grains with and without Phenobarbital ¼ grain. Capsules, not enteric coated, are available in the same potencies for supplemen ary medication.

BREWER & COMPANY, INC. Worcester Massachusetts
Pharmaceutical Chemists Since 1852


"DRUG-USE CONDITION DICTATE CONTRACEPTIVE ADVICE"
Ortho-gynol

SECTION OFFICERS
1946–1947

ANESTHESIOLOGY

Robert B Hammond, *Chairman* — White Plains
Rose Lenahan, *Vice-Chairman* — Buffalo
Milton C Peterson, *Secretary* — New York

DERMATOLOGY AND SYPHILOLOGY

E William Abramowitz, *Chairman* — New York
Shepard Quinby, *Secretary* — Buffalo

GASTROENTEROLOGY AND PROCTOLOGY

Deseum C McKenney, *Chairman* — Buffalo
Harry E Reynolds, *Vice-Chairman* — Schenectady
Rudolph V Gorsch, *Secretary* — New York

INDUSTRIAL MEDICINE AND SURGERY

Philip L Forster, *Chairman* — Albany
H V N Spaulding, *Secretary* — New York

MEDICINE

Harold F R Brown, *Chairman* — Buffalo
George E Anderson, *Vice-Chairman* — Brooklyn
G W Bissell, *Secretary* — Buffalo

NEUROLOGY AND PSYCHIATRY

John E Scarff, *Chairman* — New York
Burton M Summers, *Secretary* — Buffalo

OBSTETRICS AND GYNECOLOGY

Charles A Gordon, *Chairman* — Brooklyn
William M Malba, *Secretary* — Schenectady

OPHTHALMOLOGY AND OTOLARYNGOLOGY

Maxwell D Ryan, *Chairman* — New York
Thomas H Johnson, *Secretary* — New York

ORTHOPEDIC SURGERY

Joseph Buchman, *Chairman* — New York
David M. Bosworth, *Secretary* — New York

PATHOLOGY AND CLINICAL PATHOLOGY

Ellis Kellert, *Chairman* — Schenectady
Paul Klemperer, *Vice-Chairman* — New Rochelle
M. J Fein, *Secretary* — New York

PEDIATRICS

Albert G Davis, *Chairman* — Utica
George R Murphy, *Vice-Chairman* — Elmira
George W Caldwell, *Secretary* — New York

PUBLIC HEALTH, HYGIENE AND SANITATION

Henry B Doust, *Chairman* — Syracuse
Philip J Rafle, *Vice-Chairman* — New York
F E Coughlin, *Secretary* — Albany

RADIOLOGY

Lee A Hadley, *Chairman* — Syracuse
Raymond W Lewis, *Vice-Chairman* — New York
Carlton Frasier Potter, *Secretary* — Syracuse

SURGERY

Stanley Earl Anderson, *Chairman* — Albany
Seymour G Clark, *Secretary* — Brooklyn

UROLOGY

Archie L Dean, *Chairman* — New York
Francis P Twinem, *Vice-Chairman* — New York
William J Kennedy, *Secretary* — Gloversville

SESSION OFFICERS
1946–1947

CHEST DISEASES

Nelson W Strohm, *Chairman* — Buffalo
Grant Thorburn, *Secretary* — New York

HISTORY OF MEDICINE

T Wood Clarke, *Chairman* — Utica
Judson B Gilbert, *Vice-Chairman* — Schenectady
Claude E Heaton, *Secretary* — New York

PHYSICAL MEDICINE

Walter S McClellan, *Chairman* — Saratoga Springs
Albert R Hatfield, Jr., *Secretary* — Utica

to control hysteria

For emergency management of hysteria Elixir Gabail affords control without narcotics or barbiturates

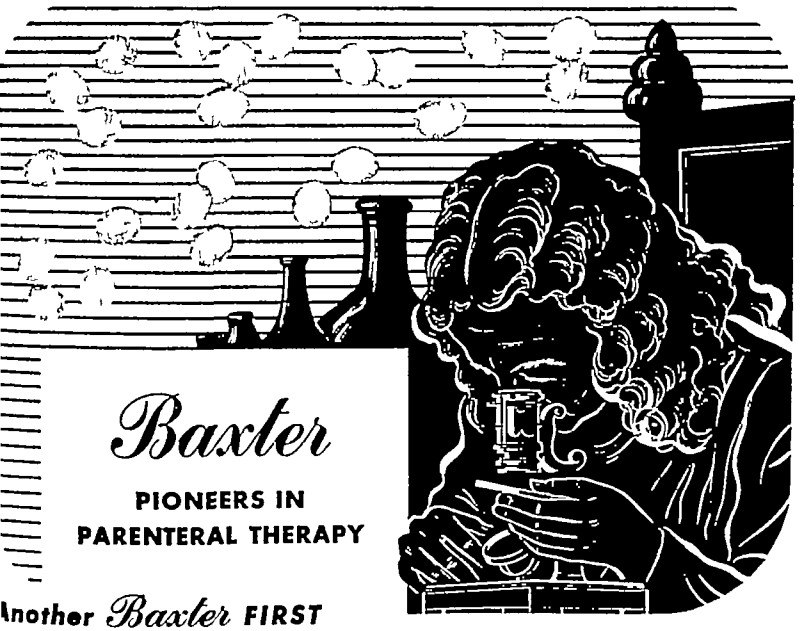
Each tablespoonful contains chloral hydrate 4½ gr., potassium bromide 3 gr., strontium bromide 1½ gr., extract valerian (deodorized) 4½ gr., ammonium valerianate (deodorized) 1½ gr Supplied: 4 and 8 oz bottles

Write for full information, contraindications

Elixir Gabail
sedative • soporific

ANGLO-FRENCH Laboratories, Inc.
75 Varick Street, New York 13, N. Y

IONEERING THAT POINTS TO *DISCOVERY* *DISCOVERY* THAT *DEMANDS* LEADERSHIP



Baxter

PIONEERS IN PARENTERAL THERAPY

Another *Baxter* FIRST

. . . a Flexible Program

n 1934 Baxter introduced the 500 cc Vacoliter eliminating unnecessary waste of large amounts of intravenous solution particularly in pediatrics.

This was the first of many steps to provide flexibility to the Baxter program

Baxter s many years of pioneering and leadership in the field of parenteral therapy are your protection.

Here is a parenteral program complete trouble free and confidence inspiring No othe method is used in so many hospitals.

Manufactured by
BAXTER LABORATORIES, INC.
Glenview Illinois; Acton Ontario; London England

Antony van Leeuwenhoek
1632 1723

This great microscopist in 1674 gave the first description of the red blood cells and demonstrated the capillary anastomosis between the arteries and veins, previously discovered by Malpighi in 1661 His extensive studies on capillary circulation completed Harvey's demonstration of the circulation, preparing the way for today's parenteral therapy.

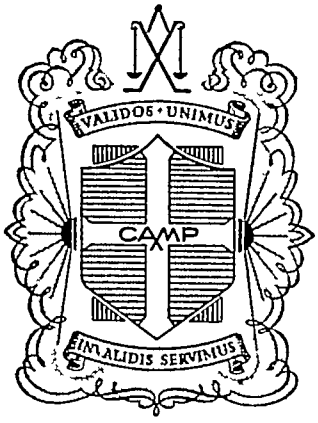


Distributed east of the Rockies by
AMERICAN HOSPITAL SUPPLY CORPORATION
CHICAGO • NEW YORK

Produced and distributed in the Eleven Western States by DON BAXTER INC., Glendale, Calif.

FIT

THE unique CAMP system of controlled adjustment incorporated in many specialized models graded to the various types of body build gives Camp Anatomical Supports the endless number of fitting combinations called for by the endless variations in the human figure Full benefit of this precision design is assured for the individual patient's well-being and comfort because Camp Scientific Supports are precision fitted by experts ethically trained at Camp instructional courses in prescription accuracy.



Camp Anatomical Supports ethically distributed under the inspiration of this hallmark have met the exacting test of the profession for four decades Prescribed and recommended in many types for prenatal, postnatal, postoperative, pendulous abdomen, visceroptosis, nephroptosis, hernia, orthopedic and other conditions.

CAMP
TRADE MARK

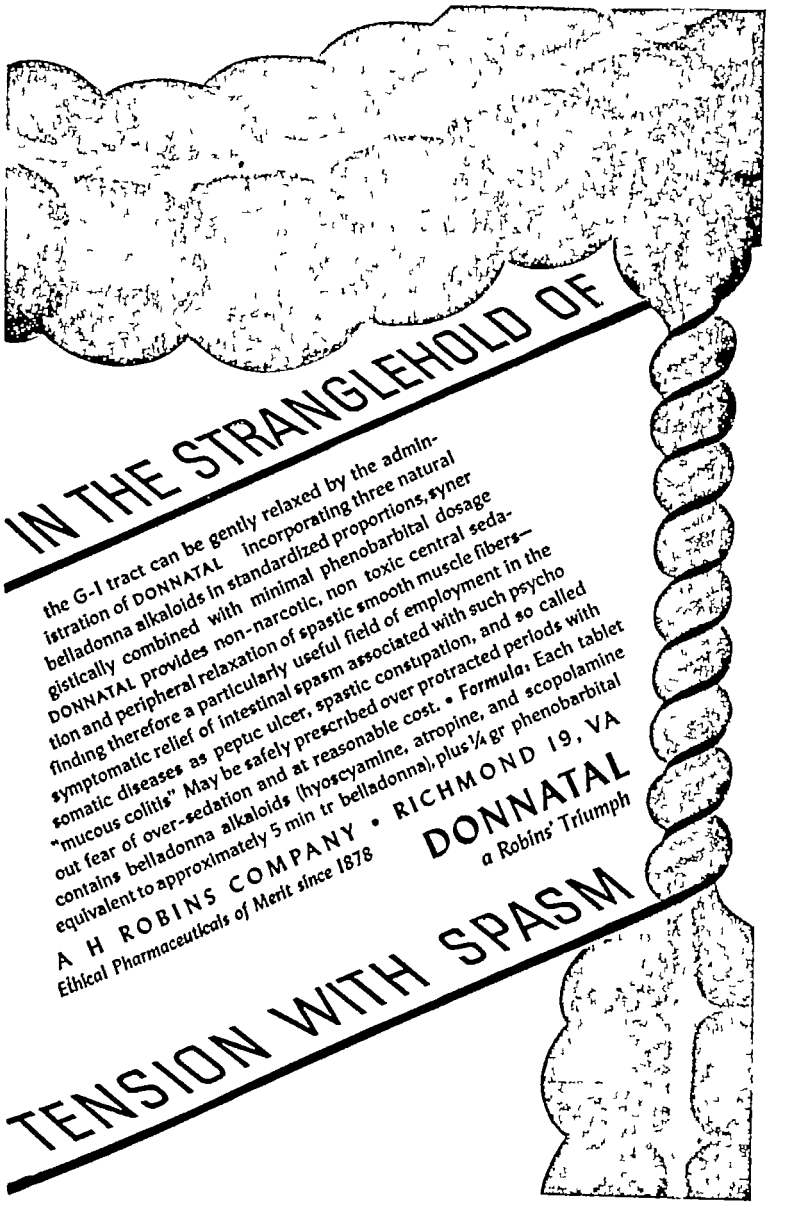
ANATOMICAL SUPPORTS

S H. CAMP & COMPANY
Jackson, Michigan

World's Largest Manufacturers of Scientific Supports

Offices in NEW YORK • CHICAGO
WINDSOR, ONT • LONDON, ENG

If you do not have a copy of our "Reference Book for Physicians and Surgeons", copy will be sent upon request.


IN THE STRANGLEHOLD OF
the G-I tract can be gently relaxed by the administration of DONNATAL incorporating three natural belladonna alkaloids in standardized proportions, synergistically combined with minimal phenobarbital dosage DONNATAL provides non-narcotic, non toxic central sedation and peripheral relaxation of spastic smooth muscle fibers— finding therefore a particularly useful field of employment in the symptomatic relief of intestinal spasm associated with such psychosomatic diseases as peptic ulcer, spastic constipation, and so called "mucous colitis" May be safely prescribed over protracted periods without fear of over-sedation and at reasonable cost. • Formula: Each tablet contains belladonna alkaloids (hyoscyamine, atropine, and scopolamine equivalent to approximately 5 min tr belladonna), plus 1/4 gr phenobarbital
A H ROBINS COMPANY • RICHMOND 19, VA
Ethical Pharmaceuticals of Merit since 1878
DONNATAL
a Robins' Triumph
TENSION WITH SPASM



WALKER'S PROTEIN HYDROLYSATE

with VITAMINS *and* MINERALS

There's growing emphasis on hyperalimentation as an adjunct to therapy. WALKER'S PROTEIN HYDROLYSATE WITH VITAMINS AND MINERALS has the pleasant savor of fine bouillon assuring patient acceptance when prescribed in: Pre- and postoperative dietary therapy, peptic ulcer and certain other gastrointestinal diseases, nutritional edema and anemia, pregnancy and lactation, febrile disease, periods of active growth and aging, and wherever protein hydrolysate-vitamin supplementation is indicated. Available through prescription pharmacies. Professional literature on request.

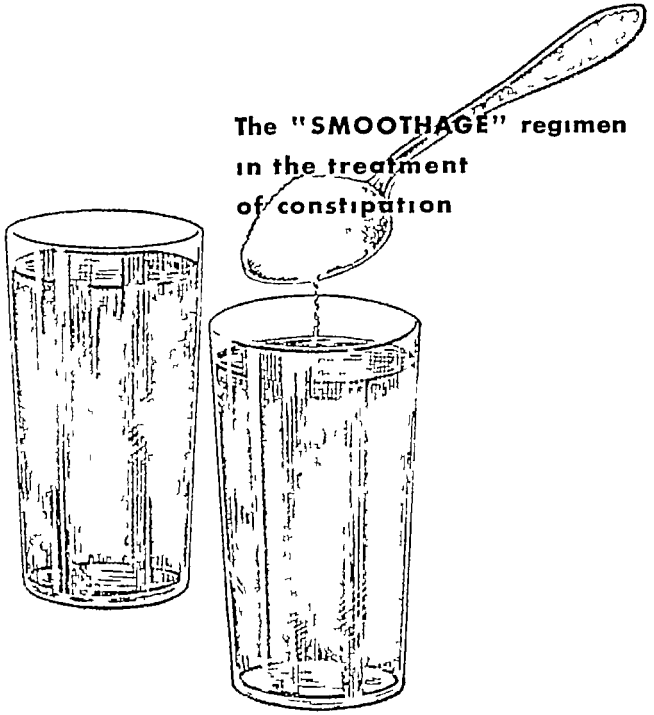
Walker

VITAMIN PRODUCTS, INC.

MOUNT VERNON, NEW YORK

INDEX TO ADVERTISERS

The Alkalol Co	1401
American Hospital Supply Corporation	1229
Anglo-French Laboratories, Inc.	1292
Ar-Ex Cosmetics Inc.	1401
The Arlington Chemical Co	13-1
Avert McKenna & Harrison Limited	1301
Dr Barnes Sanitarium	1402
Brewer & Company Inc	1299
Brigham Hall Hospital	1402
Brunswirl Home	1402
Burroughs Wellcome & Co	1302
Ca-Ma-Sil Co	1316
S H Camp & Company	1294
Cavendish Pharmaceutical Corp	1288
G Cerebelli & Co	1405
Chatham Pharmaceuticals Inc	1282
Ciba Pharmaceutical Products Inc	3rd cover and between 1312 & 1313
Coca-Cola Company	1406
Cruise Discount Corporation	1404
Doehler Metal Furniture Co Inc	1387
Doho Chemical Corporation	1309
Drug Products Co Inc.	1403
H E. Dubin Laboratories Inc	1304
Falkirk in the Ramapos	1401
Fried & Kobler Inc.	1281
Gold Pharmacal Co	1312
Gradwohl Laboratories	1405
Grant Chemical Co Inc	1284
Halcyon Pest	1402
Interpines	1402
Kemp Bros. Packing Co.	1313
Eli Lilly & Company	1322
Louden-Knickerbocker Hall Inc	1402
M & R Dietetic Laboratories Inc	1314
McNeil Laboratories Incorporated	1308
Maltbie Chemical Company	1305
The Maltine Company	2nd cover
S E. Massengill Company	1300
Mead Johnson & Company	4th cover
Merck & Co., Inc.	1310
The C V Mosby Company	1320
Nassau Medical Exchange	1404
National Dairy Council	1289
New York Medical Exchange	1402
Nutrition Research Laboratories	1303
Ortho Pharmaceutical Corp	1291
Paine Hall	1404
Parke Davis & Company	1317
Pediforme Shoe Company	1312
Z H. Polachek	1404
Rare Chemicals Inc.	1306
Rees-Davis Drugs Inc.	1397
R. J Reynolds Tobacco Co	1283
William S. Rice Inc.	1304
Riverlawn Sanitarium	1401
A H Robins Company	1295
J B Roerig & Company	1307
Emily Ross Personnel Service	1404
Sandoz Chemical Works Inc	1286
Saratoga Springs Authority	1318
Schering Corporation	1287
Schieffelin & Co	1316
Julius Schmid Inc	1400
G D Searle & Co	1299
Specific Pharmaceuticals Inc	1321
E R. Squibb & Sons	1395
Charles B Towns Hospital	1402
The Upjohn Company	1399
Van Patten Pharmaceutical Co	1389
Waldorf-Astoria	1312
Walker Vitamin Products Inc	1298
William R. Warner and Co., Inc.	1315
Washington Institute of Medicine	1296
West Hill	1402
Westwood Pharmacal Corp	1319
White Laboratories Inc.	1297
Whittaker Laboratories Inc.	1401
Winthrop Chemical Company Inc.	1393
Wyeth Incorporated	1285, 1311



The "SMOOTHAGE" regimen in the treatment of constipation

A rounded teaspoonful of Metamucil stirred into a glass of water milk or fruit juice three times a day provides the soft mucilaginous bulk which is desirable for natural elimination Metamucil contains no roughage no oils no chemical irritants.

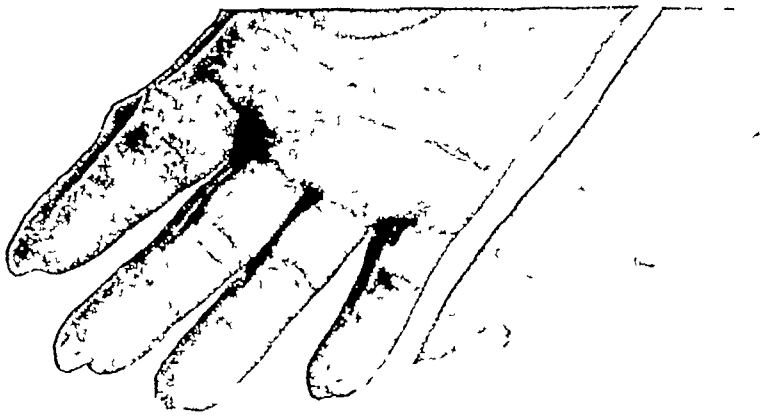
Metamucil is the highly purified non irritating extract of the seed of the psyllium Plantago ovata (50%) combined with anhydrous dextrose (50%). It mixes readily with liquids is palatable easy to take

Supplied in 1 lb., 8-oz. and 4-oz. containers

Metamucil is the registered trademark of G.D Searle & Co.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE



Tissue Stimulation To Promote Healing

IN slow-healing wounds, chronic ulcers, burns, suppurating wounds, or open amputation stumps, cod-liver oil has been shown to possess the property of stimulating the growth of granulations and of epithelium [1,2,3] Bacteriologic studies have shown that when infection is present, cod-liver oil lowers the vitality of pus-forming organisms [1]

Morruguent Ointment, containing cod-liver-oil concentrate, presents a 25 per cent greater content of the unsaponifiable fraction than is contained in cod-liver oil U S P, and none of the objectionable fish-oil odor The response to Morruguent is quickly apparent. Wound odor, if present, disappears Necrotic material is liquefied, granulation tissue fills the lesion, and epithelization is observed early after treatment is begun Healing takes place with a minimum of surface disfiguration

Morumide Ointment, 10 per cent sulfanilamide in a suitable base incorporating cod-liver-oil concentrate, adds the bactericidal and bacteriostatic efficacy of sulfanilamide to the cod-liver-oil effect.

---

[1] Iost, V J, and Kochergin, J G Cod Liver Oil Treatment of Wounds, J A.M A. 106 586 (Feb 15) 1936

[2] Hardin, P C. Cod Liver Oil Therapy of Wounds and Burns South Surgeon 10 301 (May) 1941

[3] Aldrich, R H Cod Liver-Oil Ointment in Surgery, 8 Year Study, Indust.Med 11 153 (April) 1942

MORRUGUENT & MORUMIDE



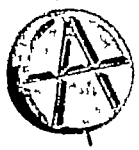
Morruguent and Morumide Ointments are supplied in 2-oz. tubes and in 1-lb jars

THE S. E. MASSENGILL COMPANY

BRISTOL, TENN -VA.

NEW YORK • SAN FRANCISCO • KANSAS CITY

SEMCO



yerst



nnounces

the introduction of

"ENZIFLUR" TABLETS

as an aid in the prevention of dental caries

Representing a new and important chapter in preventive medicine, clinical studies* have shown that vitamins C and D markedly enhance the action of calcium fluoride in the reduction of the caries experience rate in children

Each "ENZIFLUR" Tablet provides

Calcium fluoride	2.0 mg
Vitamin C (ascorbic acid)	30 0 mg
Vitamin D (irradiated ergosterol)	400 I U
	(U.S P. XII)

One tablet daily supplies the optimal amount of fluorine and adult minimum requirements of vitamins C and D as an aid in the prevention of dental caries

*Sheen, I.P. and Beaudet, J.P.: New York State J. Med., 45:2183 (Oct. 15) 1945.

Ayerst

AYERST, McKENNA & HARRISON Limited
22 East 40th Street · New York 16, N. Y.

DYSMENORRHEA



"There apparently exists in the constitution of the dysmenorrheic woman an intrinsic factor that renders her more susceptible to pain . . "*

*Haman, J O Am J Obst & Gynec. 47 686 (May), 1944

'TABLOID'
Empirin COMPOUND

In bottles of 100 and 500 Acetophenetidin gr 2½ • Caffeine gr ½ • Acetylsalicylic Acid gr 3½ • Also 'Tabloid' 'Empirin' Compound with Codeine Phosphate gr ⅛, gr. ¼ and gr ½ • 'Tabloid' and 'Empirin' are Registered Trademarks

BURROUGHS WELLCOME & CO (U S A.) INC., 9 & 11 EAST 41st STREET, NEW YORK 17

Bone is *living* tissue...



Knowing this, the physician prescribes vitamin D during infancy, childhood and prepuberty—periods of active skeletal growth when antirachitic measures are particularly indicated

Infron *Pediatric*

ONLY ONE CAPSULE IS REQUIRED EACH MONTH

provides a convenient, new method of effective rickets prophylaxis and treatment with appreciable economy Each capsule contains 100,000 U S P units of vitamin D—Whittier Process—especially prepared for pediatric use

The therapeutic effectiveness and non toxicity of Infron Pediatric is based on extensive clinical investigations *

Readily miscible in the feeding formula, milk, fruit juice or water—can also be spread on cereal

Supplied in packages of 6 capsules each —sufficient dosage for 6 months Available at prescription pharmacies

*REFERENCES

Rauber A. C., Hardy L. M. and Pitkin, W. L., J Ped 23:31-38 (July) 1943
Wolf I J., J Ped., 22 707 718 (June) 1943
Wolf I. J., J Ped., 22.396-417 (April) 1943
Wolf I J.: J Med Soc New Jersey 38:436 (Sept.) 1941

NUTRITION RESEARCH LABORATORIES CHICAGO

Please send literature and a supply sufficient for 6 months clinical trial.



N Y S J M—6

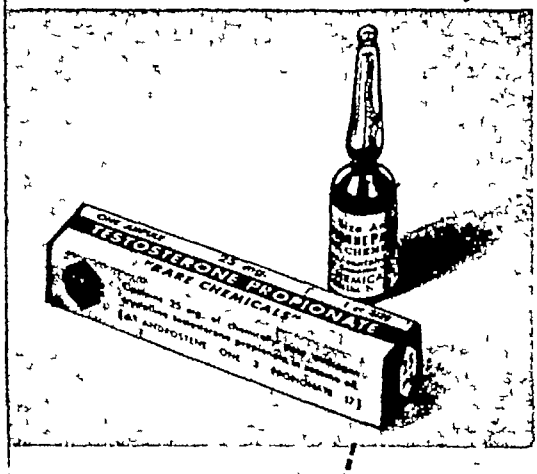
DR.

ADDRESS

CITY STATE

Now – a Council Accepted

TESTOSTERONE PROPIONATE



Obtainable from your usual source of supply in 1 cc ampules, 5 mg, 10 mg, and 25 mg, in boxes of 3, 6, and 50

Approved literature describing the use of this preparation in recognized indications will be forwarded to physicians on request.

"OTHER RARE" PRODUCTS ACCEPTED FOR ADVERTISING IN THE J.A.M.A.—ACIDOLATE—GITALIN—OPTOCHIN HYDROCHLORIDE—SALYSAL

RARE CHEMICALS, INC.
HARRISON, N. J.

TESTOSTERONE PROPIONATE "RARE CHEMICALS"

West Coast Distributors: GALEN COMPANY, Berkeley 2, California

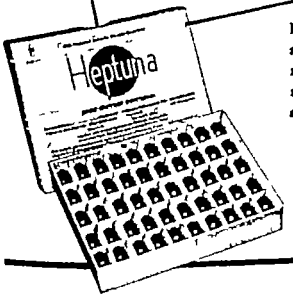
Heptuna

presents a convenient and effective means of rapidly correcting hypochromic anemia and its associated multiple nutritional deficiencies, whether caused by inadequate food intake, increased requirement or by blood loss

EACH CAPSULE CONTAINS:

Ferrous Sulfate U S.P	4½ Grains
Vitamin A (Fish Liver Oil)	5,000 U S P Units
Vitamin D (Tuna Liver Oil)	500 U S P Units
Vitamin B_1 (Thiamine Hydrochloride)	2 mg
Vitamin B_2 (Riboflavin)	2 mg
Vitamin B_6 (Pyridoxine Hydrochloride)	0 1 mg
Calcium Pantothenate	0 333 mg
Niacinamide	10 mg

Together with a Liver Concentrate (Vitamin fraction) derived from 6.5 Gm fresh liver and dried yeast U S.P Not intended for use in the treatment of pernicious anemia



For the speedy correction of the anemia syndrome and its associated multiple nutritional deficiencies, iron alone is usually inadequate. *All* the lacking essential nutrients must be supplied by both diet and appropriate medication.

Supplied in boxes of 50 and 100 capsules

J. B. ROERIG & COMPANY

536 Lake Shore Drive, Chicago 11, Illinois



. . . the characteristic response

THE prompt symptomatic relief provided by Pyridium is extremely gratifying to the patient suffering with distressing urinary symptoms such as painful, urgent, and frequent urination, tenesmus, and irritation of the urogenital mucosa.

Pyridium is convenient to administer, and may be used with complete safety throughout the course of cystitis, pyelonephritis, prostatitis, and urethritis *The average oral dose is 2 tablets t i d.*

PYRIDIUM
REG U. S PAT OFF
(Phenylazo-alpha-alpha-diamine-pyridine mono-hydrochloride)

For gratifying relief of distressing symptoms in urogenital infections.

Pyridium is the United States Registered Trade-Mark of the Product Manufactured by the Pyridium Corporation

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

Effective Against CHIGGERS

(RED BUGS)



SULFUR FOAM APPLICATORS

Convenient Cloth Applicators Impregnated with Sulfur and Soap

DURING THE COMING SEASON this timely prescription product will bring relief and grateful thanks from patients suffering from chiggers

Sulfur Foam Applicators are indicated whenever sulfur is to be used externally

They have the advantage of

even dispersal of fine sulfur particles

convenience—they are easy to use

elegance—no grease, mess or stain

safety, minimizing the possibility of sulfur dermatitis.

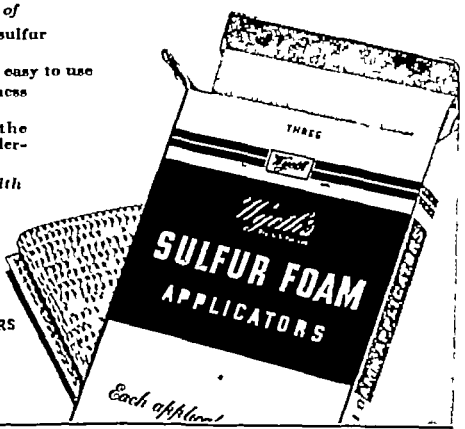
Complete directions with each package

TREATMENT

PROPHYLAXIS

SULFUR FOAM APPLICATORS

Wyeth



WYETH INCORPORATED PHILADELPHIA 3 PA

℞ Pediforme
FOOTWEAR



To Relieve Simple Foot Disorders

. . . to provide proper foot control

. . . to avoid faulty pressure effects

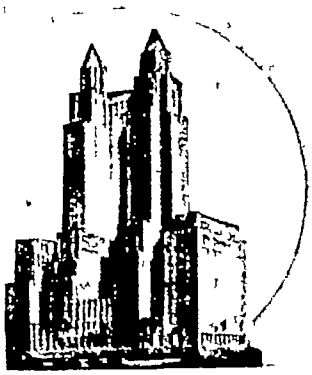
. . to help keep young feet normal

Send your patients to
A Convenient Pediforme Store

A SHOE FOR EVERY MEMBER OF THE FAMILY . . . A SHOE FOR EVERY INDIVIDUAL REQUIREMENT

MANHATTAN, 34 West 36th St
BROOKLYN, 287 Livingston St.
FLATBUSH, 843 Flatbush Ave
HEMPSTEAD, 241 Fulton Ave
NEW ROCHELLE, 545 North Ave
EAST ORANGE, 29 Washington Pl.
HACKENSACK, 290 Main St

There are many alternatives
but only one Waldorf



The **WALDORF-ASTORIA**

Park Avenue • 49th to 50th • New York

---

in whooping cough

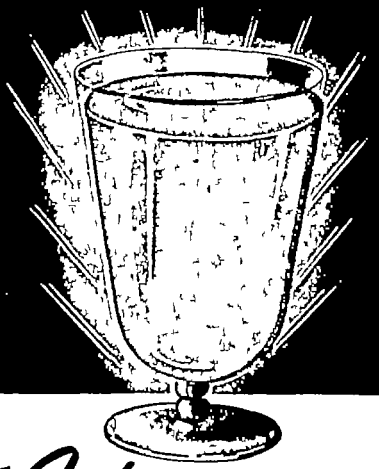
Elixir Bromaurate

GIVES EXCELLENT RESULTS

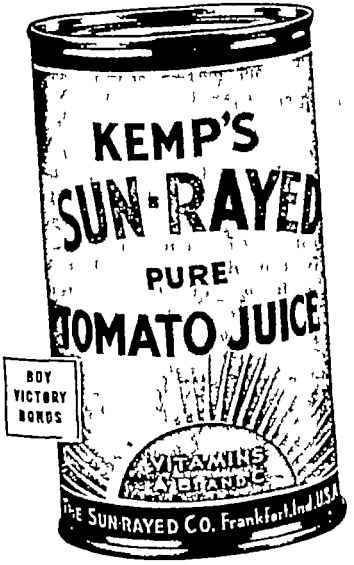
Cuts short the period of the illness and relieves the distressing spasmodic cough Also valuable in Bronchitis and Bronchial Asthma In four-ounce original bottles. A teaspoonful every 3 to 4 hrs
(Contains one half grain Gold Tribromide in one fluidounce Alcohol 2½% by volume.)

GOLD PHARMACAL CO., NEW YORK CITY

VITAMIN A



in Tomato Juice . . .



A growing appreciation of the importance of vitamin A in the diet leads to a consideration of the excellent source of this vitamin (as well as C) in tomato juice The vitamin A content of tomato juice is several times that of orange juice

In addition, it has been proved by Dr Harry Steenbock that the vitamin A content of the tomato is found principally in the meaty solids of the fruit Dr Walter Eddy states that the vitamin A content is in the pulpy part, hence the thicker juices are much richer in this essential factor "

Kemp s Sun Rayed tomato juice is a "thick" juice made from vine ripened, *whole,* U S Government grade, carefully cored tomatoes. All the vitamin packed solids are converted into juice by Kemp s patented process No 1746657 which insures high retention of vitamins A, B_1 and C, homogenizes the color ful solids and prevents the juice from being thin or watery

SUN RAYED CO , FRANKFORT, INDIANA
New York Agent: **Seggerman Nixon Corp.**
111 Eighth Avenue

NEVER THIN OR WATERY

S·I·M·I·L·A·C

Similar to human milk



★The name is never abbreviated; and the product is not like any other infant food — notwithstanding a confusing similarity of names.

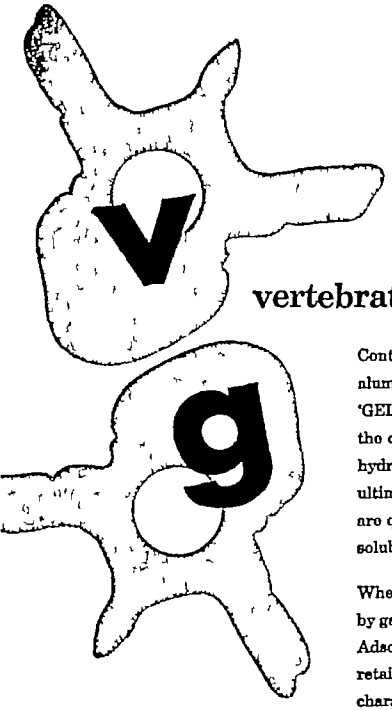
The fat of Similac has a physical and chemical composition that permits a fat retention comparable to that of breast milk fat (Holt, Tidwell & Kirk, Acta Pediatrica, Vol XVI, 1933) . In Similac the proteins are rendered soluble to a point approximating the soluble proteins in human milk Similac, like breast milk, has a consistently ZERO curd tension . The salt balance of Similac is strikingly like that of human milk (C W Martin, M D, New York State Journal of Medicine, Sept. 1, 1932) *No other substitute resembles breast milk in all of these respects*

ACCEPTED AMERICAN MEDICAL ASSN

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and fish liver oil concentrate.

SIMILAC } SIMILAR TO HUMAN MILK

M&R DIETETIC LABORATORIES, INC • COLUMBUS 16, OHIO



vertebrate gel

Containing a uniquely acid-resistant type of alumina figuratively a gel with a backbone—'GELUSIL Antacid Adsorbent is free from the constipating tendency of ordinary aluminum hydroxide preparations and escapes the ultimate fate of common unstable gels which are quantitatively converted to non-protective, soluble astringent aluminum chloride.

Where ordinary alumina gels are destroyed by gastric hydrochloric acid, 'GELUSIL'* Antacid Adsorbent is uniquely acid resistant, and, retaining its original protective, demulcent character it affords unremitting symptomatic relief in peptic ulcer safeguarding it against further erosion and irritation, and encouraging normal healing.

Supplied in both liquid and tablet form, 'GELUSIL Antacid Adsorbent provides acid-resistant, protective aluminum hydroxide and magnesium trisilicate.

For additional pharmaceutical details consult your pharmacist—for more extensive medical data write Medical Division of William R. Warner & Co.

WARNER and Co. Inc. 113 WEST 18TH STREET, NEW YORK 11 N Y

'gelusil'

*Trademark Reg. U. S. Pat. Off.

antacid adsorbent

Bottles of 6 and 12 fluidounces
Bottles of 50, 100 and 1000 tablets

Hay Fever

A SINGLE DROP OF *Estivin*



in each eye is usually all that is necessary to relieve the ocular and nasal discomforts of hay fever

Itching eyes, lacrimation, paroxysms of sneezing and associated symptoms respond promptly to this effective local treatment.

One drop of Estivin in each eye 2 or 3 times daily is generally sufficient to keep the patient comfortable during the entire hay fever season In more severe cases additional applications whenever the symptoms recur will keep such patients relieved throughout the day

Literature and Sample on Request



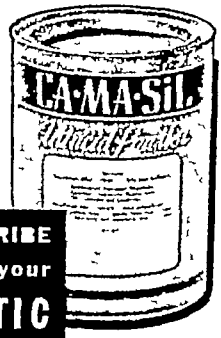
Schieffelin & Co.
Pharmaceutical and Research Laboratories
20 COOPER SQUARE • NEW YORK 3, N Y



DUODENAL and GASTRIC Ulcer Patients

quickly relieved! rapidly healed!

Send for Sample



Approved by physicians for treatment of ulcers Capable of maintaining neutralization over a period of three hours or longer Contains Magnesium Silicate (not tricilicate) Diammonium Hydrogen Phosphate Calcium Carbonate Peppermint Oil Aromatics and Saccharin

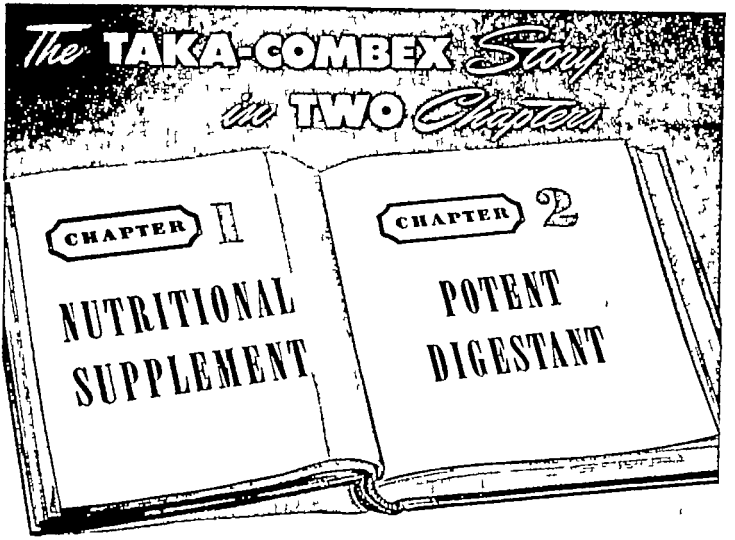
PRESCRIBE it for your PEPTIC ULCER PATIENTS

★ Avoids Between-Meal Feedings
★ Avoids Excessive Use of Milk
★ Contains No SODA or Aluminum Hydroxide
★ No Phosphate or Iron Deficiency is Induced

CA-MA-SIL CO.
700 Cathedral St. Baltimore 1, Md

Watch the Classified Department for Business Opportunities

Page 1404



For management of patients with impaired carbohydrate digestion and faulty assimilation of water soluble vitamins B and C Taka Combex Kapseals become the most logical dietary supplement

The Taka-Combex story involving these patients can be told in two chapters:

1 The vitamin combination contains B_1, B_2 B_6, pantothenic acid, nicotinamide, and other components of the B-complex derived from liver, plus Vitamin C

2 Taka Diastase potent enzyme with ability to liquefy 450 times its own weight in starch in ten minutes is present in the amount of two and one half grains in each Kapseal

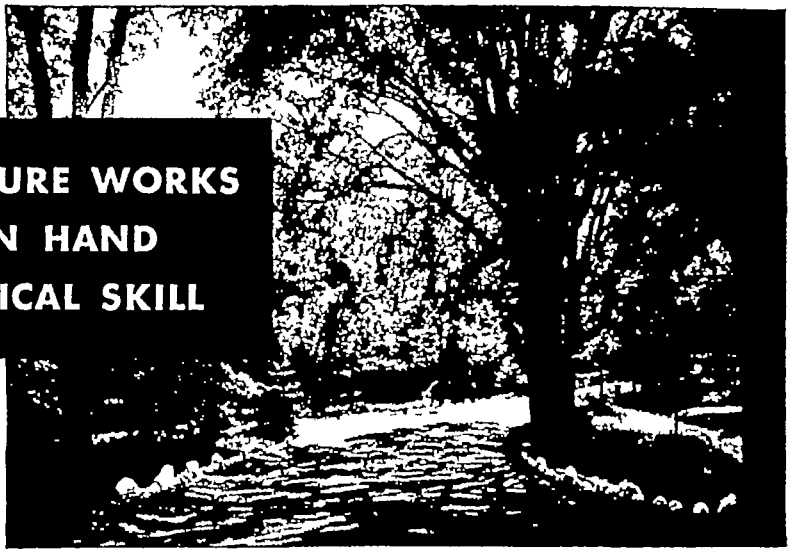
Parke, Davis & Company

DETROIT 32 • MICHIGAN

TAKA-COMBEX KAPSEALS



One or two Kapseals three times daily is the usual dosage



WHERE NATURE WORKS HAND IN HAND WITH MEDICAL SKILL



Restorative treatments in the relaxing environment of the Saratoga Spa have become more widely known in medical circles as, year by year, increasing numbers of physicians have found them beneficial to patients

The therapeutic powers of the Spa's naturally carbonated mineral waters are being utilized more extensively than ever, for postwar strain is bringing us an unusually large number of patients suffering from cardiac, rheumatic or vascular disorders of a chronic nature.

Here your patient, relaxed in mind and body, is in skilled hands which are guided by your directions in a regimen of treatment that you recommend Well trained physicians are available in Saratoga Springs for consultation with your patient on the details of the program

Thus the Spa lightens your heavy burden, with full assurance that your patient will receive the best of care to prepare him for your continued medical direction

THE SARATOGA SPA

"PHYSICIAN, GIVE HEED TO THINE OWN HEALTH"

Many physicians have recently come to the Spa for the same kind of treatments that helped their patients here After a restorative "cure" at the Spa, you, too, would return to your practice refreshed—revitalized—ready for the busy days that still lie ahead

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION

For professional publications of the Spa, and physician's sample carton of the bottled waters, with their analyses, please write W S. McClellan, M D , Medical Director, Saratoga Spa, 155 Saratoga Springs, N Y

Single Dose, Disposable Applicators

Westhiazole Vaginal



SIMPLE

CONVENIENT

DAINTY

New, Improved, Effective Formula

for VAGINITIS
(Trichomonas vaginalis, etc)
CERVICITIS

- MAINTAINS thorough, persistent therapeutic contact with vaginal and cervical mucosa
- PROMOTES restoration of vaginal pH and flora hostile to pathogenic organisms
- ACCELERATES healing by control of sulfathiazole amenable infections so often secondary to the trichomoniasis
- Convenient, agreeable, time-saving for office and home use Invites sustained patient cooperation

Westwood PHARMACAL CORP.

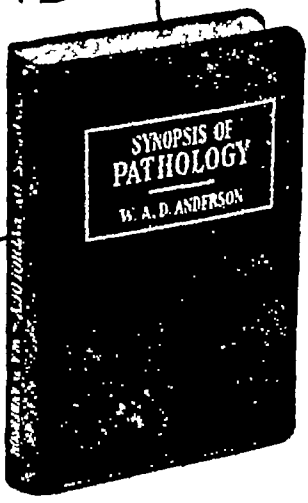
*WESTHIAZOLE VAGINAL FORMULA
10% SULFATHIAZOLE
3% LACTIC ACID
1% ACETIC ACID
in a Polyethylene Glycol Base

Write for Sample and Literature

468 DEWITT STREET BUFFALO 13 N Y

rademark Reg. U. S. Pat Off.

New SECOND *Edition*



Anderson's

SYNOPSIS *of* PATHOLOGY

by W A D ANDERSON, M.A , M D , F.A C P , Professor of Pathology and Bacteriology, Marquette University School of Medicine, Pathologist, St Joseph's Hospital, Milwaukee, Wisconsin

741 pages, 327 illustrations, 15 color plates Price, $6 50

●

JUST PUBLISHED!

Order Now!

For this new second edition, the author has revised carefully, considering all chapters, and bringing his material completely up to date Seventy-four new illustrations have been added, together with four new color plates

Throughout, greater emphasis has been given to "tropical diseases" and conditions important in war medicine The chapters dealing with viral, rickettsial, spirochetal, mycotic, protozoal, and helminthic infections have been enlarged and made more inclusive, and other subjects, such as epidemic hepatitis and blast injuries, have been given attention The chapters dealing with inflammation, the lung, and the nervous system also have received extensive revision

THE C V MOSBY COMPANY
3207 WASHINGTON BOULEVARD
ST LOUIS 3, MISSOURI

NYM 6/46

Gentlemen Send me a copy of the new 2nd Edition Anderson's SYNOPSIS OF PATHOLOGY, $6 50

☐ Attached is my check ☐ Charge my account

Name

Address



THE
BOTTLE-NECK

. Spastic bottle-necks in the gastrointestinal, biliary and urinary tracts are rapidly resolved with . . .

profenil®

Reg U.S Pat Off.

NEW SYNTHETIC • NON-NARCOTIC

Antispasmodic

*bis-gamma-phenylpropylethylamine

0.06 Gm. of the Citrate per Tablet
0.045 Gm. of the HCl per Ampoule

SPECIFIC PHARMACEUTICALS INC 331 FOURTH AVE, NEW YORK 10, N Y

Kindly send Profenil samples and literature . . . . . .

M. D. _____

STREET _____

CITY & STATE _____



full recovery through a miracle of distribution

THIS LITTLE GIRL will be up tomorrow Ten days ago she was suddenly stricken with streptococcic septicemia Her physician needed penicillin—plenty of it, right away Fortunately, the drug store had a sufficient quantity in stock to start treatment The pharmacist hurriedly called his service wholesaler, and an adequate supply of Penicillin, Lilly, was promptly available

In over two hundred wholesale houses, in every corner of the nation, Penicillin, Lilly, is kept properly stored, ready for immediate delivery Quick availability is vitally important in cases of desperate illness Specify Penicillin, Lilly, through your favorite prescription pharmacy

Lilly

ELI LILLY AND COMPANY • INDIANAPOLIS 6 INDIANA, U S A.

NEW YORK STATE JOURNAL OF MEDICINE

Copyright 1946 by the Medical Society of the State of New York

GEORGE W KOSMAK, M D, *Managing Editor*
LAURANCE D REDWAY, M D, *Assistant Managing and Literary Editor*
NORMAN S. MOORE, M.D, Ithaca, *Assistant Literary Editor*
DWIGHT ANDERSON *Business Manager*
WILLMA L SIMMONS, *Technical Editor*
Publication Committee
GEORGE W KOSMAK, M D *Chairman*
KIRBY DWIGHT M D
WALTER P ANDERTON, M D
DWIGHT ANDERSON
LAURANCE D REDWAY, M.D
JAMES R. REULING, M.D

VOLUME 46 JUNE 15 1946 NUMBER 12

Editorial

The Social Aspects of Medicine

Under this title, the *Journal of Pediatrics*,[1] a periodical by and for pediatrists becomes the first medical journal in the country to feature regularly a section on this topic

The editors are to be heartily congratulated on this positive and forward-looking section. As the *Journal* says in part

> The very nature of their specialty has made them pioneers in the practice of preventive medicine It is true that early pediatrists conceived their role of service in this field to be primarily the prevention of disease This negative concept has recently enlarged to encompass the promotion and preservation of child health Acceptance of this expanded sphere of service calls for as keen a knowledge of social conditions as of medical science itself The medical forum inaugurated by the *Journal of Pediatrics* is a harbinger of the growing recognition by pediatrists of their expanding obligations as purveyors of medical care

In seven recommendations, the *Journal* covers a great deal of ground which should be carefully studied as a desirable pattern for discussions on social planning by any medical society

1 Let us not waste time saying that physicians are superior ethically to other occupational groups. Physicians by and large probably do not differ much from the general run of human beings It is much safer for us to assume that anyway

2 Let us not waste time, either, in saying how enlightened pediatricians are The pediatricians have been most forward in the practice of preventive medicine, but that development was a corollary to our work and need not go to our heads

3 Also, let us not waste time in protesting to achievements in medicine of the last [illegible] years as if they implied that the public must have no voice in determining medical [illegible] The achievements in medicine merely parallel those in chemistry, physics, and [illegible] they are just part of a general advance of science The essential point is that the [illegible] in medicine have far outstripped their practical applications and have created [illegible] possibilities.

The first three recommendations [illegible] avoid some of the worst pitfalls [illegible] most lamentable, futile, [illegible] sodic episodes of medical [illegible] aptly designated [illegible] verbo-floral tributes [illegible] nevertheless, dead-[illegible] are, if anything, just [illegible] commendation of [illegible] the exemplars in [illegible]

This was no pose This young man had personally never paid a medical fee in his life, believe it or not Until he left school, his medical bills had been paid by his family At school such minor accidents and cuts as he had had were dressed by the school nurse

At seventeen he had left school, and the war being on, had been absorbed into one of the war industries Either his family, the school physician or nurse, or workmen's compensation had supplied his medical service at no cost to him He had never considered, never had occasion to think about who paid his bills How many of him are there?

Survey

In a recent article[1] the results of a national inquiry conducted by *Medical Economics* among demobilized doctors are set forth

> Replies to a questionnaire sent to all physician-veterans reveal that many are "disgusted" by the attitude of their home-front colleagues, that some decry the lack of residencies, postgraduate courses, and hospital privileges, that some feel they have been let down by their medical societies, and that others gripe about the G I Bill of Rights, unfair licensure laws, the shortage of office space, housing, and cars, and the inroads of chiropractic and osteopathy A minority of the replies contain bouquets for the home front, most of them heave brickbats
>
> Statistically, the results (based on the first 2,000 replies received) seem to confirm the prediction made months ago by the editors of this publication that a majority of veterans would have to depend largely upon their own resources and initiative in re-establishing their practices

A study of the topics covered by the replies as set forth above seems to indicate that the well-known human nature has not changed a great deal, that the doctor is as good a griper as anybody, bar none, and that in the opinion of the demobilized doctors there is a good deal to complain about

This is hopeful Perhaps they will be serious enough about their gripes to question the government about the inadequacies of the G I Bill of Rights, the shortage of housing and cars, to question the leaders who, for one or another reason, are encouraging the work stoppages creating the housing shortages and lack of office space If licensure laws are unfair, why not change them?

Medicine is organized to a certain extent Membership in county, state, and national societies is open for all who qualify Everyone has a congressman and senator to whom he can write A national election is in the offing

The best way to improve conditions is first to become sufficiently irritated, then to exercise the resources and initiative which the editors of *Medical Economics* predicted would have to be used, and change the conditions for the better Make the gripes work for the profession and each individual in it

---

[1] "This is What Gripes Me," Medical Economics, March, 1946, p 111

Vomiting of Pregnancy

Among the annoying and often times distressing accompaniments of pregnancy is "heartburn" There have been conflicting ideas and theories about its causation The acidity of the gastric contents was once thought to play a major role, but various studies have shown that gastric acidity decreases as pregnancy advances and is at its lowest point during the third trimester when heartburn is apt to be most prevalent and severe Obviously then, the commonly employed bicarbonate of soda is irrational The change in the position of the stomach as the uterus rises, the increasing atony of its musculature, with relaxation of the cardiac sphincter, permitting access of the gastric

contents into the lower esophagus especially in the recumbent position, and finally the diminished motility which causes a delay in the normal emptying time, probably all contribute to the production of the symptom

These changes in the physiologic activity of the stomach during pregnancy substantiate the neuromuscular theory and suggest a possibly effective remedy, namely, prostigmine H M Wiley reports the results (*American Journal of Obstetrics and Gynecology*, February, 1946) obtained in series of 20 cases, using 15 mg tablets of prostigmine bromide The patients were directed to take the remedy as soon as the heartburn was noted and they experienced quick relief in all but a few cases Inasmuch as the simple effective dose is so small, there is little likelihood of any side reactions and the dose may be repeated daily as needed The procedure is worthy of further trial

Current Editorial Comment

War and Disease The health of the American people in 1945, still *without benefit of meddlesome, bureaucratic, Federal dictation, and control be it noted* seems to persist in being excellent It does not appear that this fact will appease the curiosity of proponents of state medicine to find out at the people's expense by legislative experiment how bureaucratic interference can change all that Well, anyway, here is the picture under free enterprise,[1] at least for medicine

War and disease are traditional allies Yet, the health of the American people, as reflected by the death rate, has been maintained at a very high level in 1945, as it has been throughout the war period Last year, among the many millions of industrial policyholders of the Metropolitan Life Insurance Company, the death rate, exclusive of losses from enemy action was 7 4 per 1,000, or 2.2 per cent below the comparable figure for 1944, and only a shade above the all-time low of 7.3 registered in 1942 If adjustment could be made for changes in the age distribution of this insured population it is very probable that the death rate in 1945 would establish a new minimum.

The expectation of life at birth among the industrial policyholders in 1945, excluding deaths from enemy action, was 65 02 years, or 0 62 years above the figure for 1944

In the years 1879 to 1889 the expectant citizen-taxpayer at birth could look forward to thirty-four years in which to enjoy life, liberty, and the pursuit of happiness under a flourishing young free enterprise system strongly sustained by the Bill of Rights, a good five-cent nickel, gold coin in exchange for greenbacks,[2] the Civil Service Reform Act,[3] reduction in postage for letters weighing not less than half an ounce from 3 to 2 cents,[4] and in 1885 letters weighing a full ounce for the same two cents, the Alien Contract Labor Act,[5] "boycotting" of labor by employers, the formation of the A F of L,[6] and the strengthening by Congress of the Department of Agriculture,[7] the year of strikes[8] beginning with the horse-car drivers and conductors in New York, demanding an eight-hour day and increased wages, the Standard Oil Company,[9] and the Western Union Telegraph Company;[10] the Interstate Commerce Act;[11] the admission of four new states to the Union, Montana, Washington, North Dakota, and South Dakota [12]

From 1879 to 1945, life expectancy increased by thirty-one years,[1] to a figure of 65 This was accomplished in spite of three wars (1898–1917–1941), twelve New Deal years all of the sixty-six year period totally without Federally controlled medicine except in the armed forces and the United States Public Health Service, and in spite of Mr Truman's deductions in his 1945 pleas for a National Health Bill from draft rejection figures, and in spite of the mounting toll of death from the great American killer—the automobile

Thus, at the beginning of 1946, the newborn citizen taxpayer has at his disposal sixty-five years of three hundred and sixty five days each in which to enjoy life the best way he can, pay his just debts or just pay his debts whichever is simpler, watch the U N O or the Congress of the United States whichever is funnier, read

[1] Stat. Bull Met. Life Ins. Co. Vol. 27 No. 1 January 1946.

[1] Jan. 1 1879

[1] 1883.
[2] 1883.
[3] 1885.
[4] 1885.
[5] 1880.
[6] Organized 1881
[7] 1887
[8] 1889.

about the strikes or attend the ball game whichever is more exciting, put in an order for a new automobile and hope that he may get it before his life expectancy runs out or the atomic bomb gets him

• • •

Make It Simple Lively words of wisdom come from the pen of Dr Paul B Brooks in *Health News*[1] His subject is timely and very much to the point This JOURNAL has, from time to time, advocated better public relations for the medical profession Surely a good start could be made if what the doctors have to say were intelligible to those who are courteous enough to listen to them "Doctor Jones" says

Using fancy words where simple ones'll do—I was just reading, here, some extracts from an article—this fellow's criticizing social workers for what he calls "robing the simplest thoughts in cabalistic phrases" ("Cabalistic"—I take it what he means there is something mysterious—not easily understood) And claims they tend to dress up their ideas in language so involved and technical that it takes an expert to interpret it into anything an ordinary person could understand Those aren't his words but that's the general idea

Well, from what I've read of things social workers have written, I can't say't I ever noticed that particularly About the worst offenders, I'd say, are the doctors—with engineers a close second They use a technical language—a good many of 'em do—that's largely made up of "ten-dollar" words and then they wonder why their ideas don't seem to register with ordinary folks

These word tests,' like the magazines have been running—I got quite a letdown when I started trying 'em You know, they give you a list of more or less unusual words and you're supposed to check the meaning you think is right and then look over the page to see what your rating is Well, sir, I've been looking up words in the dictionary ever since I was a kid and I started out expecting to get a rating of "Excellent," to say the least About the best I've ever been able to do was "Fair" Not wanting to admit that I was dumb, I concluded that simple words had answered my purpose so well I hadn't had occasion to use the fancy ones

Of course improving our vocabulary—it ought to be encouraged And using words they have to look up in the dictionary—I s'pose it makes a good impression sometimes But what we've got to say—if it's important for ordinary folks to understand it, it's sort of necessary to speak a language that they don't have to have an interpreter translate it for 'em I figure the less words we use the more people they're liable to reach Yes, words are like some clothes it's remarkable how few you can get along with and still get by

And while we're on the subject, perhaps this applies as well to the written word as to the spoken We have on what remains of our battered editorial conscience an uncomfortable feeling that even writing primarily, as we are supposed to do, for doctors we have transgressed (sinned) with the result that not as many readers as we could wish have comprehended (understood) what it was all about

• • •

Straws in the Winds of 1946. The public reads newspapers and magazines, not medical journals Doctors are supposed to read both, and to practice medicine

Suppose that the practice of medicine by day and reading medical journals all night should confine the doctors' digest of the newspapers to a brief session (interrupted by the doorbell and the telephone) *in camera* with the shaving brush and the dull razor blade, what would the public have read of importance to the doctor that the doctor should have read? We shall attempt to excerpt some of the important things of the new year's news

Mark Sullivan says[2] that a main issue for 1946 is the fate of free enterprise in the United States

The issue exists There is an American economic system—call it free enterprise, or private ownership with competition, or capitalism, or what have you This system is under attack, in America and throughout the world In other countries the attack has been so successful that America is today the only large country maintaining the system On this issue Congress is for maintaining the system, uncompromisingly

This is the view of an experienced newswriter who is close to congressional sources It has significance for organized medicine, since it aligns the Congress squarely behind the fight against socialized medicine, and emphasizes the importance of constant communication between physicians and their elected representatives If your congressman and senator are fighting for what you believe to be right, tell them so

[1] December 17 1945
[2] Herald Tribune, January 1, 1946, p 13

TULAREMIA IN NEW YORK STATE

I J Tartakow, M D ,* Hempstead, New York

THE man who picks up his gun, whistles to his dog, and starts out for a day's hunt for wild rabbits, is, no doubt, fully aware of the dangers which may result from the careless handling of firearms He may not, however, suspect that danger also lurks in the bodies of the apparently harmless little animals he is carrying home in his bag The housewife and the cook who dress or handle wild rabbits, and the trapper whose hands come in contact with the raw flesh and blood of the rodents whose pelts he is removing for the market, may be exposing themselves to a risk unknown to them

The disease which man may acquire in his search for fun, food, and fur is known as tularemia. It causes prolonged morbidity and disability, and has a case fatality rate of about 5 per cent. Cases have been reported in all forty-eight states as well as in several foreign countries In 1938 there were 2,088 cases with 139 deaths reported in the United States During the past three years, from 1942 through 1944, a total of 2,449 cases of tularemia was reported The greatest number occurred in the Central States, with Illinois, Ohio, and Missouri leading all the rest. New York State had 81 cases with five deaths since 1927 Of that number, 45 occurred in New York City, 4 of which terminated fatally Approximately all of the cases in New York City were caused by the handling of wild rabbits supposedly brought in from areas outside of the city In December, 1936, an outbreak of tularemia occurred in New York City in which 13 persons, all of whom had been in contact with wild rabbits, were involved

Although tularemia is, relatively speaking, not a common infectious disease, the physician may be called upon, particularly during the hunting season, to see one or more such cases. Four cases have come to the attention of the author, and diagnosis in each instance was not made by the attending physician until one month, or more, after onset

In this paper, the author presents the four cases studied by him and discusses the other cases registered in New York State since 1927 The recent literature is reviewed in an attempt to familiarize the reader with developments in the epidemiology, laboratory diagnosis, and treatment of the disease Control measures through legislation are discussed, and personal precautions to avoid infection are described

* Epidemiologist, Division of Communicable Diseases, Nassau County Department of Health Mineola, New York.

Case Reports

Case 1 —A party of four hunters on November 4 1943, shot five cottontail rabbits near Quogue, which is located on the south shore of Suffolk County One rabbit according to one of the hunters, was shot while not on the run The game was divided among three members of the party two of whom skinned and cleaned several of the animals for their own consumption and distributed the remainder among their friends Both men remained in good health and none of the other persons who skinned, handled, or ate their rabbits became ill

The third huntsman divided nine rabbits, which were his share of the kill among his two brothers and two of his employees. All skinned and cleaned their own rabbits and none suffered any illness with the exception of one of the brothers, G H , a garage owner 48 years of age, residing in the Town of Hempstead, Nassau County This man skinned and cleaned two rabbits on the evening of November 4. His wife soaked them in salt water overnight and the following morning cut up and pot-roasted one in a pressure cooker at 320 F for twenty minutes. The cooked meat was eaten by G H , his wife, and 13-year-old son, and his father-in-law

A day or two prior to handling the rabbits, the garage owner had broken the skin of his right thumb and left index finger while doing some mechanical work On the morning of November 6, he suffered a severe headache, nausea, weakness, fever, and chills. The wounds on his fingers appeared infected His family physician diagnosed his illness as grippe and prescribed antipyretics. On November 7 the lymph glands in both axillae became swollen and tender There was moderate ulceration of the infected digital lesions with progressive enlargement of the axillary glands.

The red cell count on November 20 was 3,670 000 cells per cubic millimeter with a hemoglobin of 72 per cent. The white cell count was 12,700 with a normal-appearing smear and differential count. Specimens of blood serum on December 8 and December 27 were found to agglutinate Pasturella tularensis in dilution of 1 20 and 1 60, respectively, establishing the diagnosis.

The fever and weakness continued for about six weeks. Suppuration of the glands on the left side necessitated incision and drainage on December 23 and December 27 Two small subcutaneous nodules developed on the right hand and one on the left hand near the digital lesions. Drainage of the incised bubo continued for about two weeks after which the incision healed. Convalescence was slow The other members of the family escaped illness.

Case 2 —On November 6 G H (Case 1) gave the second rabbit already skinned and cleaned and soaked in salt water, to B D , a 46-year-old roofer from Queens New York City, whom he had engaged to make repairs on his home. On his arrival home

about the strikes or attend the ball game whichever is more exciting, put in an order for a new automobile and hope that he may get it before his life expectancy runs out or the atomic bomb gets him

• • •

Make It Simple Lively words of wisdom come from the pen of Dr Paul B Brooks in *Health News*[1] His subject is timely and very much to the point This JOURNAL has, from time to time, advocated better public relations for the medical profession Surely a good start could be made if what the doctors have to say were intelligible to those who are courteous enough to listen to them "Doctor Jones" says

Using fancy words where simple ones'll do—I was just reading, here, some extracts from an article—this fellow's criticizing social workers for what he calls "robing the simplest thoughts in cabalistic phrases" ("Cabalistic"—I take it what he means there is something mysterious—not easily understood) And claims they tend to dress up their ideas in language so involved and technical that it takes an expert to interpret it into anything an ordinary person could understand Those aren't his words but that's the general idea

Well, from what I've read of things social workers have written, I can't say't I ever noticed that particularly About the worst offenders, I'd say, are the doctors—with engineers a close second They use a technical language—a good many of 'em do—that's largely made up of "ten-dollar" words and then they wonder why their ideas don't seem to register with ordinary folks

These word tests, like the magazines have been running—I got quite a letdown when I started trying 'em You know, they give you a list of more or less unusual words and you're supposed to check the meaning you think is right and then look over the page to see what your rating is Well, sir, I've been looking up words in the dictionary ever since I was a kid and I started out expecting to get a rating of "Excellent," to say the least About the best I've ever been able to do was "Fair" Not wanting to admit that I was dumb, I concluded that simple words had answered my purpose so well I hadn't had occasion to use the fancy ones

Of course improving our vocabulary—it ought to be encouraged And using words they have to look up in the dictionary—I s'pose it makes a good impression sometimes But what we've got to say—if it's important for ordinary folks to understand it, it's sort of necessary to speak a language that they don't have to have an interpreter translate it for 'em I figure the less words we use the more people they're liable to reach Yes, words are like some clothes it's remarkable how few you can get along with and still get by

And while we're on the subject, perhaps this applies as well to the written word as to the spoken We have on what remains of our battered editorial conscience an uncomfortable feeling that even writing primarily, as we are supposed to do, for doctors we have transgressed (sinned) with the result that not as many readers as we could wish have comprehended (understood) what it was all about

• • •

Straws in the Winds of 1946 The public reads newspapers and magazines, not medical journals Doctors are supposed to read both, and to practice medicine

Suppose that the practice of medicine by day and reading medical journals all night should confine the doctors' digest of the newspapers to a brief session (interrupted by the doorbell and the telephone) *in camera* with the shaving brush and the dull razor blade, what would the public have read of importance to the doctor that the doctor should have read? We shall attempt to excerpt some of the important things of the new year's news

Mark Sullivan says[2] that a main issue for 1946 is the fate of free enterprise in the United States

> The issue exists There is an American economic system—call it free enterprise, or private ownership with competition, or capitalism, or what have you This system is under attack, in America and throughout the world In other countries the attack has been so successful that America is today the only large country maintaining the system On this issue Congress is for maintaining the system, uncompromisingly

This is the view of an experienced newswriter who is close to congressional sources It has significance for organized medicine, since it aligns the Congress squarely behind the fight against socialized medicine, and emphasizes the importance of constant communication between physicians and their elected representatives If your congressman and senator are fighting for what you believe to be right, tell them so

[1] December 17 1945
[2] Herald Tribune, January 1, 1946, p 13

TULAREMIA IN NEW YORK STATE

I J Tartakow, M D ,* Hempstead, New York

THE man who picks up his gun, whistles to his dog, and starts out for a day's hunt for wild rabbits, is, no doubt, fully aware of the dangers which may result from the careless handling of firearms He may not, however, suspect that danger also lurks in the bodies of the apparently harmless little animals he is carrying home in his bag The housewife and the cook who dress or handle wild rabbits, and the trapper whose hands come in contact with the raw flesh and blood of the rodents whose pelts he is removing for the market, may be exposing themselves to a risk unknown to them

The disease which man may acquire in his search for fun, food, and fur is known as tularemia It causes prolonged morbidity and disability, and has a case fatality rate of about 5 per cent. Cases have been reported in all forty-eight states as well as in several foreign countries In 1938 there were 2,088 cases with 139 deaths reported in the United States During the past three years, from 1942 through 1944, a total of 2,449 cases of tularemia was reported The greatest number occurred in the Central States with Illinois, Ohio, and Missouri leading all the rest. New York State had 81 cases with five deaths since 1927 Of that number, 45 occurred in New York City, 4 of which terminated fatally Approximately all of the cases in New York City were caused by the handling of wild rabbits supposedly brought in from areas outside of the city In December, 1936, an outbreak of tularemia occurred in New York City in which 13 persons, all of whom had been in contact with wild rabbits, were involved

Although tularemia is, relatively speaking, not a common infectious disease, the physician may be called upon, particularly during the hunting season, to see one or more such cases. Four cases have come to the attention of the author, and diagnosis in each instance was not made by the attending physician until one month, or more, after onset.

In this paper, the author presents the four cases studied by him and discusses the other cases registered in New York State since 1927 The recent literature is reviewed in an attempt to familiarize the reader with developments in the epidemiology, laboratory diagnosis, and treatment of the disease Control measures through legislation are discussed, and personal precautions to avoid infection are described

* Epidemiologist, Division of Communicable Diseases, Nassau County Department of Health Mineola New York

Case Reports

Case 1 —A party of four hunters on November 4 1943 shot five cottontail rabbits near Quogue which is located on the south shore of Suffolk County One rabbit, according to one of the hunters was shot while not on the run. The game was divided among three members of the party two of whom skinned and cleaned several of the animals for their own consumption and distributed the remainder among their friends. Both men remained in good health and none of the other persons who skinned handled or ate their rabbits became ill

The third huntsman divided nine rabbits, which were his share of the kill, among his two brothers and two of his employees All skinned and cleaned their own rabbits and none suffered any illness with the exception of one of the brothers, G H a garage owner, 48 years of age, residing in the Town of Hempstead Nassau County This man skinned and cleaned two rabbits on the evening of November 4 His wife soaked them in salt water overnight and the following morning cut up and pot-roasted one in a pressure cooker at 320 F for twenty minutes. The cooked meat was eaten by G H , his wife, and 13-year-old son, and his father-in-law

A day or two prior to handling the rabbits, the garage owner had broken the skin of his right thumb and left index finger while doing some mechanical work On the morning of November 6, he suffered a severe headache, nausea, weakness, fever and chills The wounds on his fingers appeared infected. His family physician diagnosed his illness as grippe and prescribed antipyretics. On November 7 the lymph glands in both axillae became swollen and tender There was moderate ulceration of the infected digital lesions with progressive enlargement of the axillary glands.

The red cell count on November 20 was 3,070,000 cells per cubic millimeter with a hemoglobin of 72 per cent. The white cell count was 12,700 with a normal-appearing smear and differential count. Specimens of blood serum on December 8 and December 27 were found to agglutinate Pasturella tularensis in dilution of 1 20 and 1 60, respectively establishing the diagnosis.

The fever and weakness continued for about six weeks. Suppuration of the glands on the left side necessitated incision and drainage on December 23 and December 27 Two small subcutaneous nodules developed on the right hand and one on the left hand near the digital lesions. Drainage of the incised bubo continued for about two weeks after which the incision healed Convalescence was slow The other members of the family escaped illness.

Case 2 —On November 6 G H (Case 1) gave the second rabbit, already skinned and cleaned and soaked in salt water to B D , a 46-year-old roofer from Queens New York City, whom he had engaged to make repairs on his home. On his arrival home,

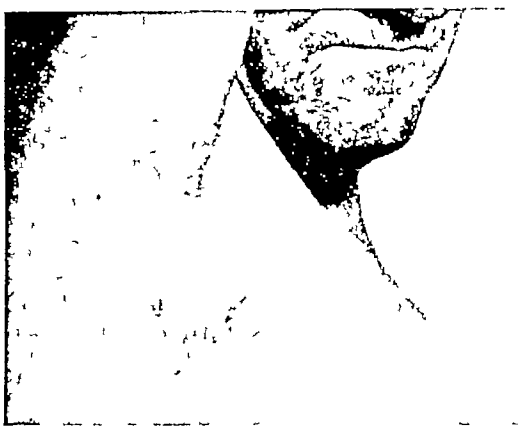


FIG 1 Case 2, B D, showing axillary bubo

B D unwrapped the rabbit, placed it on a dish, and put it in the refrigerator Later that evening he held the animal in his hands long enough to show it to his brother-in-law, and then replaced it in the refrigerator On the morning of November 8 he developed severe headache, sweats, chills, and fever A wound on his right thumb, which he had cut about a week before and which had become infected, appeared more inflamed A few days later, the glands in his right axilla became enlarged and painful A tender subcutaneous nodule appeared at the base of the right thumb He was too ill to eat any of the rabbit which was cooked on the afternoon of November 8

When he was seen on December 27, the right axillary bubo which was about the size of a hen's egg (Fig 1) was tender but nonfluctuant The lymphatic vessels along the inner aspect of his right arm felt hard and bead-like A specimen of blood examined at that time was found to give characteristic agglutination with Past. tularensis in a 1 1200 dilution of the serum Agglutination was also obtained with Brucella abortus in a 1 320d ilution of the serum

As the axillary bubo persisted, he was hospitalized six months later, at which time the bubo was aspirated and 40 cc of thin yellow pus was removed No Past tularensis was found on culturing this fluid Agglutination of his serum with Past tularensis in a 1 5120 dilution was obtained at that time Wassermann and Kahn tests were negative

The infected axillary gland failed to subside after several aspirations He was readmitted to the hospital after two months and an incision and drainage of the bubo was performed Staphylococcus aureus was found on culture The wound healed after several weeks

None of the other members of his household, which consisted of the patient's sister, her husband, and their two children, all of whom ate portions of the cooked meat, were affected

It may be assumed that both Cases 1 and 2 contracted their infection from the second rabbit which was the only animal handled by both patients This was probably the rabbit which one of the hunters remembers shooting while not on the run In Case 2 infection occurred apparently during the brief contact when the patient unwrapped and placed the rabbit in the refrigerator, and later when he showed it to his brother-in-law It is significant that neither the wife of Case 1 nor the sister of Case 2, both of whom handled the raw meat of the infected animal, became ill Neither had any abrasions or lacerations of the hands at the time Unbroken skin, however, is not necessarily a safeguard against infection, as demonstrated by Case 3

Case 3—M deG, a 60-year-old housewife, of Rockville Centre, Nassau County, and her husband, drove on November 17, 1944, to Marshall, Virginia, for a seven-day vacation On November 23 her husband went hunting and brought home five cottontail rabbits These were cleaned and skinned by a *handyman, and hung up in the ice house Three of* the rabbits were brought to Rockville Centre on November 25 Mrs M deG washed and cut them up on the following day, and placed the meat in diluted vinegar On November 29 she suddenly had chills and high fever, with malaise and headache She also vomited several times and had general body pain The following day she noticed a small tender inflamed area on the outer aspect of the little finger of the right hand and complained of pain over the right axillary nodes The digital lesion became pustular and ulcerated, and the axillary glands enlarged and tender

As she failed to improve under sulfadiazine treatment, she was hospitalized and penicillin was administered Specimens of blood gave no agglutination with Eberthella typhosum, Bacillus paratyphosum, Brucella abortus, and Bacillus proteus OX19 On January 11 and January 18 characteristic agglutination with Past tularensis in a 1 320 dilution of the serum was obtained

Improvement was gradual She remained at the hospital for five weeks, at which time both the primary lesion healed and the bubo subsided. Convalescence, however, was slow and weakness persisted for three to four additional weeks

The rabbit meat had been cooked by a friend of the family on December 2 It was eaten by the friend, her husband, and the patient's husband None of these persons, including the handyman in Virginia who skinned the rabbits, became ill.

In this case the causative organism seems to have penetrated apparently unbroken skin, as the patient denied having injured the digit on which the primary lesion developed, neither prior to nor at the time of handling the rabbit meat The author recently learned that a subsequent case (Tables 1 and 2, Case Z A) which occurred in Buffalo in December, 1944, following the handling of wild rabbit, gave a similar history of not being aware of any abrasions or lacerations previous to the appearance of the initial digital ulcer

Case 4.—T S, a 14½-year-old white boy, a high

TABLE 1.—REPORTED CASES OF TULAREMIA AMONG RESIDENTS OF UPSTATE NEW YORK*

Case	Sex	Age	Occupation	Address (Town Village or City and County)	Date of Onset	Highest Agglutination Titer with Past. Tularensis
R. R.[1]	M	35	Chef	Buffalo Erie	Dec 4 1927	1:1280
E. W	M	?	Hunter	V Willsboro Essex	Nov 13 1930	1:32
J. C.	M	4[2]	Butcher	White Plains, Westchester	Dec. 1931	?
C. K.	F	68	Housewife	Buffalo, Erie	Jan., 1932	?
M. H.	F	37	Housewife	T. W Seneca, Erie	Dec. 8, 1932[3]	1 2560
A. F	M	34	Poultry merchant	Buffalo Erie	Dec 15 1932[3]	1:2560
G. N	M	34	Chef	Buffalo Erie	Dec 4 1932	1:1280
R. I	M	01	Restaurant proprietor	Buffalo Erie	Dec. 10 1932[4]	1 320
D. H.	F	58	Housewife	Buffalo Erie	1932[5]	1 160 in 1939
A. G.	M	44	Laboratory employee	T Orangetown Rockland	Feb. 20 1934	?
M. C	F	40	Housewife	Buffalo, Erie	Jan. 1 1935	1:10,240
M. M.[6]	F	32	Housewife	Rochester Monroe	Dec 16 1936	1 1280+
F. M	F	58	Housewife	Rochester Monroe	Dec. 8, 1936	1 640
A. O	F	44	Housewife	Auburn Cayuga	Dec. 5, 1936	1 160
F. V.	F	44	Housewife	Rochester Monroe	Nov 2, 1938	1:640
L. T	M	72	Hunter	Hornell, Steuben	Nov 10 1938	1 160
L. W	M	59	Trapper	V Phoenix, Oswego	Apr 13, 1939	1:2560
V. G	M	47	Trapper	V Phoenix, Oswego	?[7]	1 40
C. L.	M	45	Ranch Owner	New Rochelle Westchester	Aug 23, 1939	1 640
C. H	M	35	Hunter	Syracuse, Onondaga	Oct. 5 1939—?	1:160
P. H.	M	20	Farmer	T Barker Broome	Oct. 15, 1939	1 40
W. L.	M	27	Hunter	Watertown Jefferson	Oct. 17 1939	1:320
A. M	M	49	Hunter	V Patchogue, Suffolk	Nov 21 1939	1:320
F. B.	M	53	Chef	Rochester Monroe	Dec. 14 1940	1:640
F. T	M	40	Hunter	New York City (Queens Suffolk)	Nov 12, 1941	1 1280
E. A.	F	20	Muskrat trapper	T Savannah Wayne	Apr 5 1942	1 640
W. A	M	20	Muskrat trapper	T Savannah Wayne	Apr 8 1942	1 1200
P. H.	M	42	Muskrat trapper	T Savannah, Wayne	Apr., 1942	1 640
I. V.	M	44	Farmer	T Marion Wayne	Feb 15 1942	Tul. granuloma
E. D	F	47	Housewife	T Forestport, Oneida	May 6 1943	1 160
G. H	M	48	Garage owner	T Hempstead, Nassau	Nov 0 1943	1:160
B. D	M	40	Roofer	Queens N Y C (Hempstead)	Nov 8, 1943	1:1200
M. deG	F	60	Housewife	V Rockville Centre Nassau	Nov 29 1911	1 320
E. A.	F	40	Housewife	Buffalo, Erie	Dec., 1944	1 1280
G. W	M	14	Student	T Southold Suffolk	July 15, 1945	Positive
T. S.	M	14	Student	V Baldwin, Nassau	Nov 10 1945	1:1200

* Courtesy of New York State Department of Health.
[1] Not reported as tularemia was first made reportable in 1939. This was the first case recognized in Upstate New York.
[2] Died December 19 1932.
[3] Not reported at time discovered through blood agglutination in 1939.
[4] Daughter of F. M.
[5] Discovered upon investigation of other trappers after case of L. W.

school student of Baldwin, Nassau County, hunted wild rabbits on November 1, 3, and 4 in the southern portion of the village of Wantagh. On November 7 he hunted in some woods in northern Baldwin. While walking through the woods he scratched his right thumb on some briars. He later shot a cotton tail rabbit which he skinned and cleaned. Three days later, he noted that the scratch on his thumb appeared infected and he felt feverish. On November 13 the lymph gland in his right axilla became tender and swollen. Fever, sweats, and weakness persisted for about three weeks. As the axillary bubo increased in size it was incised and drained. A blood specimen submitted on December 7 was reported as giving characteristic agglutination with Past. tularensis in a 1:1200 dilution of the serum.

The significance of this case is its indication that tularemia apparently exists among wild cottontail rabbits within Nassau County.

Cases of Tularemia in New York State

Analysis of the 36 cases reported among residents in upstate New York, based upon data made available through the courtesy of the New York State Department of Health (Tables 1 and 2) reveals that 24, or 66.7 per cent, of the cases occurred among males, and 12, or 33.3 per cent, among females. All of these cases, with the exception of two 14-year-old boys, were adults ranging in age from 20 to 68 years. The onset in 20, or 55.8 per cent, of the 34 cases in which the date of onset is known, occurred during the months of November and December.

The first case in New York State was discovered in 1927 in the city of Buffalo. The patient was a chef who dressed a market rabbit. Prior to 1936, 11 cases were reported in upstate New York. The source of one of the cases is unknown. All but one of the other cases contracted their infection from rabbits, ten of which were purchased at market and originally imported from the Middle West. One case occurred in a laboratory worker who handled a rabbit from Kansas. The one exception occurred in 1930 and was supposedly contracted while dressing a deer that had been shot in the Adirondack Mountains in Essex County. One death resulted in 1932.

Three cases occurred in 1936. One patient became infected in Maryland and the other two cases occurred in a mother and daughter from Rochester, with the source suspected to be rabbits shot in Ontario County, New York.

Two cases were reported in 1938. The source

TABLE 2.—SOURCES OF INFECTION OF REPORTED CASES OF TULAREMIA AMONG RESIDENTS OF UPSTATE NEW YORK*

Case	Original Source from Outside New York: Animal or Insect	Original Source from Outside New York: Place of Origin	Original Source within New York: Animal or Insect	Original Source within New York: Place of Origin Town, Village or City, and County
R B	Rabbit	Purchased at market?		
E W			Deer	(Adirondacks) Essex
J C	Rabbits (?)	?		
C K	Rabbits	Purchased at market—originally from Middle West		
M H.	Rabbits			
A F	Rabbits			
G N	Rabbits			
B I	Rabbits			
D H	Source unknown[1]			
A G	Rabbits	Kansas		
M C	Rabbits	Missouri		
M M			Rabbits	T Gorham, Ontario (?)
F M			Rabbits	T Gorham, Ontario (?)
A O	Rabbits	Maryland		
F V			Rabbits	T Wolcott, Wayne
L E	Rabbits	Illinois		
L W			Muskrat	T Schroeppel, Oswego
V G	Wood tick		Muskrat (?)	T Schroeppel, Oswego
C L	Wood tick	Missouri		
C H			Red fox	T Edwards, St. Lawrence
R H			Deer fly	T Triangle, Broome
W L.			Rabbit	T Brownville, Jefferson
A M			Rabbits	T Brookhaven, Suffolk
E B	Rabbits	Missouri		
F T			Rabbits	V Quogue, Suffolk
E A			Muskrats	T Savannah, Wayne
W A			Muskrats	T Savannah, Wayne
P H.			Muskrats	T Savannah, Wayne
I V			Cat	T Marion, Wayne
E D			Rabbit	T Forestport Oneida
G H			Rabbits	V Quogue, Suffolk
B D			Rabbit	V Quogue, Suffolk
M deG	Rabbits	Virginia		
Z A	Rabbits	Missouri		
G W	(Not available)			
T S			Rabbit	V Baldwin, Nassau

* Courtesy of New York State Department of Health
[1] Case discovered in 1939 through blood agglutination test.

of the infection in one patient, a Rochester resident, was found to be rabbits hunted in Wayne County The other contracted the infection from Illinois rabbits

In 1939, 7 cases were reported, one of which was infected in Missouri The other 6 patients contracted their infection from various wild life within New York State two who trapped and skinned muskrats in Oswego County, two who hunted and skinned wild rabbits, one from Jefferson County and one from Suffolk County, one was a hunter who shot and skinned a red fox in St Lawrence County, and one a farmer in Broome County who gave a history of having been bitten by a deer fly

A single case occurred in 1941 in a New York City hunter who skinned cottontail rabbits which he had killed in Suffolk County Three muskrat trappers from Wayne County became infected in 1942

In 1943 a farmer, also from Wayne County, acquired the disease following a bite from his cat which was an ardent rabbit hunter, and a housewife from Oneida County became ill following the handling of local wild rabbits Two additional cases occurred later that year in men who had handled Suffolk County wild cottontail rabbits (Cases 1 and 2)

During the first eleven months of 1945, of 4 cases reported, the onset in 2 was in 1944 An imported wild rabbit was responsible for 1 (Case 3) The source of infection in the third reported case, which occurred in a 14-year-old school boy from Suffolk County, was not available at the time of the writing of this paper The most recent case was in a 14 1/2-year-old boy from Nassau County (Case 4)

Of the 36 cases which are known to have occurred in upstate New York, 24, or 66 7 per cent, were caused by rabbits, ten of which were killed within the state Seven other persons contracted their infection from other wild life (muskrats, red fox, and deer) hunted and killed within the borders of New York State (Table 3)

The occurrence of 19 cases with the source of infection within New York State would suggest that this disease may be more common among wild life in this state than is ordinarily assumed These cases, the distribution of which is shown in map 1, indicate that tularemia exists in enzootic form among wild life in those counties, and, under favorable conditions, may become epizootic

Definition and Etiologic Agent

Tularemia is primarily an acute infectious disease of wild rodents which may result in an accidental infection of man It is also known as

TABLE 2.—SOURCES OF INFECTION OF 38 CASES OF TULAREMIA REPORTED IN UPSTATE NEW YORK 1927–1945*

Source of Infection	Within New York	Outside New York	Total
Rabbit	10	14	24
Muskrat	5	0	5
Deer	1	0	1
Red fox	1	0	1
Cat bite	1	0	1
Woodtick	0	1	1
Deer fly	1	0	1
Unknown			3

* Through November 1945.

rabbit fever and deer fly fever The etiologic agent belongs to the group of micro-organisms which are named Pasteurella because they cause pasteurelloses or hemorrhagic septicemias of animals The outstanding member of this group is Pasteurella pestis, or the plague bacillus

Pasturella tularensis is pleomorphic or variable in form. Most often it is bacillary, but coccoid or bipolar forms are noted It is gram-negative, aerobic, nonmotile, and nonspore-bearing. It is readily destroyed by ordinary disinfectants and by temperatures above 56 C

Epidemiology

Burroughs and his coworkers[1] have reviewed the literature and have compiled a list of 48 vertebrates known to be naturally infected with tularemia Various forms of wild rabbits and wild hares (cottontail, jack rabbits, and snowshoe hares) are the direct cause of over 90 per cent of human cases in the United States [2] Analysis of 249 cases in Iowa by Jordan[3] and 120 cases in Kansas by Brown and his associates,[4] revealed similar results It is estimated that about one per cent of the wild rabbits and hares in this country are naturally infected [5] Rabbits raised under domestic conditions in rabbitries and hatches, although highly susceptible, have not been found naturally infected, due, probably, to their freedom from ticks. The snowshoe hare, which is more or less resistant to tularemia, is apt to survive infection. It may appear perfectly normal when shot and reveal no gross lesions upon autopsy, yet Past tularensis may be isolated from the internal organs.[6] The relatively small number of these rodents in New York State may account for the low prevalence of tularemia in this state

A number of other wild animals susceptible to the disease and capable of transmitting it to man are the ground and tree squirrel, woodchuck, opposum, raccoon, skunk, beaver, fox, shrew, chipmunk, guinea pig, deer, bull snake, and various types of rats and mice Among birds, infection has been reported in grouse, quail, sage hen, owl, and gull The domestic dog,[7,8] cat, sheep, and calf have also been found infected

The disease is transmitted to animals principally by the bite of infected blood-sucking arachnids or insects, such as the tick, deer fly, rat flea, squirrel flea, rabbit tick, louse, and flea The main and permanent reservoir of infection is the wood tick, Dermacentor andersoni,[9] and the dog tick, Dermacentor variabolis,[10] which are capable of transmitting the infection through its eggs on to successive generations The rabbit tick, Haemaphysalis leporis-palustris, which rarely bites man, but transmits infection from rabbit to rabbit, is also an important vector

In his excellent paper on Rocky Mountain spotted fever, Parker[11] states "In connection with spread, it is worth noting that fully as high a per cent of spotted fever infected rabbit ticks is met with among those taken from birds as among those collected from rabbits, and since birds of the species involved move about considerably, within at least limited areas, it may be readily comprehended that this tick and its bird hosts form an excellent means for intense local distribution of the virus and, possibly, in some instances for its transportation over long distances " It is conceivable that tularemia infected rabbit ticks may be transported in a similar manner from areas where tularemia is epizootic

Occasionally, animals contract the disease by eating the carcass of an infected animal

Tularemia may be transmitted to man directly by the bite of the infected tick or deer fly Byfield and his associates[12] recently reported 15 tick-borne cases which occurred within a thirty-day period among soldiers on maneuvers in Tennessee Hillman and Morgan[13] reported the occurrence of 27 cases during three weeks in July among men in a Civilian Conservation Camp in Utah, all of whom were bitten by deer flies

Persons whose occupations or recreational inclinations expose them to contact with animals and insects have a high infection rate. Hunters, market men, butchers, cooks, and housewives who skin and dress wild rabbits with bare hands, become ill as the result of contact with the blood, liver, spleen, or bone marrow of an infected animal In most instances, the point of entry of the organism is a wound of the hand inflicted shortly before by barbed wire, nail, thorn or burr, or at the time of contact by a knife or bone fragment The organism may, however, penetrate apparently unbroken skin, as in the author's Case 3 Trappers may become ill as the result of contact with, or bite by, an infected wild animal

Campers, woodsmen, and foresters are exposed to bites from infected ticks or deer flies Shearers and herders acquire the disease through contact with wood ticks and their feces located on the wool of sheep A case recently occurred in a New York City girl, an assistant nurse to a

veterinary surgeon, who was bitten by a tick from a sick dog which she was handling

Laboratory workers have developed tularemia while doing autopsies on infected guinea pigs and rabbits, or while handling infected ticks Nearly all of the early investigators of the disease, including Francis, Chapin, McCoy, Mayne, and Lake became infected

Improperly cooked infected wild rabbit meat may also cause illness [14] Infection of 43 persons resulting from drinking contaminated water was observed in Russia in 1935 Incidental to studies of epizootic tularemia in beavers, Public Health Service workers[15] have found that the water in three Montana streams was contaminated with Past tularensis

Susceptibility in man is general, although it is more prevalent in adults It may occur any time of the year The onset of the majority of cases occurs during November and December, as these months constitute the "open season" when the hunting of wild rabbits is permitted The cases caused by fly bites occur during the summer months—June to September, while those due to the bite of wood ticks usually occur from March to August [2]

Transmission of the disease from man to man has not been reported, but it appears possible in view of the recent isolation of Past tularensis from the sputum of persons having tularemia [16] Infection, however, is reported following injury while performing a postmortem examination in a human case [17]

Recovery from an attack of tularemia confers a permanent immunity which, according to Foshay,[18] "protects against subsequent massive exposure with an effectiveness seldom encountered in bacterial diseases" If a second infection does occur, as it sometimes does in laboratory workers, it is in the nature of an immune reaction such as is present in revaccination with vaccinia virus [19]

Symptoms and Physical Findings

The disease may assume several clinical forms Francis has grouped them into four types the ulceroglandular, the glandular, the oculoglandular, and the typhoid, to which may be added an additional form, the pulmonary type

1 Ulceroglandular Type—This is the most common form of tularemia In both Brown's[4] and Jordan's[3] series about 90 per cent of the cases were of this type Following an average incubation period of three and a half days after contact, the onset comes on suddenly with chills, fever, headache, sweats, vomiting, and body pains A local lesion appears in the form of a papule at the site of entry of the infectious organism If a preexisting abrasion of the fingers is present, necrosis sets in, followed by central sloughing An ulcer with indurated borders results If the organism is introduced through an insect bite, the lesion is usually on an exposed part and starts as a papule which later becomes pustular and ulcerated The lymph nodes draining the area become tender and indurated They frequently break down and may require incision (Cases 1, 2, and 4) Occasionally, subcutaneous nodules may appear along the lymphatic channels between the initial lesion and the regional lymph nodes (Case 2) A maculopapular eruption may occur on the arms, neck, and chest The acute constitutional symptoms last two or three weeks Convalescence, characterized by great weakness and debility, is slow, running from several months to a year

2 Glandular Type—In some instances the primary lesion may be absent The characteristic bubo, the constitutional symptoms, and the course remains the same This type often makes for confusion

3 Oculoglandular Type—The primary infection in this type may be said to be the conjunctival sac It is believed to be caused by the hands carrying the infection from the flesh of the infected animal to the eye It results in swelling of the eyelids and a severe acute inflammatory reaction of the conjunctiva accompanied by pain, itching, tearing, and redness Small yellow nodules and ulcerations may appear on the conjunctiva The preauricular, cervical, and submaxillary glands may become tender and swollen It is usually unilateral and the general symptoms are the same as in the ulceroglandular type The conjunctiva usually clears up after three to five weeks and rarely does permanent corneal scarring result

4 Typhoid Type—An atypical form of the disease is occasionally seen, in which the general symptoms are present, but neither the initial lesion nor the bubo occurs This form is characteristic of laboratory infections Green[20] suggests that the uniformity of the typhoid type of infection among laboratory workers "may owe its identity to a strain of Past tularensis modified by passage through the guinea pig to a uniform type" Experimentally, he passed grouse strain and rabbit strain which have different virulence through guinea pigs, and obtained strains of equal virulence

The typhoid type of tularemia is also believed to be the result of eating insufficiently cooked rabbit meat and is often confused with typhoid or undulant fevers

5 Pulmonary Type—In this type,[21 22] as in the typhoid type, no primary ulceration is present The patient complains of a pain in the chest and upper abdomen, and has signs of pulmonary involvement with pleural effusion The fever curve shows wide fluctuation, the pulse is

slow in relation to the amount of fever, and the white blood cell count may be normal or only slightly elevated Chill is seldom noted at the onset. Resolution, as well as convalescence, is slow Tularemic pneumonia should be considered in cases of atypical pneumonia This form has a high case fatality rate

Laboratory Tests

Clinical diagnosis is confirmed by means of the agglutination reaction and by isolation of the causative micro-organism through animal inoculation and cultures Agglutinins appear in the blood during the second week of illness, and may reach a titer of 1 to 1280 within the third week. These agglutinins may persist for many years after recovery Blood serum from a patient with tularemia may cross-agglutinate Brucella abortus (Case 2) and Brucella melitensis organisms, the causative agents of undulant and Malta fever

Guinea pig or rabbit inoculation with the exudate from the initial lesion or from the bubo, or with blood of the patient obtained during the septicemic stage, offers additional diagnostic aid

An easily prepared liquid medium for the cultivation of Past tularensis has recently been described.[23 24]

The intradermal test of Foshay,[25] which consists of the injection of 0 01 ml of tularemia antigen, if performed on the fourth day of illness, frequently gives a positive local reaction in forty-eight hours It is not considered, however, altogether reliable.

Past. tularensis has been isolated by Larson[16] from the sputum of three persons suffering with tularemia, who manifested no frank clinical signs of pulmonary involvement He recommends the inoculation of mice with the sputum suspensions from patients suspected of having tularemia, as a laboratory procedure Thus, a tentative diagnosis may be established at an early period by microscopic examination of smear preparations of the spleen of infected mice stained with Wayson's stain

Diagnosis

In the majority of cases tularemia is easily recognized. It is occasionally erroneously diagnosed as influenza (Case 1), undulant fever (Case 2), typhoid fever, pneumonia, septic infection, infectious mononucleosis, Hodgkin's disease, and tuberculosis

A careful history will often uncover information regarding the handling, skinning, cleaning, or eating of wild rabbit or other form of wild life, or a bite from a tick or other insect The usual clinical picture consists of the occurrence of a solitary ulcer at the site of entry of the infection, usually a finger, with a unilateral swelling of the regional lymph nodes, accompanied by symptoms of general sepsis The clinical diagnosis is further confirmed by the laboratory aids mentioned above

If the reader is cryptologically inclined, he will find that the word *Rabbit* may be utilized as a simple memory aid, as each letter should bring to mind one of the cardinal points in the diagnosis of tularemia, as follows R rabbit contact, A agglutination test, B bite of insect, B bubo, I initial lesion, T temperature elevation

Treatment

Treatment is largely supportive or symptomatic as in any acute febrile disease Hot, moist applications of a mild germicide to the local lesion and suppurating buboes is advisable in order to make the handling of the dressings less dangerous Tense fluctuating buboes, which fail to open spontaneously, may require incision and drainage (Cases 1, 2, and 4) Conjunctival inflammation should be cleansed and mild ophthalmic ointments instilled

Although Foshay[25] reported, early in 1940, favorable results with antiserum, an editorial on tularemia which appeared in the *American Journal of Public Health* that year stated "In spite of some claims to the contrary, there is no specific preventive or curative treatment of the disease"[27]

In an attempt to evaluate claims of beneficial use of various chemotherapeutic agents, such as sulfanilamide,[28 29] sulfathiazole,[30] acriflavine,[31] neoarsphenamine,[32] and metaphen,[33] a series of controlled tests was recently run by Bell and Kahn[34] with a group of agents in the treatment of experimental tularemia in guinea pigs In addition to the above products, the group included sulfadiazine, sulfamoxazine, mapharsen, antimony, arsenic with bismuth, iodine with bismuth, and hyperimmune equine antitularemic serum They reached the following conclusion "It is our opinion that the results of the therapeutic trials do not demonstrate any advantage in employing these drugs therapeutically"

Penicillin,[35,36] generally contraindicated in gram-negative bacillary infections, is ineffective in the treatment of tularemia. Streptomycin, another antibiotic, appears effective against a variety of gram negative bacteria. Preliminary experiments at the Mayo Clinic[37] on experimental tularemia have been very encouraging The case fatality rate in 30 control animals was 100 per cent within four days after infection, while all of the 30 infected mice that received 1 mg of streptomycin per day survived a ten-day period

Prevention and Control

As previously stated, tularemia is primarily a disease of rodents, especially wild rabbits and

hares, acquired through the bite of infected blood-sucking insects or ticks, and transmitted to man under certain conditions Man may also become directly infected through the bite of ticks or flies

Control of spread of the disease by the eradication of the insect vector seems a hopeless task With the advent of the new insecticide, DDT,[38] and with improvements in its use, it appears promising that epizootics among wild rodents may be prevented by the suppression of these insects

The prevalence of tularemia, like other communicable diseases, is dependent upon the abundance of its hosts A marked reduction in the wild rabbit population by declaring open season and the abolishment of protective game laws may prove unpopular among sportsmen, but it would help minimize the danger of this disease

The interstate shipment of wild rabbits and hares for the purpose of stocking the fields should be prohibited Officials of game clubs in Massachusetts, who imported rabbits from Missouri and Arkansas in 1941, found that 136 of them had died in transit or some time after arrival Post-mortem examinations revealed that the cause of death of 110 of the rabbits was tularemia [39]

The sale in markets of the meat of wild rabbits brought in from other states should be restricted Connecticut,[40] New Hampshire,[41] and Ohio[42] have enacted legislation regulating such practices

The New York State Trichinosis Commission in its report[43] in 1941 called attention to a strange situation which still exists in New York State with regard to the importation of rabbits into the state

The New York State Conservation Department, under authority granted by Section 174 of the Conservation Law, requires permits for the importation of rabbits and hares for game purposes, and the department does not grant permits to import these animals from states in which tularemia is prevalent No restrictions, however, exist on the importation of rabbits into the state for food purposes Should conditions warrant, there is no doubt that the New York State Department of Health would prohibit admission to the state of slaughtered rabbits for purposes of consumption

Following the outbreak of tularemia in New York City in December, 1936, all receivers of wild rabbits agreed to a procedure outlined by the New York City Department of Health, whereby rabbits which were skinned, eviscerated, and properly wrapped before arrival in New York City could be sold without any further inspection provided they were clean and sound and fit for human consumption Rabbits which arrived unskinned and not eviscerated had to be inspected by the department In this manner, infected animals which appeared poor and emaciated were eliminated, and handling by butchers, chefs, and housewives was reduced to a minimum

The most practical means of preventing tularemia is the avoidance of direct contact of the bare hands with infected wild animals It is recommended that the following advice be made available to hunters, cooks, housewives, and marketmen

1 The hunter should not kill or handle a wild rabbit or hare which is too sick to run or which is caught by the dog According to Hendrickson [44] "The sick animal (tularemic rabbit) doesn't raise the head, doesn't carry the front feet well, rubs the nose and front feet into the earth, lies in tremors, staggers along a few rods, and again lies in tremors" This is not true of infected snowshoe hares [6]

2. Rubber gloves should be worn when skinning and dressing wild rabbit A person who has sores or cuts on his hands should not clean rabbits

3 Care should be taken not to puncture the gloves and injure the hands with a knife or bone fragments If the skin is injured, the wound should be immediately washed with soap and water, after which an antiseptic solution should be applied to the injury

4 The liver, spleen, and lungs of the rabbit should be examined when the carcass is being dressed The presence of small white spots may indicate that the animal has tularemia. Such an infected carcass should be burned or buried so as not to be eaten by a dog or cat

5 The liberal use of soap and water followed by disinfection of the hands is recommended in order to remove all rabbit blood from the hands Even when only the fur is handled, the hands should be thoroughly washed

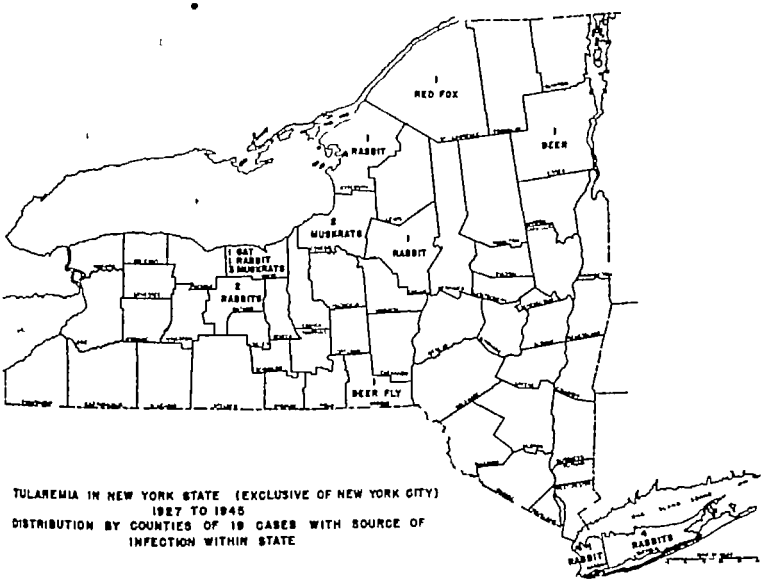
6 The hands of the rabbit handler should be kept away from the eyes

7 Wild rabbit meat should be thoroughly cooked from surface to center in order to destroy the organism causing tularemia, as it will remain alive and virulent in the red juice of the bones of partly-cooked game Refrigeration does not kill the organisms, as rabbits kept constantly frozen at minus 15 C may remain infective for three and a half years

8 During the summer, hunters, trappers, campers, and woodsmen should wear tick-proof clothing, with trousers tucked into the shoes in order to avoid bites from infected ticks

9 Raw drinking water should be avoided in known infected areas

It is also recommended that only persons immune by a previous attack should be employed in laboratories working with known or presumably infected animals or insect hosts of the disease.



TULAREMIA IN NEW YORK STATE (EXCLUSIVE OF NEW YORK CITY)
1927 TO 1945
DISTRIBUTION BY COUNTIES OF 19 CASES WITH SOURCE OF INFECTION WITHIN STATE

There is no effective specific preventive treatment of the disease [17] Foshay and his coworkers[18] claim "a useful degree of protection was confirmed by annual vaccination" with a vaccine prepared by oxidation of virulent strains by nitrous acid, and that "individuals who were not completely protected experienced significant favorable modification in the course of disease" Larson[16] has produced an active immunity to infection with Past tularensis in white rats by the administration of vaccines prepared from yolk sacs of infected chicken embryos Its effect on humans is as yet not known

Summary

1 Four cases of the ulceroglandular type of tularemia, which were reported in Nassau County, are described

2. A total of 81 cases, 45 of which occurred in New York City, have been reported in New York State since 1927

3 Wild rabbit was the main source of infection, although several cases resulted from contact with other wild life, and from insect bites

4 The source of 19 cases out of the 36 cases which occurred in upstate New York was found to be within the state, indicating that tularemia is more common among wild life in New York State than is commonly supposed.

5 Recent literature on the epidemiology, symptomatology, laboratory diagnosis, and treatment is reviewed and discussed.

6 Control of tularemia through legislation is discussed and prophylactic measures to avoid infection are enumerated

References

1 Burroughs, A. L. Holdenreid R., Longanecker D S and Meyer K. F: J Infect. Dis. 76: 115 (March-April) 1945.
2. Francis E.: Pub Health Rep 52: 103 (Jan 22) 1937
3. Jordan C. F Iowa Pub Health Bull. 54 (1940)
4 Brown, E. G Lattimore, J L. and Hoffmann J C. J Kansas M Soc. 34 296 (Aug.) 1933.
5 Pub. Health Rep. 38: 1391 (1923)
6. Green, R. G , *et al* Minnesota Wildlife Disease Investigation Univ of Minn. January, 1938.
7 Ey L. F., and Daniels R. E.: J A M A. 117: 2071 (Dec. 18) 1941
8 Johnson H. N : J Lab & Clin. Med 29: 906 (Sept.) 1944
9 Parker, R. R. Francis, E. and Spencer R. R.: Pub. Health Rep. 50: 1057 (May 9) 1924
10. Phillip, C. B. and Jellison W L. Pub. Health Rep 49 385 (March 23) 1934.
11 Parker, R. R. J.A.M.A. 110: 1185 (April 19) 1938
110: 1273 (April 10) 1938.
12. Byfield G Y., Braslow L., Cross, R. R. and Hershey N L. J.A.M.A. 127: 191 (Jan. 27) 1945
13. Hillman, C. C., and Morgan, M T J.A.M.A 108: 538 (Feb. 13) 1937
14. Francis, E. in Cecil R. L.: Textbook of Medicine ed. 3 Philadelphia W B. Saunders Co., 1934 p. 378.
15. Pub Health Rep 55: 227 (Feb 9) 1940.
16. Larson C L. Pub Health Rep. 60: 1049 (Sept. ") 1945
17 Wellbaecher, J O., and Moss E. S : J Lab & Clin Med 24: 34 (Oct.) 1938.
18. Foshay L., Hesselbrock W H. Wittenberg, H J., and Rodenberg A. H Am J Pub. Health 32: 1131 (Oct.) 1942.

19 Francis, E Tr A Am Physicians 51 394 (1936)
20 Green, R G Am J Hyg 38 282 (Nov) 1943
21 Dredge T E M. Bull Vet Adm 16 337 (Apr) 1940
22 Kennedy, J E J A M A 118 781 (Mar 7) 1942
23 Steinhaus, E A , Parker R R , and McKee, M T Pub Health Rep 59 78 (Jan 21) 1944
24 Larson, C L Pub Health Rep 60 803 (July 27) 1945
25 Foshay, L. J Infect. Dis 51 286 (Sept.-Oct.) 1932
26 *Idem* Medicine 19 1 (Feb) 1940
27 Editorial Am J Pub Health 30 1229 (Oct) 1940
28 Johnston J M J A M A 115 1360 (Oct. 19) 1940
29 Curtis, W L J A M A 113 294 (July 22) 1939
30 Moss E S and Weilbaecher J O , South, M J 34 512 (May) 1941
31 Lorin F L Am. J M Sc. 202 803 (Dec) 1941
32 Werling E H Oklahoma State M J 35 93 (Mar) 1942
33 Barthelme, F L J Chemotherapy 14 117 (Jan) 1938
34 Bell, J F , and Kahn, O B Arch Int. Med 75 155 (Mar) 1945
35 Herrell, W E , Nichols, D R , and Heilman, D H J A M A 125 1003 (Aug 12) 1944
36 Josey, A I J A M A 126 496 (Oct. 21) 1944
37 Heilman, F R Proc. Staff Meet., Mayo Clin 19 553 (Nov 29) 1944
38 Annand, P N , *et al* J Economic Entomology 37 125 (Feb) 1944, abstract from Pub Health Engineering Abstr U S Pub Health Serv 25 6 (Sept.) 1945
39 Belding D L and Merrill B New England J Med. 224 1085 (June 26) 1941
40 Connecticut, General Statutes, 1930, Vol. 1, Sec. 3102
41 New Hampshire, Laws, 1931 Cr 40
42 Ohio Code, 1940 Sec. 1396, Subd c
43 Report of New York State Trichinosis Commission, ed 2, Legislative Doc , No 52 1941, p 176
44 Hendrickson, G O Tr 2nd North Am Wild Life Conf , Am Wild Life Inst , 1937, p 549 (cited by Jordan[4])
45 Larson, C L Pub Health Rep 60 725 (June 29) 1945

SPECIAL ANNOUNCEMENT

The new *Directory* is in process of preparation All members are urged to return their cards at once The deadline for insertions is July 1, 1946, after which date no changes in listings are effective

ULCERS ABOUT THE ANORECTUM

STUART T ROSS, M D , Hempstead, New York

CONFUSION concerning the diagnosis and treatment of ulcers about the anorectum seems to be due partially to the lack of specific characteristics of some of the ulcers, and partially to a general ignorance of the various conditions which commonly produce such lesions *The present paper is concerned with presenting* (1) a workable clinical classification of those anorectal ulcers which are at all likely to be met, together with (2) their respective diagnostic criteria.

Classification

Infective
- Specific—Tuberculosis
  - Venereal
    - Syphilis
    - Gonorrhea
    - Chancroid
    - Lymphogranuloma venereum with stricture
  - Bacillary dysentery
  - Amebic dysentery
- Nonspecific—chronic ulcerative colitis
  - Agranulocytic angina (this might with reason be classified under the Toxic heading)

Physical
- Straight trauma
- Stercoral
- Factitial
- Varicose
- Hemorrhoidal

Constitutional
- Nephritic
- Diabetic
- Trophic

Toxic
- Mercury
- Arsenic

Malignant
- *External* (Perianal)
- 1 Ringworm
  - Herpes
  - Eczema
- 2 Tuberculosis
  - Chancroid
  - Syphilis
  - Granuloma inguinale
  - Epithelioma

Pathogenesis and Symptoms

Before proceeding to consider each of the above entities individually, it will be well to describe some of the factors they have in common. Many ulcers involve the mucosa only, the deeper ones, the mucosa and submucosa, only occasionally is the muscularis invaded In the latter case, of course, perforation is to be feared

Many ulcers are roughly ovoid in shape, and these often tend to have their long axes conform *to the direction of the blood vessels or the valves* of Houston The major blood supply of the rectum consists of branches of the superior hemorrhoidal artery, which is a continuation of the inferior mesenteric Thus artery bifurcates at the level of the third sacral vertebra, and its two main branches course from above, downward and anteriorly, one on each side, thus gradually embracing the rectum The final branches anastomose freely over the lower aspects of the rectum. Owing to this manner of distribution the upper rectum is supplied by branches which come off the main vessels nearly transversely Therefore, while ovoid ulcers in the lower rectum may have their long axes oriented in any direction, in the upper rectum, they will usually be transverse Also, when on or near the edge of one of the valves of Houston, the ulcer will conform to the slanting direction of the valve.

In general, the symptoms of rectal ulcer will be pain, discharge, and diarrhea As with all proctologic conditions, the subjective complaints are not diagnostic, but are merely invitations to a sigmoidoscopy The intensity of such symptoms as are present will vary (within reason) not with the size of the ulcer, but with its location A tiny ulcer in the anal canal will produce acute pain, whereas, a much larger ulcer in midrectum may be entirely painless, or give rise only to a dull sacral ache. Discharge, when present, will consist of mixtures in various proportions of blood, pus, and mucus The diarrhea may be of the before-breakfast variety, although *this is not invariable*

Complications are two hemorrhage and perforation. Either may be serious, but fortunately, neither is especially common If perforation takes place above the peritoneal reflection, peritonitis may, of course, ensue

External Ulcerations (Anal and Perianal)

The perianal region is subject to a number of skin ailments which differ in no wise from similar conditions elsewhere in the body Mention may be made of herpes zoster, eczema, epithelioma, and occasionally, a mycotic infection. In addition to these, four important conditions are entitled to discussion.

Tuberculosis—Tuberculosis about the anorectum is nearly always, though not invariably, secondary to pulmonary disease A perianal tuberculous ulceration is more likely to be primary than a similar lesion inside the anal canal One may speculate about the reason for this, but it is probably a matter of ingested bacilli from sputum, which would naturally have more contact with the anal lining

The appearance of the ulcerations is suggestive The base is dirty and bumpy and raised in the middle, sloping down on all sides to undermine the skin edges Discharge is scant, but foul, and contains many bacterial contaminants Bleeding is slight It is ordinarily difficult to obtain the organism from scrapings, but histologic section reveals tuberculous granulation tissue These ulcers are usually single, and may be extensive Particularly suggestive features are the ragged aspect, the undermined edges, and often a violaceous appearance of the tissues surrounding the ulcer

Syphilis—Several varieties of syphilis may occur

1 Congenital Fortunately, this condition is uncommon and becoming more so It should be thought of when perianal ulcers and fissures are present in the newborn In addition to the lesions themselves, a coppery tinge, not unlike lupus vulgaris, may be seen in the perianal region

2 *Chancre* When fully developed, this presents an aspect similar to that of chancre elsewhere in the body, however, it may lack induration in the early stages, and temporarily resemble a chancroid or fissure The most frequent site is in the posterior commissure, where its discharge may give rise to intense irritation

3 Secondary lesions While these are not strictly ulcers, it seems appropriate to mention them here A mucous patch manifests itself as a pearl-gray area—often multiple—often large Later, these patches may be replaced by typical condylomata lata

Chancroid—These are occasionally found in the perianal skin In men and boys, their presence is usually due to sodomy, but in females, may result simply from misplaced zeal The lesions are multiple, superficial or deep, small, irregular ulcers, surrounded by erythematous areolae They are soft (distinguish from chancre) and covered with a profuse purulent foul discharge, from which Ducrey's bacillus may be isolated In contradistinction to chancre, the involvement of the regional lymph nodes is of an acute nature, indeed, the nodes may suppurate Autoinoculation is a marked feature Ordinarily, the diagnosis of chancroids is easily determined, and should not occasion much difficulty.

Internal Ulcerations (Rectal and Sigmoidal)

Tuberculosis—Since in this paper we are concerned only with ulcerations, no consideration will be given to the miliary and hyperplastic forms of anorectal tuberculosis All types are found secondary to tuberculous disease elsewhere in over 90 per cent of cases

In the rectum, a tuberculous ulcer presents the same characteristics noted in the descriptions of external ulcerations Its axis follows the course of the blood vessels Associated symptoms consist of discharge, diarrhea, and pain in varying degrees, pain is usually not present unless the ulcer is located at or near the anorectal line (or, in the case of external lesions, within the grasp of the sphincters) In most cases, the ulceration is comparatively superficial, involving only mucosa and submucosa, and is irregular, with a dirty, nodular base, and undetermined edges There may be an inseparable slough

Treatment is medical, and consists mostly of attention to the main tuberculous focus, which will usually be found in the lungs Various local applications may be used with benefit Suitable preparations include aqueous solution of argyrol, 20 per cent, aqueous solution of silver nitrate, 5 per cent, and pure balsam of Peru To control the diarrhea, the subcarbonate of bismuth may be used, or camphorated tincture of opium in doses of one teaspoonful or less may be given for short periods only. Tenesmus is treated by instillations of 2 ounces of warm olive oil through a number 14 F soft rubber catheter Starch-water irrigations may also be soothing The cold-quartz light may be employed over the general body surface in rectal or sigmoidal ulcers, and directly on the ulcer when the latter is external When applied directly to an external ulcer, the light should be held at a distance of twenty inches, and an exposure of thirty seconds given for the first dose Additional exposures may be administered two to three times weekly, increasing the exposure time by thirty seconds each time until the skin reacts with a faint erythema Two minutes should be a maximum dosage

Penicillin and the sulfonamides are ineffectual, except for the control of secondary infection

If it is deemed necessary to perform surgery on such lesions, the Paquelin cautery or radio knife should be used

Syphilis—Above the anorectal line, syphilis makes itself known either in the form of ulcer, or a gumma The ulcer is a punched-out depression with sharply defined edges which give the appearance of being at right angles to the surface of the mucous membrane Upon digital examination, the edges are felt to be indurated

Gumma, before ulceration, presents itself as

an ovoid, painless, rather elastic, smooth mass, ranging from the size of a pea to the size of a lemon. Through the sigmoidoscope, the appearance is slightly cyanotic These lesions usually occur within five years of the initial chancre, and are, ordinarily, low down in the rectum, although the author has seen one healed gumma high on the posterior wall If diagnosed and properly treated before ulceration, the gumma will heal without scarring

The treatment is that of syphilis, plus whatever measures may be advisable for the relief of local irritative symptoms Such measures have been described in the section on rectal tuberculosis

Healed gummatous ulcerations have a characteristic appearance The edges of the ulcer are smoothly rounded and rolled under and appear to be separate from the base, so that the one slides over the other

Gonorrhea —The inflammation produced by the Neisserian diplococcus is as acute in the rectum as it is in the urethra The mucous membrane becomes hot, red, and covered with a purulent exudate. Ordinarily, gross ulcerations are not present, but in some cases, there may be a few superficial erosions The inflammatory process is limited to the lowermost two or three inches of the rectum, above the anorectal line The condition is to be suspected in any acutely inflamed rectum with abundant purulent discharge. Suspicion is then supported by the discovery of an associated urethritis or vaginal discharge, or the relaxed sphincter of pederasty, and is finally confirmed by finding the specific organism in pus obtained through an anoscope.

Treatment The diplococcus of Neisser is susceptible both to the sulfonamides and penicillin. Penicillin is the drug of choice, and may be given every four to six hours, in equal doses of such size that a total of 100,000 to 150,000 units is administered in twenty-four hours If neither of these drugs is available, suppositories containing 3 per cent protargol may be used, and are quite effective

Chancroid.—This condition is extremely rare above the anorectal line.

Lymphogranuloma Venereum with Stricture — The subject of lymphogranuloma is an extensive one, and cannot be considered in detail here. Briefly, however, it may be stated that inflammatory stricture of the rectum (as opposed to stenosis of the anus) in women, is most often caused by this disease The stricture may either be annular (less than one inch in length) or tubular (one inch or more in length) It consists of a massive fibrous infiltration of all the coats of the rectum, as well as the perirectal tissues This fibrous tissue eventually contracts, reducing the lumen to a size through which solid stool cannot pass Due to the persistent pressure of feces from above, as well as the general inflammation and interference with the blood supply, the mucous membrane becomes ulcerated, and emits a discharge of blood, pus, mucus, and debris Healing is slow and difficult.

No difficulty is encountered in recognizing rectal ulcers due to stricture, the picture is characteristic Treatment, on the other hand, is most difficult and in the majority of instances is best left in the hands of those experienced in handling these cases These ulcers will never be completely and satisfactorily healed until the stricture is markedly improved Treatment of inflammatory stricture is beyond the scope of this paper, it includes dilatation, proctotomy, and colostomy The condition may, however, be improved by cautious dilatation with a graduated series of Wales' bougies These soft rubber instruments are manufactured with a lumen, through which the upper limit of the stricture may be irrigated with suitable preparations, such as one ounce of 1.8000 potassium permanganate, or the same quantity of an aqueous solution of merourochrome, $\frac{1}{2}$ per cent

Exhibition of sulfadiazine, 1 Gm (15 grains) every four hours for three days, given with an equal amount of sodium bicarbonate and plenty of water, will often tend to reduce the secondary infection, and thus aid in the healing process *If* the condition is too advanced and too acute to admit of this procedure, and obstruction is present, it may be necessary to resort to colostomy

Bacillary Dysentery —This disease is caused by infection with B Dysenteriae of the Shiga, Flexner, and other various subvarieties It is an acute process, accompanied by fever, prostration, and marked by a severe diarrhea, with the passage of numerous liquid stools containing blood, mucus, and pus Diagnosis is made by finding the specific organism in the stool culture In difficult or obscure cases, it may be necessary to culture material taken directly from an ulcer through the proctoscope

The inflammation extends as a rule, only into the submucosa, where a hemorrhagic exudate forms early and is visible Later, these areas break down into ulcers, which tend to be transverse, are covered with necrotic sloughs, and which bleed when traumatized

Sulfaguanidine is a specific for this condition To an average-sized adult, it should be administered in a dose of 3 Gm once, followed in six hours by a dose of 2 Gm and then by 1 Gm. every three to four hours This regimen may be altered to fit the individual patient and the severity of the disease In cases of bacillary dysentery in which sulfaguanidine is exhibited sufficiently early, ulcerations will frequently not occur Dur

ing World War II, the author was privileged to observe a number of these cases in India, all received sulfaguanidine, and none developed extensive ulcerations

Amebic Dysentery—This important disease, which is becoming more and more frequent in this country, may take either the acute or the chronic form The acute disease is characterized by a sudden onset of a violent diarrhea with prostration The chronic type, however, most often manifests itself in the shape of recurrent bouts of diarrhea lasting, usually, less than a week, and recurring about every two weeks During the intervening days, the patient may or may not be constipated Diagnosis is to be made only upon the discovery of the Entamoeba Histolytica in the stool In order to do this with consistent accuracy, stools should be examined as soon as they are passed—preferably within the next three minutes Material procured through a proctoscope or sigmoidoscope directly from an ulcer base is even better Alternatively, the mucous membrane of the lower rectum may be swabbed through a four-inch piece of soft rubber tubing In nondiarrheic cases, a dose of magnesium sulfate should be given the night before examination

The identification of the protozoon is a task to be entrusted only to highly-trained workers in this field

Pathologically, the amebic ulcer appears to be formed by the invasion of a rectal gland by the protozoon, which then invades the submucosa from the depth of the gland A small (one to two millimeter) elevation of the mucous membrane then occurs, with a pale yellow spot in the center This central necrotic area promptly breaks down to form the ulcer, which is characteristically flask-shaped, having a narrow opening and wide base The ulcers are discrete, and separated by areas of comparatively normal mucous membrane, in contradistinction to bacillary dysentery, which presents large transverse ulcers, tending to become confluent Edges of the lesions appear elevated Although characteristic when seen, these ulcers are often located high in the large bowel, and beyond the reach of the sigmoidoscope

Treatment When promptly diagnosed, the outlook in amebic dysentery of the colon is good The patient should be hospitalized, and one grain of emetine hydrochloride given intramuscularly, daily for one week Simultaneously, carbarsone, 0 25 Gm , is administered thrice daily, by mouth The carbarsone is continued for a total of twelve days, and daily stool examinations are performed, beginning at the time when the emetine is discontinued By this time, the amebae will ordinarily have disappeared from the stool, whereupon diodoquin is given orally three times daily, in doses of 0 63 Gm , and this regimen is continued for two weeks, after which stool specimens are again checked daily for five days If stools do not become and remain negative on this regimen, the final eradication of the amebae may prove difficult and time-consuming, and the patient should be referred to a competent gastroenterologist

Chronic Ulcerative Colitis—This is a serious and discouraging disease, and one which it is extremely important to recognize Final diagnosis will rest upon a consideration of the entire clinical picture, cardinal signs of which are a chronic, bloody diarrhea, with exacerbations and remissions, together with gradual anemia, weakness, and a discharge of blood, pus, and mucus The specific etiology is still in dispute, Bargen ascribing the cause to a specific diplococcus, while others lend more weight to metabolic and biochemical considerations

In advanced cases of this disease, sigmoidoscopy must be done with great care, as the bowel wall is frequently quite friable, and even an incautious air inflation may produce a perforation

The appearance of the bowel wall will depend on the stage of the disease observed The pathologic sequence of events is diffuse inflammation, followed by miliary abscesses, followed by miliary ulcers which stud the mucosa in a granular manner Later, these miliary lesions become confluent, and large ragged irregular ulcerations appear and become secondarily infected The bases of these ulcers will be gray and sloughing, or oozing blood, according to whether the ulcer is old or new, and whether the disease is in a state of exacerbation or remission The ulcers are essentially superficial, but may become deep with age

Complications of the disease are chiefly three—hemorrhage, polyposis, and arthritis X-ray, except in the early cases, reveals a contracted, tubular colon with loss of haustrations and rigidity of the wall Diagnosis is made by history, and sigmoidoscopic and roentgenologic findings It is usually possible to detect the early granular lesions upon digital examination

Prognosis is guarded

Treatment As with peptic ulcer, a trial of medical treatment should be made, the program consisting of a regimen of rest, a nourishing low-residue diet, very high vitamin intake, and such *symptomatic treatment as seems indicated* from time to time Penicillin is ineffectual in this condition, and the sulfonamides are chiefly valuable in the reduction of secondary infection

Eventually, many cases will come to colectomy, and it seems wise to perform this operation as soon as it becomes evident that medical treatment is unavailing It is usually advisable to do an ile-

ostomy several months before colectomy, this maneuver not only greatly improves the condition of the colonic lesions, but allows time for the terminal ileum to assume some of the functions of the large gut

Follicular Ulcers.—Occasionally, there may be seen on the rectal mucosa one or two pinhead-sized ulcers with light base, and sharp red edges. These resemble the ulcers of chronic ulcerative colitis, but are localized to only one or two follicles. As a rule, such ulcers heal readily under local applications.

Anginal Ulcers.—Very occasionally, an agranulocytic angina will give rise to extraoral ulcerations which may be found in the rectum or anus.

Diagnosis is made on the blood picture.

Treatment is the treatment of the constitutional condition.

Stercoral Ulcers.—The so-called stercoral ulcer is actually a traumatic ulcer produced by long-continued pressure on a debilitated bowel. With this in mind, it is easy to understand why the symptoms occur usually in elderly people with long-standing constipation. The site is more often sigmoidal than rectal. Preliminary symptoms of such an ulcer in the sigmoid are likely to be ascribed by the patient to his constipation, so that in many cases the first symptom is a peritonitis from perforation.

Factitial Ulcers.—Factitial proctitis, so named by Buie in 1930, is caused by irradiation of extrarectal structures, most usually the uterus. Some weeks following the application of the radium, the patient notices a discharge of blood from the anus, and later is conscious of a vague discomfort which may turn into an actual tenesmus with a discharge.

Sigmoidoscopically, a period of hyperemia and thickening of a local segment of the anterior rectal wall is succeeded by ulceration, which appears in the form of a grayish-white plaque with slightly depressed edges, and surrounded by telangiectatic vessels. The ulcer is situated low on the anterior wall, and is often transverse in its long axis. Symptoms include a dull ache, discharge, and varying degrees of tenesmus depending on nearness to the anorectal line. The ulcer may later encircle the gut, form a stricture, and even perforate to produce a rectovaginal fistula.

Treatment consists of discontinuance of the irradiation, irrigation, and soothing applications to the rectum, in some cases with stricture, colostomy becomes necessary or advisable.

Varicose Ulcers.—This unusual type of ulcer is the result of rectal varicose veins, as distinguished from true hemorrhoids. Its pathogenesis is similar to that of varicose ulcers of the leg. Clinically, a sharply-circumscribed, irregular ulcer with a red base, and about the size of a nickel or less is seen several inches up on the posterior rectal wall. The appearance of the ulcer is not in itself diagnostic, but if the patient is asked to strain, varicosities in the nearby rectal wall may become prominent. Varicose ulcers are usually superficial.

Treatment consists of rest and other measures aimed at relieving the venous congestion, together with medicated irrigations and topical applications.

Hemorrhoidal Ulcers.—This classification denotes the ulcers which are found on strangulated or otherwise traumatized hemorrhoids. The *underlying pathology is thrombosis and infection*. Diagnosis is made by inspection. Pain is present with these ulcers, because the lesions are within the grasp of the sphincters. Although the tendency of hemorrhoidal ulcers is to heal under appropriate conservative treatment, ordinarily the hemorrhoids will be removed as soon as the acute inflammation has subsided, and the ulcers with them.

Nephritic Ulceration.—Colonic ulcers due to nephritis are seldom seen by the clinician. They occur as a rule, when the nephritis is terminal, and are manifested by subjective symptoms which start with a thin diarrhea consisting chiefly of mucoid material. A little later, a discharge of pus, slough, and frequently some blood may appear. In the rare occasion in which the bowel may be observed in this condition, the ulcer will usually be found lengthwise of the gut, deep, and quite extensive. These ulcerations are more common in the higher bowel. According to Pennington, they are caused by the action of ammonium carbonate.

Diabetic Ulcerations.—Diabetic ulcers display no characteristic appearance. In fact, they should not be considered as true diabetic lesions, since they are apparently not caused by the disease per se. They are better considered as stercoral ulcers due to the constipation which may attend the diabetes, plus the lowered resistance to infection which goes with the disease.

Except for such palliative local treatment as may seem advisable, treatment should be merely that of the primary disease. The appearance of diabetic ulcers of the colon is a late sign, and usually occurs only in advanced cases which are out of control.

Trophic Ulcers.—These extremely rare lesions are caused by disease of the lumbar segments of the spinal cord. They are indolent, and are accompanied by the other proctologic signs of such disease—relaxed sphincter and diminished cutaneous sensation of the anal region.

Toxic Ulcers.—Certain drugs may produce ulcerations of the rectal mucous membrane even when taken by mouth, the commonest of these

TABLE 1.—Differential Diagnosis

	Tuberculosis	Congenital Syphilis	Chancre	Gummata
Location	Internal or external	Perianal	Anus or perineum	Skin or mucosa
Onset	Insidious		Gradual	Gradual
Aspect	Irregular, violaceous, undermined	Coppery	Single Indurated	Punched out, purple
Discharge	Foul		Serosanguineous	Slight
Laboratory	Biopsy or guinea-pig	Wassermann	Darkfield	Wassermann
Secondary to	Tuberculosis of lungs	Primary	Primary	General lues
	Chancroid	Granuloma Inguinale		Gonorrhea
Location	Perianal	Groin		Just above anorectal line
Onset	Acute	Gradual		Acute
Aspect	Soft, multiple, superficial, small with areolae	Raised granuloma tissue		Superficial
Discharge	Profuse, purulent	Thin, foul		Profuse, purulent
Laboratory	Bacillus Ducrei	Donovan bodies		Gonococcus
Secondary to	Primary	Primary		Primary
	L V Stricture	Bacillary	Amebic	Chronic Ulcerative Colitis
Location	Above stricture	Rectum and sigmoid	Anywhere in colon	Entire colon starting in rectum
Onset	Gradual	Acute	Acute or chronic	Gradual
Aspect	Irregular Confluent Superficial	Transverse Covered with necrotic slough	Discrete Multiple	Miliary abscess Miliary ulcer confluent
Discharge	Blood, pus Mucus debris	Bleeds with trauma	Pink mucus	Mucus, pus, blood, during exacerbations
Laboratory	Frei test	B Dysent	E Histol	Bargen?
Secondary to	Primary	Primary	Primary	Primary
	Anginal	Stercoral	Factitial	Varicose
Location	Rectal mucosa	Sigmoid	Anterior wall of rectum, low	High on posterior rectal wall
Onset	Acute	Gradual unless perforated	Gradual	Gradual unless hemorrhage
Aspect	Indefinite	Indefinite Perforations may be first symptom	Pearly plaque with telangiectasis if stricture	Sharp, irregular, red base
Discharge	Slight	Slight		Slight
Laboratory	White blood cells			
Secondary to	General disease	Constipation	Radium applications	Rectal varicosities or liver disease
	Hemorrhoidal	Nephritic (rare)	Diabetic (rare)	Trophic (rare)
Location	Hemorrhoids	Sigmoid or higher	Rectum and sigmoid	Rectum and sigmoid
Onset	Acute	Rapid	Gradual	Gradual
Aspect	Thrombosed hemorrhoid, surmounted by irregular ulcer	Extensive, diffuse	Irregular	May be deep
Discharge	Blood stained	Pus, blood, slough	Moderate	Slight
Laboratory		Blood chemistry	Blood chemistry	
Secondary to	Piles	Nephritis	Diabetes mellitus	Lumbar spine disease
	Toxic	Malignant		Fissure
Location	Rectum, sigmoid	Anus, rectum, and sigmoid		Posterior commissure anus
Onset	Abrupt	Gradual		Abrupt or gradual
Aspect	Diffuse, confluent, irregular	Hard raised nodular edges		Longitudinal, sentinel pile
Discharge	Bloody	Serosanguineous, sometimes purulent		Blood-streak on stool
Laboratory	Examination for heavy metal	Biopsy		

drugs are mercury (usually in the form of the bichloride) and arsenic. The ulcers present no characteristic aspect, but in cases in which large doses have been taken, or a bichloride enema given, the lesions are quite likely to be extensive.

Malignant Ulcers.—It is unnecessary to provide here a detailed account of cancer of the colon. Suffice it to note that the bases and edges of malignant ulcers are hard, the edges are elevated, and that biopsy should be done in all such cases.

Comment

It may be said that the diagnosis of certain ulcerations about the anorectum will be more or less self-evident, particularly the traumatic and hemorrhoidal types, and those associated with lymphogranulomatous stricture. In addition, certain other ulcerations are so rare, or are associated with other conditions of so much greater importance that they are not ordinarily diagnostic problems—among these are the anginal, nephritic, diabetic, trophic, and toxic. Moreover, the tuberculous, factitial, malignant, chancroidal, amebic, or gonorrheal ulcers, and healed gummata and the lesions of chronic ulcerative colitis have such well-defined characteristics that their true diagnoses should be suspected upon examination, and may usually be confirmed by laboratory test.

This leaves bacillary dysentery, stercoral, and varicose ulcers to be distinguished, and of these

three, the first can be diagnosed without question by the isolation of the specific organism in the stool

Summary

1 The various types of ulcers which appear about the anorectum have been enumerated and classified

2 Diagnostic criteria of each have been described

3 An outline of appropriate therapy has been given in most instances

---

"DOCTOR JONES" SAYS—

High and low temperatures—what they'll do to us and for us—you know, it's quite a study Folks'll go a thousand miles or more to get away from cold weather in the winter and a good many of 'em it appears to prolong their lives. The same time, low temperatures are preserving our food for us and one of the latest developments in medicine—where we always used to apply heat trying to prevent shock from accidents and severe operations, now they're finding that temperatures several degrees below normal are more effective. And I s'pose the future'll bring developments most of us haven't even thought of. History may repeat itself but science is always turning up something new

What made me think of it I was reading an article on this frozen food business. Sort of an abstract, it was, of a committee report (American Public Health Association) These electrical freezing units that're getting to be so generally used they seem to be able to preserve most anything, from a quart of strawberries to a quarter of beef And, speaking of meat, they say the temperatures commonly used in those locker units will kill the organisms of trichinosis in pork

The freezing process, they say, retains more of the nutritive value in food than any other method of preservation. Because frozen foods require less cooking than fresh, there's relatively little loss of vitamins. Frozen peas, cooked after a year's storage for example may have as much vitamin C in 'em as if they'd been cooked within three days of picking.

Vitamin C—that's the one that's most likely to be destroyed by heat. And they claim frozen foods usually hold their color and flavor better'n those that're canned and lose less of it in cooking than when they're fresh.

On the other hand, while freezing kills a lot of the germs that're in foods, it don't sterilize 'em. And stuff that's been frozen is more subject to spoilage after it's thawed out. At zero, taste and appearance will hold up for a year, so they say and at ten above for about six months. At temperatures above that some of the spoilage germs are liable to grow

The whole thing it's another example of elements destroying or preserving, depending on how they're applied. The cold that'll freeze the hair off a dog, if it's handled right will preserve the pork from a hog.—*Paul Brooks, M D., in Health News April 15 1946*

AMERICAN SOCIETY FOR RESEARCH IN PSYCHOSOMATIC PROBLEMS

The American Society for Research in Psychosomatic Problems held its annual meeting at the Hotel Pennsylvania, New York City, on May 11 In the morning, the "Contributions of Military Medicine to Psychosomatic Medicine" were discussed, followed by a lecture on "Psychosomatic Aspects of Orthopedic Practice" The annual dinner was held in the evening and, also, an illustrated parody, "New Advances in Psychosomatic Investigative Technic" by Bertram D Lewin, M.D

THE STEM PESSARY FOR DYSMENORRHEA

J Craig Potter, M D , Rochester, New York

(From the Department of Obstetrics and Gynecology of the University of Rochester, School of Medicine and Dentistry)

THIS review of 25 cases of girls with dysmenorrhea was made to determine if possible why there is such a difference of opinion among gynecologists as to the value of the stem pessary

The majority of these patients had pain with the first menstrual period However, 17 of the 25 were over twenty years of age before they sought medical help The pain had become more intense as they became older, and individually they were losing, when seen in the office, from one to seven days with each period Five of the patients had vomiting as a symptom which made mouth medication of no avail

In general, most of the severe cases occurred in individuals not abundantly endowed with the energies of health As to the pelvic findings, four had retroversions, five had acute anteflexions, and the remaining cases had grossly normal organs

The medical treatment of these patients followed the standard procedures rest, mild exercise, and good food As to drugs, coal tar products were given, and in the patients who vomited, sedatives were administered by rectum Next, antispasmodics and, finally, narcotics were tried All the patients were given thyroid medication and most, also, progesterone products

After the foregoing procedures proved of insufficient value, the next therapeutic step was the stem pessary inserted into the cervix A glass stem pessary with a 1 cm cross-section has been used in most of the patients, although hard rubber and metal Carlson pessaries have been tried

The technic of the procedure is as follows Under an anesthetic the patient is prepared and draped The anesthesia should be deep, as some of these cervices are difficult to dilate The Hegar type dilators are necessary, as it is difficult to accomplish dilatation with Goodell dilators in patients with a firm cervix

In cervices which tighten down quickly, it is sometimes difficult to insert the stem In these patients, a slight taper on the distal end is helpful The natural temptation is to place and control the stem by means of a tenaculum in its eye In doing this, great care should be used, as the glass is apt to break It is, therefore, wise not to insert it completely inside the uterus with the tenaculum The pessary should be anchored both anteriorly and posteriorly with a mattress suture of silkworm gut, otherwise, the sutures will cut through the cervix The suture is tied on the endocervical side more easily than on the vaginal side of the cervix

Usually, the stem is left in place three to four weeks, or at least through a menstrual period However, it may be left longer One patient went to northern Ontario, was snowed in, and wore the pessary for several months without harm

The pessary is easily removed in the office by snipping the silkworm gut

These patients have all been followed for over a year—some for fifteen years The results shown are their expressions and opinions These are listed below for brevity and ease of comprehension

Cases done	25
Cured	0
Made worse	0
Not helped	3
Helped	22

By "cured" is meant absolute absence of pain or discomfort I presume that this is a state that few women have, anyway None of these cases were unaware of menstrual discomfort after the use of the stem

By "helped" is meant that the patient, with medication, can stay at work or school This is a definite improvement, for these girls before, often with the same medication, were unhappily "in bed with a hot water bottle" The drugs used vary from aspirin to demeral, but they were not listed as "helped" if they could not keep at work, rely on completing plans, and be on their feet during menstruation A most interesting observation occurred in those patients who vomited—all 5 stopped Two of the 25 have become pregnant

A space was given to the heading "made worse" because in the past, I have often hesitated and not used the stem pessary for fear of causing pelvic infection

In going over the histories of the 3 listed as "not helped," nothing was learned that would be of prognostic value in other patients Other patients, with poorer mental and physical health, were helped

It seems to me that this series explains the difference of opinion in regard to the therapeutic value of a stem pessary in patients with dysmenorrhea To a perfectionist, all are failures because they are not without pain or discomfort

To an optimist, all but 3 were helped and improved to the point that they could stay on their feet and make appointments with confidence I think we should emphasize that we are helping not curing, these girls

In summary, a glass stem pessary helps the patient with dysmenorrhea, but does not cure her She should be given, in addition, some medication with menstruation

32 Strathallen Park

NEW DRUG FOUND EFFECTIVE IN TREATING HYPERTHYROIDISM

A new drug, thiobarbital, has been found effective in the treatment of hyperthyroidism, an excessive activity of the thyroid gland according to Elmer C. Bartels, M D of the Department of Internal Medicine at the Lahey Clinic Boston

Writing in the December 1 issue of the *Journal of the American Medical Association*, Dr Bartels said that thiobarbital in small doses, has apparently twelve times the effect of thiouracil one of a new group of substances with the power to decrease thyroid toxicity The action of the drugs brings the basal metabolic rate to normal and slows the heart beat Basal metabolism represents the energy expended to maintain respiration circulation, and secretion

The author stated that "28 patients with hyperthyroidism have received thiobarbital, and definite and satisfactory antithyroid response was obtained in all." Previously thiouracil although not proved to be a curative, was used effectively to improve the condition of severely sick patients before an operation was performed

Dr Bartels said that the "opportune moment for our initial trial use of thiobarbital came in October 1944, when a patient receiving thiouracil developed a fever reaction necessitating discontinuance of treatment and in whom further antithyroid therapy was thought essential before thyroidectomy "

The most effective results with thiobarbital have been obtained with the treatment of patients who were unable to tolerate thiouracil, the author said "Of 9 patients in whom toxic reactions to thiouracil developed, 7 tolerated thiobarbital accomplishing complete relief of hyperthyroidism "

Although reponse to treatment was found to be similar in every respect to that observed with thiouracil, experience has shown Dr Bartels said a high frequency of reactions to thiobarbital

The substitution treatment, when it is ready for use, will help patients of all ages because it corrects the fundamental defect that causes the high blood pressure, replacing the substance which the patient's own kidneys fail to produce

Right now Dr Grollman is searching for a way to make this hormone generally available to the million or more essential hypertension patients in the nation

When made by extracting it from kidneys, 100 pounds of hog kidneys are needed to supply one day s dose for one patient.

Since the patients would have to go on taking the extract daily throughout life, this is obviously not a practical source.

The effective agent may also be prepared from the liver oils of certain fishes Supplies of these fish-liver oils are also somewhat limited and are needed as sources of vitamin A and vitamin D (It is not the vitamins but another chemical in the oil which lowers blood pressure.) Certain plant oils may also ultimately be a source from which the compound may be made, Dr Grollman stated in a report to the third annual hormone conference at Mont Tremblant Canada.

If patients rush to the drug store to get one of the fish-liver oils now marketed for their vitamin content, they are doomed to disappointment Dr Grollman warned These oils do not contain the chemical in enough amount, if they contain it at all, to lower blood pressure.

Even with an abundant supply patients would soon find it difficult to take nearly two ounces of oil daily which is what would be required So Dr Grollman hopes the chemical itself can be extracted and put into a pill or some pleasant form of medicine.

—*Science News Letter Sept. 29, 1945*

TROPICAL ENCEPHALOPATHY: MALARIA AND SOLAR ETIOLOGY

JAMES L McCARTNEY, M D , F A C P , Garden City, New York

IN A preliminary report on tropical neuropsychiatry,[1] I pointed out that many neurologic sequelae may follow residence in the tropics, either as a result of climatic condition or the so-called tropical diseases Millions of men were sent to the tropics as a result of the war and many of these men succumbed to the effects of the sun and heat, while many more were victims of malaria During my assignment with the Navy in the Pacific Islands, I had an opportunity to see a large number of these patients The question was not why these men showed neurologic signs, but why more men did not show neurologic symptoms after working day after day in the terrific glare and heat of the tropical sun with inadequate diet and rest

It will be many years before we see all the devastating effects of the war, but reports indicate that 43 per cent of all the casualties were neuropsychiatric A neuropsychiatric examination of 190 veterans of World War II who had been in the tropics, and were discharged with a neuropsychiatric diagnosis, showed that 5 25 per cent showed symptoms that could be explained by solar etiology, while 3 94 per cent had symptoms which followed malaria

As pointed out in my former paper, the tropical etiology may show its effects, primarily, because of the underlying personality, but this is so even with causative agents found in this country One man may develop a delirium during an acute illness, while another man can stand high fever and extreme toxemia without cerebral signs One man may break down under stress and strain, while another remains mentally clear, even until old age Thus, in evaluating any neuropsychiatric picture, the total personality must be taken into account

Malaria

Our military forces operated in some of the world's most malarious areas [2] In such areas, malaria was by all odds the greatest disease hazard to our men, not only at the moment, but as a result of the frequent sequelae Barber[3] reported that in one combat zone, 36 54 per cent of the men showed clinical signs of malaria, while Talbot[4] reported that 66 per cent showed malarial findings, of which 6 5 per cent were malignant tertian type

In the malignant infection, the parasites are found in enormous numbers in the brain capillaries and the blood may contain several thousand per cubic millimeter In these cases, the capillaries may be plugged with masses of corpuscles bearing the parasites, together with phagocyte cells and occasional free parasites These masses of parasites often constitute definite embolic occlusions or thrombi, which in turn cause destruction of the brain tissue involved Occasionally, punctiform or even larger hemorrhages in ring form may occur in the white matter of the brain, with infarction and necrosis The brain tissue frequently has a leaden hue, due to the deposit of the black pigment from the parasites, and the endothelial cells of the capillaries may show much pigmentation because of invasion of these cells [5] An intense inflammatory reaction takes place throughout the brain tissue and meninges and this, at times, may be noted by an examination of the fundi Lumbar puncture will indicate increased intracranial pressure

When malaria finds its way into the brain tissue of a schizophrenic individual, the effects can be expected to be more devastating because of the inadequate capillary system in these individuals Lewis[6] pointed out that in these persons the capillary network is of a finer caliber than in normal persons In these patients the capillaries are thus more apt to be plugged

Since the brain center for heat regulation may be involved, and the body temperature may rise to as high as 110 F , the symptoms may resemble those of heat exhaustion or sunstroke Delirium almost always appears, and headache, restlessness, and prostration are usually marked The neck muscles may become rigid and the skin dry and flushed Coma or psychotic symptoms often follow and may be mistaken for apoplexy, acute alcoholism, medical shock, acute mania, or afebrile psychosis

With such involvement of the brain tissue, it is not surprising that many patients show typical optic neuritis, with clouding or dimness of vision, temporal or frontal headache, and deep pain in the orbit Persistent headache, mental confusion, lack of concentration, convulsions, amblyopia, amnesia, melancholia, signs of meningeal irritation or chronic encephalitis may follow such parasitemia Peripheral neuritis, with appropriate symptoms, is common Eighth nerve involvement causes vertigo and deafness There may be neuralgia or pains in the muscles and joints Paresis of the muscles is seen and may develop into paralysis, with atrophy of the muscles and degeneration reactions Since malaria may damage the endocrine glands, the dysfunction of the thyroid or adrenal gland will confuse the clinical picture Nausea, vomiting, or dysentery may bring on an avitaminosis

Where there is an underlying psychoneurotic personality, it is not uncommon to find a precipitation of a conversion hysteria or a neurasthenic syndrome

Case Reports of Malaria

Case 1—M-1, 23 years old, was inducted into the Army in 1941 He had an excellent record until January, 1943, when in New Caledonia he developed malaria with meningeal symptoms In February, deafness followed, and his stuttering that existed prior to induction became worse. His deafness improved, but the stuttering became worse and though he had not been in combat he was diagnosed as having psychoneurosis anxiety neurosis and was discharged in June 1943 Seen in September, 1943 he stated that he could not stand the sun or heat, frequently had headaches, and when he got nervous, he came out in a sweat his stomach became upset and he vomited. Smears for malaria were negative, red blood count was 3,810,000 with 15 Gm hemoglobin, sedimentation index, 7, and the Kahn test was negative. He showed mild nerve deafness in the right ear He felt he had to take it easy" in his work, and frequently had to take a day off He gets very excited and at these times can't talk. His sleep is not disturbed He is married, and his illness has had no effect on coitus. The neurologic examination showed hyperactive "jumpy" reflexes, no clonus no nystagmus negativo Romberg, and no past-pointing but eyegrounds appeared pale. Diagnosis was postencephalitis with conversion hysteria.

Case 2—M 2, 22 years old, was inducted into the Army in 1941. He had "sunstroke' while in training in California, but had no sequelae He had an excellent record. When in New Guinea he contracted malaria and was treated with quinine and atabrine he became very nervous and was discharged in May 1943, with the diagnosis psychoneurosis, mixed, severe. Seen in August, 1943 he insisted that he was not nervous before induction, and this was substantiated by a social history . When examined he was tense, irritable complained that he couldn t think, had crying spells, his mind "went blank,' had frequent headaches, no appetite, was nauseated all the time, argued all the time at home had to wear tinted glasses as he couldn't stand the sun couldn't stand the heat, his sleep was disturbed, and he had nightmares of combat He works regularly His sexual life is not affected He has excellent social understanding. Neurologic examination showed sweaty palms, hyperactive "jumpy' reflexes, and the eye-grounds were pale but showed many small vessels. The laboratory findings were all within normal limits. Diagnosis was tropical neurasthenia with postencephalitis.

Case 3—M-3 21 years old, was inducted into the Army in 1939 and before his discharge in February 1943, he had had malaria five times with increasing nervousness after each attack. He showed twitching of the right side of his face and right arm and leg. He was discharged with the diagnosis of psychoneurosis, mixed type. After his discharge he worked steadily in a shipyard and his physical condition remained about the same. Neurologic examination and all laboratory findings were essentially negative except increased knee jerks, slight tremors of the hands and a tic of the right side of his face. Diagnosis was psychoneurosis, habit tic, showing some evidence of postencephalitis (malaria)

Case 4—M-4, 20 years old enlisted in the Navy on June 7, 1942, and was sent to the South Pacific on September 18, 1942, but soon after his arrival developed malaria and became symptom free after medication except for headaches, general depression, and insomnia. On December 31, 1942 he was diagnosed as having psychoneurosis, situational, and he was discharged from the Navy April 1, 1943 He got only as far as the seventh grade in school married when 20 but soon was divorced and remarried just before enlistment to a woman ten years his senior He had never left home until he enlisted, and soon after leaving home he developed a nocturia and a pain in the lumbar region. On examination, he showed all negative findings except a blood pressure of 104/70, and he stated that he occasionally got ringing in the ears and a pain on the top of his head Diagnosis was psychoneurosis neurasthenia.

Case 5—M-5, 25 years old, enlisted in Marines on January 14, 1942 and was blown out of a fox hole October 11, 1942, and had amnesia for three days Thus was followed by headaches, tremors and combat dreams with insomnia. He developed malaria, and although his blood became free of the organisms his symptoms persisted He was discharged March 24, 1943, with the diagnosis psychoneurosis war neurosis. Two months after his discharge, he got a position driving a truck, but about every six weeks he had chills fever, his bones ached, and he had to stop work a few days. He got a thumping headache every day, he was irritable, had lost weight and had a poor appetite He occasionally had terrifying dreams. His blood had remained consistently negative for malaria, but his family doctor had given him quinine. The neurologic examination showed a positive Romberg, tremors of the hands and increased knee jerks. Diagnosis was postencephalitis, chronic, malaria.

Case 6—M-6 25 years old, was inducted into the Army on January 1, 1941, and in February, 1942 began to have pains in the left side. In January, 1943 he began to have pain in the left testicle and, to be nervous He gave a history of malaria in 1934 and says he had it again in 1942 He was married in 1936 He claims that he is unable to work since his discharge on April 24, 1943, when he was given a diagnosis of psychoneurosis. He says he is nervous and gets too hot and has periods when he shakes all over, has insomnia and gets more nervous after coitus, has to take a physic every day and vomits after every meal, has dizzy spells, headaches, and falls asleep during the day Examination showed tremors of the hands and tongue, cogwheel rigidity of the arm muscles, sluggish reflexes Achille s reflex almost clonus, and eyes that tear easily His face showed a mask-like expression. His legs twitched. He complained of cramps in muscles and said he is quick tempered Diagnosis was postencephalitis chronic malaria.

Effects of the Sun

While in the Marshall and Marianas Islands,

opportunity was given to make a detailed neuropsychiatric examination of 449 men Of this number 97 men, or 21 6 per cent, showed neurologic signs which I concluded were due primarily to the effects of the sun, either its heat or its reflection

Sunlight stimulates the nervous system, and this effect is beneficial within limits, but repeated exposure to intense sunlight and continued life in a hot climate may have a pathologic effect on the nervous system [7] Not infrequently, intense light whether direct or reflected, causes retinitis, photophobia, headache, and dizziness, and overheating the body in conjunction with high atmospheric temperatures may cause heat pyrexia or heat exhaustion

In sunlight, all wave lengths between 200 and 2,000 microns are liable to cause cell irritation In the retina, contractions of the rods are noted when there is exposure to any length between 226 and 800, but the retinal damage is worse when other constitutional factors are present, such as alcoholism, diet deficiencies, and reduced vitality from whatever cause

The sun's rays have a marked chemical effect on body tissues, as witnessed by the absorption of vitamin D, and the adverse effect of the sun on persons taking the sulfa drugs Intense sunlight is thought to induce an accumulation of cholesterol in the uncovered skin surfaces, and to mobilize histamine [5] It is a well-known fact that the sodium and chloride in the blood, as well as the vitamins, can become depleted as a result of prolonged and profuse sweating, and quite definitely so, when pathologic effects of the sun become manifest by vomiting or persistent diarrhea Dehydration may result from the same causes, or from inadequate ingestion of water, and the carbon dioxide combining power of the blood is likely to be reduced also

When the cooling mechanisms of the body fail to dissipate the excess heat which is generated from within or without, the temperature of the body rises, and, unfortunately, perspiration ceases as the temperature rises There may be a sharp rise of body temperature to 105 F, 110 F, or higher The blood loses its coagulability, and the blood and tissues show increase in acidity The organs become congested, and there is a hyperemia in the tissues, petechial hemorrhages frequently occur, there is congestion and edema of the meninges, and the myelin of the nerve cells and nerve fibrils liquify at the high temperatures Signs of congestion in the meninges, brain, and medulla may persist Intracerebral and spinal fluid may be increased in amount and show marked pressure Coagulative necrosis has been found in some cells of the central nervous system in such cases

Prolonged heat causes cramps, giddiness, faintness, and all the symptoms of shock The neurologic sequelae may be listlessness, muscular weakness, headache, vertigo, anorexia, hypotension, muscular twitching, restlessness, irritability, unreasonableness, and manifestations of hysteria The knee jerks may not return for some time The ability to sweat may be disturbed Persons who have suffered even slightly from the effects of the sun or heat may remain abnormally susceptible for many years Signs of Parkinsonism may slowly make their appearance as a result of the postencephalitis

Solar Cases

Case 1 —S-1, 30 years old, was inducted into the Army in 1942, with the history of having had rheumatic fever in 1940 followed by heart trouble He was in the Army from 1928 to 1930 and stationed in Hawaii, where he had a sunstroke He used to box and became punch-drunk He was discharged from the Army ten months after induction with the diagnosis rheumatism He said he couldn't sleep, his leg muscles twitch, has headaches and dizzy spells his eyes dilate and the sun bothers him He wakes up tired Neurologic examination showed dilated and unequal pupils, eyegrounds were hyperemic and left disk was fuzzy All reflexes were hyperactive There was slight past-pointing, and coordination was poor Laboratory findings were normal. A diagnosis was made of encephalitis with possible tropical neurasthenia

Case 2 —S-2, 20 years old, was inducted into the Army in 1941, with a history of having had a heat pyrexia during the summer of 1940, when he became unconscious He had no trouble with his military training until just a year after induction, when he had severe headache, generalized weakness, became unconscious, had convulsions, shouted in his sleep, and foamed at the mouth Two months later he had another attack, which was diagnosed as psychoneurosis, conversion type, but he showed no improvement, and three months later the diagnosis was changed to anxiety state, chronic, severe, and he was discharged from the Service He was examined two months after discharge and was still in uniform One month after discharge he got married but had made no attempt to find work He was content to live with his parents-in-law He said he felt very weak, his hands and legs trembled, he had terrifying nightmares, had insomnia, noises bothered him, he worried continually, couldn't walk two blocks without resting, had severe headaches, and had four attacks of unconsciousness during the previous weeks These attacks were at night while asleep, and during them he fights off his family, tears up the bedding, cries out, and foams at the mouth, but does not bite his tongue or soil himself The neurologic examination showed active and equal pupils, negative Romberg, tremors of the hands and tongue, and hyperactive reflexes A diagnosis was made of epilepsy from encephalitis (heat stroke)

Case 3 —S-3, 19 years old, was inducted into the

Army in 1942 and admitted to the base hospital in the South Pacific fifteen months later, after spending six months in the tropics He had paranoid ideas and homosexual delusions. In 1932 he had suffered a heat exhaustion, followed by "heart trouble" He was very temperamental, and had temper tantrums, and "sat at home' before his induction He had written home from the South Pacific that it was very hot and uncomfortable After his discharge he just stayed at home, and complained of frequent severe headaches. On examination, the neurologic was essentially negative except that he sweated freely and he said that he now sweats more than he used to The laboratory findings were within normal limits. A diagnosis was made of constitutional psychopathic state, emotional instability, with possible encephalitis, although his diagnosis at the time of discharge was dementia praecox, paranoid type. He showed no signs of psychosis when examined.

Case 4.—S-4, 25 years old, enlisted in the Navy in 1939 and early in 1942, he began to show tremors of the left hand. Two years after enlistment he was discharged with the diagnosis of psychoneurosis mixed type, conversion hysteria with anxiety and depression, existing prior to enlistment. According to the history, when ten years old he had St. Vitus Dance and was very nervous for six months He had no more trouble until he was on duty in Puerto Rico for nineteen months, and during this time he found the sun very trying On examination he appeared emotionally normal, showed a history of having worked regularly since discharge, but complained of tremors of the left hand and occasionally of the right hand, and legs being stiff when walking His eyes at times have the feeling of being drawn up The neurologic examination showed pin-point but reactive pupils, hyperactive reflexes, spastic gait, wax-like face, slow speech, tremors of the hands, and cogwheel muscular rigidity Laboratory findings were negative. A diagnosis was made of postencephalitis (Parkinsonism)

Case 5—S-5, 21 years old, was inducted into the Army in 1942 and two months later suffered a "heat stroke" He was sent to duty four days later Sixteen months later, while in the tropics, he was admitted to the base hospital with headache, dizzy spells, and scotomata. He was found to have a blood pressure of 146/104 and was discharged from the Service after six months in the hospital with the diagnosis of arterial hypertension caused by anxiety neurosis, chronic, severe. Three months after discharge he was examined and found to have been working steadily in strenuous labor He complained that heat bothered him and made him "weak as a cat" and his heart would start "racing." He is restless, his sleep is disturbed, and he gets easily excited He showed a sinus tachycardia, rate 120–130, with a blood pressure of 160/110 bitten fingernails, tremors of the hands, some past pointing, but otherwise the neurologic, eye-grounds, and laboratory findings were within normal limits A diagnosis was made of postencephalitis (heat) with anxiety neurosis.

Case 6—S-6, 42 years old, enlisted in the last war, and was in France two years. He was gassed and became nervous, and was diagnosed as having neurasthenia After the war he was declared not to have a neuropsychiatric disability He was sent to North Africa with a civilian construction company, and remained there from September 28 1942 to May 5, 1943, where he was badly affected by the sun. On his return to America he tried to enlist in both the Army and the Navy, but was rejected because of nervousness A private physician told him he suffered from nervous exhaustion and gave him sleeping pills. He stated at examination that he occasionally has insomnia, and his sleep is disturbed and restless, and he wakes up exhausted each morning dozes off during the day suffers from indigestion, and has slight pains about the body He has occasional headaches and dizzy spells. Before being sent to North Africa, he was given eleven hypodermic injections in his left arm for immunization and now had most of his discomfort in that arm. The neurologic examination showed a suggestive Romberg, slight digital tremors, hyperactive reflexes, and a "tingling" sensation in the left foot The spinal fluid was under some pressure All laboratory findings were within normal limits A diagnosis was made of postencephalitis, chronic, mild with neurasthenia.

Conclusions

Examination of men discharged from the armed forces because of neuropsychiatric disabilities, clearly emphasizes that many of those recovering from malaria (3 94 per cent) or the pathologic effects of the sun (5.25 per cent) show permanent sequelae that indicate encephalopathy

In some areas where it was necessary to send American fighting men, 36 to 66 per cent of the men showed signs of malaria, and of these 65 per cent had the malignant type of the disease

Prophylactic treatment of malaria by giving minimum medication may mask clinical symptoms while the infecting plasmodia are insidiously doing damage to the patient's tissues, and when the parasitemia finally overwhelms the host, a more serious type of disease is the usual result

Malaria frequently causes a positive Wassermann or Kahn reaction and, therefore, neurologic findings should not be diagnosed as signs of syphilis unless malaria is carefully ruled out Especially is this important since malaria, like syphilis, may simulate many specific disease syndromes

An active or passive congestion of the nervous system may result from excessive exposure to the sun or its heat, and chronic encephalitis may result.

Of neuropsychiatric casualties occurring in the tropics, 21 6 per cent showed pathologic effects from the sun

References

1 McCartney J L War Medicine 3 351 (April) 1943.
2 Russell P F Bull. New York Acad. Med. 19: 599 (September) 1943.

3 Barber, J F U S Nav Med Bull 4 977 (July) 1943
4 Talbot, D R J A M A. 123 192 (September 25) 1943
5 Strong, R P Stitt's Diagnosis, Prevention and Treatment of Tropical Diseases, 6th Ed , Philadelphia, Blakiston Co , 1942
6 Lewis, Nolan D C Schizophrenia, New York, Nervous and Mental Disease Publishing Co , 1926
7 McCartney, J L Manual of Military Neuropsychiatry, Philadelphia, W B Saunders Co (1944), Chap 44

SERVICE-DEAFENED VETERANS HELP EACH OTHER

Veterans whose hearing was impaired while in the service are helping other veterans with a similar handicap—and, incidentally, are helping themselves too One of the greatest handicaps which a newly deafened man has to overcome is the restoration of his ease and self-confidence, even after he has acquired and been trained in the use of a hearing-aid and in lip reading More perhaps than any other partly disabled man, he has a strong tendency to feel himself shut off and apart from his fellows With many, this feeling is so strong that they avoid joining veterans' organizations

The work done for the veteran at the Army and Navy hospitals before discharge, excellent though it is, cannot, by the very nature of the problem, do more than start a man back over the bridge that leads the hard-of-hearing veteran to fulltime participtation in business and social life The Veterans Administration can give hearing aids and some therapeutic treatment, but again is not equipped to take the veteran all the way back

Impaired hearing, while a new problem to most veterans, is an old story to the New York League for the Hard of Hearing For many years, this organization has been engaged in solving the problems of living and earning a living for hard-of-hearing men, women, yes, and children Under the encouragement of the League, some veterans organized themselves into the Veterans Sounding Post No 1 The purpose of this organization was, in close cooperation with the League, to assist veterans, both men and women, whose hearing had been impaired in the service, to complete their readjustment to normal life

Through the League's cooperation, funds were made available and quarters rented at 480 Lexington Avenue, New York 17, N Y Trained teachers and consultants from the League Staff were available for lip-reading classes, voice and speech control (for hearing impairment often is reflected in speech defects), for the use and testing of hearing aids, and for meeting and intercourse with other similarly handicapped veterans Little by little in the company of others who were going through, or had been through, the difficulties of putting to practical use their newly acquired skills in lip-reading and the comfortable use of hearing aids, these men lost self-consciousness and awkwardness

They took part in meetings and discussions They participated in parties, dances, and excursions In some of these activities they were joined by people of normal hearing and so they found for themselves that they could take a normal part in life.

They re-established themselves in various trades, businesses, and professions Some have become active members of Leg on and VFW Posts, for in spite of its name, the Veterans Sounding Post is not a veterans organization competing for members It has a definite mission and one of its measures of accomplishment of that mission is to have its members' self-confidence sufficiently restored to take an active interest in normal veteran activities

The men who started this group hope that, as the success of their efforts grows, other veterans may be inspired to form other similar "posts" in various parts of the country Indeed, they already have received inquiries not only from widely scattered localities in the United States, but from veterans in several allied countries

For the moment they are mainly concerned in doing this cooperative job they have taken on, and the more veterans who know about the work, the better they can do it Any veteran, man or woman, or any friend of a veteran whom the Veterans Sounding Post might help is invited to write, telephone or visit VETERANS SOUNDING POST, 480 Lexington Avenue (Room 1140), New York 17, New York Telephone—Wickersham 2-1853

GASTROENTEROLOGICAL ASSOCIATION HOLDS CONVENTION IN JUNE

The National Gastroenterological Association this year resumes its annual scientific sessions with a three-day Convention in New York City on June 19, 20, 21, 1946

The program will consist of five Symposia and five additional short papers There will be two luncheon round-table conferences, one on Wednesday, June 19, on "Parasitology and Tropical Medicine From A Military and Civilian Standpoint" led by Dr Z Taylor Bercovitz, of New York City, the other on Friday, June 21, on "Socialized Medicine" led by Dr. William B Rawls, of New York City.

Among those presenting papers will be Dr Frank Co Tui, of New York University, College of Medicine, Dr M Herbert Barker, of Chicago, Col Samuel Paster, (MC), U S A., Dr Sidney A Portis, Chicago, Dr Stewart Wolf, New York Hospital, Dr Martin E Rehfuss, Philadelphia, Dr Max Thorek, Chicago, Dr Frank Glenn, New York City, Dr Fred W Rankin, Lexington, Kentucky, Dr Harry Bacon, Philadelphia, and Dr George T Pack and his associates from the Memorial Hospital in New York, who will present a symposium on "Carcinoma of the Gastrointestinal Tract"

THE RECRUDESCENCE OF SYPHILIS IN NEW YORK STATE*

ISADORE ROSEN, M D , New York City

THE situation regarding the prevalence of syphilis today is much the same as after World War I, with the exception, however, that our methods of therapy have made considerable progress Up to World War II the incidence of syphilis had been greatly reduced, not alone early infections, but a large percentage of serious complications that followed neglected cases Those of us who were teaching the subject were finding more and more difficulty in demonstrating to the students clinical manifestations which were becoming scarcer, and we had to resort to our collection of old lantern slides for teaching purposes, especially the cutaneous lesions of secondary syphilis For the past year or two the situation has been changing and today we are again able, without the aid of lantern slides, to show the various types of skin lesions of the disease

Organized methods of control of the spread of the infection are urgent and every effort should be directed to this end The clinician with his social workers should direct every effort toward the isolation of the active cases and investigation of the contacts and family, but this is only one link in the chain One of the major problems facing us from the Public Health standpoint is the follow-up of all syphilitic patients who have had penicillin therapy In every new therapeutic procedure time is a big factor in determining its actual curative value No drug, no matter how specific its promise, is 100 per cent effective, and it may require many years to prove its real value It seems to me steps should be taken to provide means for contacting all those individuals in order to check, not alone their serologic status of the blood and spinal fluid, but also cardiovascular, neurologic, and ophthalmologic findings Such examinations should be repeated periodically for at least five or more years. In this way only can we evaluate the ultimate results of any type of new therapy

I have great confidence in the therapeutic efficacy of penicillin in syphilis But, as with all new discoveries, certain phases are encountered which require careful consideration and debate regarding the permanency of cure

The main issue under discussion is the amount of the drug necessary to eradicate the infection There is no doubt in the minds of the majority of syphilologists that in primary seronegative syphilis, penicillin alone in dosage of at least 2,400,000 units, without any of the arsenicals or heavy metals, may be sufficient In the secondary and later stages, however, much uncertainty exists as to the best procedure to follow and opinions vary

From a review of the results with penicillin alone in secondary syphilis it appears that there has been too large a percentage of relapses, clinical or serologic, or both, especially where the dosage has been under 2,400,000 units And even with that amount recurrences are too frequent when compared with the results obtained by the plan followed by the Clinical Cooperative Group with arsphenamine and bismuth

It is well known that relapsing secondary syphilis is much more difficult to control with any form of therapy Our aim, therefore, must be to devise a plan which will ensure a minimum number of relapses It is my opinion that the excellent initial results obtained with penicillin in the secondary stage can be frustrated unless subsequent reinforcement with an arsenical and heavy metal is included Perhaps in a fair number of patients 2,400,000 units or more would be sufficient, but how is one to know in which of these patients this amount will not meet with our expectations—and time is an important element

Syphilis at present is being treated by the general practitioner, who, although capable of administering the drug, has had in most instances little experience with the behavior of the disease itself The mere fact that the acute manifestations have disappeared does not indicate eradication of the infection, and the danger lies in discontinuing treatment at this stage and the failure to follow up these cases for a number of years

Many of us have been called upon to interpret the existence of a persistent Wassermann reaction, some mildly, others strongly positive, most of them in men from the armed forces who have had treatment for syphilis, with penicillin, a year or more previously Clinical examination is entirely negative I find it difficult at times to decide upon the procedure to follow in these cases In many of those with repeated strongly positive Wassermanns I advise further treatment with bismuth and an arsenical, or an additional course of penicillin In those with weakly positive fluctuating reactions, I delay therapy but advise a follow-up course

Another feature which often complicates the picture is the conflicting reports on the same specimen sent to different laboratories at the

* Presented at the 14th Annual Conference of the New York Tuberculosis and Health Association March 21 1946.

same time, or from the same laboratory at different times

It might be advisable to organize a central laboratory where a carefully checked standardized technic could be developed as a final assay on these patients

In early syphilis the Wassermann test has been a fairly accurate guide in determining whether treatment was efficacious Before the use of penicillin, with the older methods of therapy properly carried out, the Wassermann reaction in the majority of patients became negative after two to four months' continuous treatment and remained so In the case of penicillin, the consensus seems to be that in the average case treated with what is at present considered an adequate dosage six months elapse before the Wassermann is reversed

In conclusion, I would like to reiterate that penicillin is one of the outstanding discoveries of the century for the treatment of syphilis, not only on account of its therapeutic effect, but because of the negligible reactions and by-effects on the human organism, the shortening of the time required for treatment, and, last, the important social gain it achieves in the rapid control of the contagious stage Until we are convinced, however, of the amount of the drug necessary to effect a permanent cure, we should insist upon reinforcement with an arsenical and heavy metal to prevent serious relapses and other complications Time alone will be the deciding factor

---

DOCTOR FIFTY-FOUR

(Apologies to E A Poe)

1

Once upon a midnight dreay,
Head a-splitting, body weary,
Phoned I for a doctor—
Federal Doctor Fifty-Four,
Pain, my progress did encumber—
Feverishly I dialed the number
Came a voice still steeped in slumber—
One that I'd ne'er heard before
'Twas the man assigned our district,
Federal Doctor Fifty-Four,
Doctor number fifty-four

2

"What's the trouble?" snapped the query,
Crisp it sounded, far from cheery,
Its accent irritating
Pierced my bosom to the core
Told about my pain and sorrow,
Another day he bid to borrow
"I'll be there upon the morrow,"
Only that and nothing more
How could he so lightly, smugly
My predicament ignore?
Federal Doctor Fifty-Four

3

Another that I called, disdainful
Flatly "no'd" me Faint and painful
Fell I full exhausted
On the frigid bedroom floor
Morning came and neighbors found me,
Into bed they gently downed me,
Placed the coverlets around me,
Left me there exhausted, sore
In consultation long they muttered
Right outside my bedroom door—
Just without my chamber door

4

All that day, with fever burning
Lay I rolling, tossing, churning,
Waiting for the call
Of Federal Doctor Fifty-Four
Neighbors, once again beside me,
Now with apprehension eyed me—
They had phoned for succor widely—
But no succor was in store
For federal doctors all had gone
On sit-down strike the night before—
For double pay and then some more

5

Neighbors, slyly and discretely
Called a "scab," old Doctor Heatley
Presently I heard him softly
Tapping at my chamber door
Quickly he applied his knowledge
Gained in practice and at college—
Gratefully I now acknowledge
Doctor Heatley, more and more
He had "run the line" of pickets,
Angry pickets, half a score,
Gathered at my very door

6

As I convalesce serenely
I can ponder long and keenly
O'er the way that things have changed
From what they were before
With doctor-patient ties outdated,
Hippocrates and Osler, hated
And family doctors, under-rated
The older system I'd restore,
More kindly and effective were
Physicians in the days of yore—
Would that they were here once more

7

We may sit and smile benignly,
But my plea is urgent, timely—
Be you up and doing
Lest these things that we deplore
Cause sweet freedom to forsake us
And that fatal day o'ertake us
When the current trends shall make us
Vassals of a dictator—
Slaves to social despotism
never dreamed of heretofore—
Freedom lost forevermore

—N M Gampfer, *J A M A*, *April 27, 1946*

ERADICATION OF BREAST CANCER, ITS FEASIBILITY AND CONSEQUENCES

A Reply

SIGISMUND PELLER, M D , New York City

IN ORDER to eradicate breast cancer in women, L. Gross[1] suggests that nursing of infants be stopped for one generation His proposal is based on the assumption that Bittner s "milk factor" which is essential for breast cancer in mice may play a similar role in women Having banned breast-feeding, transmission from the old to the new generation of the assumed milk factor will be interrupted and "this simple preventive measure may save the lives of many thousands of women "

Reading this proposal, three questions come to my mind First, whether animal experiments, however brilliant and clear-cut they may be, are a sound basis for proposals regarding the human second, and aside from the general problem, would this proposal, if relentlessly carried out for thirty years, effectuate eradication of human breast cancer, third, provided the goal has been achieved by the means suggested, would there not be unintended side effects, both restricting the benefit in the cancer field and creating harm to mankind in other areas?

In mice, apart from the milk factor, in the epidemiology of breast cancer other factors, likewise, are relevant Known to be involved are heredity, age, hormonal, dietary, and calorie factors, either promoting or retarding and even preventing appearance of breast cancer in animals

Regarding women and their breast malignancies, nothing has been learned so far as to whether an agent identical with, or similar to, the milk factor exists and what, if any, role it plays However, for the sake of argument we might assume that in women there exists a milk factor, namely, a virus-like agent which is transferred to the nursed baby, where it remains dormant and gives rise to a breast cancer twenty-five to seventy years later

On account of migration, marriage, and feeding customs, this agent, if existent, could not be limited to certain nations, social groups, stocks, or families. Though geographic and stock differences may be conceded, the agent would be practically universal Nevertheless, all over the world cancer of the breast in women is in the minority of all female cancers

Of women who enter the cancer age, about 4 to 5 per cent develop a primary cancer in the breast, 15 to 16 per cent in some other organ, and a small fraction of 1 per cent develops both, a breast cancer and another malignancy, while about 78 to 80 per cent remain cancer free In families with several women having cancer, some have a primary tumor in the breast, others in another organ and some remain free Pure breast cancer families, though sometimes found, as they must be, due to chance, are rare everywhere Apparently, in women the milk factor, if it exists at all, is not as all-important as it seems in mice, and there must be numerous mute carriers in analogy to clinically healthy carriers of bacillary diseases

Whether and when in a woman a primary tumor will appear in the breast, depends on a variety of factors such as stock, marital status, number of pregnancies, number of miscarriages, age at the last pregnancy, chronic inflammatory conditions in the breasts, and intensity of factors cancerogenic to organs *other than* breasts None of these factors is carcinocreative, they come into play only as regulators with regard to organ and time, after the still mysterious X which causes the cancerous reaction of the body had prepared the soil for them Whether X is a hereditary disposition of the body or a bodily reaction to some unknown organized living or physical or chemical agents does not matter in our present discussion

In women there are definite correlations between the incidence of cancer in the breast and in several other organs. In groups of women with a high frequency of breast cancer the incidence of cervical cancer is rather low and vice versa [2] Cases in point are (a) Jews compared with Gentiles, (b) the English versus Central Europeans, and (c) social strata differing from one another by the level of birth rates

The differences shown between these various groups ought to be considered from a dynamic point of view Where in a population the frequency of breast cancer is on the increase, the incidence of cervical cancer diminishes and vice versa An excellent example is provided by England's cancer statistics for a period of several decades It is as if we were dealing with a system of communicating tubes filled to some extent by a fluid If we press the liquid in one tube down, it rises in the others *

In England, since the beginning of this century, breast cancer mortality rates increased by about one fourth, and the rates of ovarian cancer

* The analogy does not go further; the effect of an increase of the whole amount of fluid by adding fluid from the outside has no parallel in cancer statistics.

were almost tripled, but the cervical rates diminished to such an extent* that the total standardized mortality from cancer of genitals plus breast remained about the same, namely 38 per 100,000 At the same time, the standardized total mortality from cancer of all organs varied only very little, the extremes were 94 and 98 per 100,000 There is, so to say, an active compensatory mechanism, which includes not only the breast and genital organs, but also the gallbladder and the stomach

A quantitative analysis of factors relevant to breast cancer, that is, of factors increasing its frequency and/or changing the age of its appearance, is incomplete and lends itself to unwarranted conclusions if attention is limited to breast cancer We cannot correctly comprehend the results of intensification or reduction of a factor which plays a role in the pathogenesis of breast cancer, if our study fails to encompass cancer of other organs Without having checked the occurrence in these other organs, we are under the impression that the difference in the breast cancer incidence as caused by the factor analyzed, is about fully reflected in the sum total of all cancers In other words, we are led to think that the total cancer incidence has increased (or has been reduced respectively) by about the same amount This impression is wrong

In human cancer pathology the function of most of the known factors is but a *redistribution* of primary tumors according to site and age There are known only a few agents capable of increasing the incidence of all cancers in a population Among these are radium, other radioactive substances, and, to a much smaller degree, tar Radium, for instance, may increase the incidence of lung and bone-neoplasms to such a degree that although in the exposed population there are almost no cancers of the stomach, intestines, kidneys, and bladder, the total cancer mortality is about four times that of an average population of the same age structure This we learned analyzing the conditions in the Joachimsthal radium mines [3]

An elimination of factors, like radium, is followed by a really diminished total cancer incidence But even so, the net gain in human life would be smaller than is indicated by the reduction of cancer incidence in the organs to which those substances have an affinity, as those cancers which in the exposed population failed to appear in the stomach, intestines, etc , would now appear there in their usual frequency

On the other hand, reduction or elimination of factors, such as birth rates, nursing, sun and ultraviolet rays, alcohol fibrosis, and cirrhosis,[4] greatly benefits the respective organs, diminishing the number of their primary tumors, but does not change appreciably the total cancer incidence What is and can be very much changed is the distribution of primary tumors by site and age

The custom of not nursing, either by delegating it to foster mothers from lower social strata, or by utilizing artificial feeding, has spread more, and earlier, among the middle class and the privileged than in general Nevertheless, the higher the social class the more breast cancer we find without an increase in the total cancer incidence, on the contrary, in this group, cancer mortality is lower

At present, women have about the same total cancer rate as men, although about a quarter of their primary cancers are located in the breast Thus, the cause of such a large group of tumors failed to increase the total sum of malignancies, apparently the "additional" cancers† have but replaced primary tumors in other organs This, too, supports my prediction that an eradication of breast cancer by the proposal under discussion would not reduce the sum total of cancer incidence

Taking the milk factor for granted, by the suggested elimination of natural feeding of infants at best about 20 to 25 per cent of all female cancers might be eradicated, but they will be substituted by an increased frequency of cancers in the ovaries, in the corpus, cervix, stomach, and gallbladder, perhaps, also, in the lungs A primary tumor in the last-mentioned organs has a much higher risk of death (case fatality rate) than breast cancer Therefore, the elimination of the "milk factor" will result in (*a*) a diminished incidence of breast cancer, an increased incidence in some other organs, plus and minus neutralizing each other approximately, (*b*) a mortality from breast cancer diminished and a mortality from cancer of some other organs increased to such an extent that the total mortality of the female population will be increased rather than unchanged

Moreover, abandoning breast-feeding most probably will be associated with an increased infant mortality and would deprive many mothers and children of the emotional gratification connected with nursing By the way, Gross' proposal would not suffer if the ban on natural feeding would be restricted to female babies only

The plan under discussion is in line with the general theory of combating cancer by restricting exposure to carcinogenic factors That practice failed in most instances, it has seldom been successful Examples of success are chimney sweeps in England and radium dial painters in New Jersey Prevention of exposure is seldom feasible

* The mentioned changes in the rates of genital and breast cancer are mostly due to falling birth rates.

† Additional from the male point of view

Moreover, elimination or restriction of factors having affinity to organs with a low case fatality rate, paradoxical as it may sound, is risky Removal of such factors, or of the exposure to them, is followed by (*a*) a decline of tumors with a low fatality rate, (*b*) a redistribution of cancer by site, and (*c*) by an increase in the number of tumors that have a high death toll Consequently, such a prevention policy causes an increase in the total cancer mortality

As prevention of tumors in one organ has repercussions in other organs, the intensifying of exposure to carefully selected carcinogenic factors has a greater chance of success Thus method would follow experience gained by statistical analysis of existing conditions in human society White Southerners[3] and the white personnel of the armed forces[4] are much more exposed to dermotropic agents than whites living in the northern tier of the country For this high exposure, they pay with an increased incidence of, and mortality from, cancer of the skin and lip Nevertheless, their total age specific cancer mortality rates are extremely low, since the easily curable surface cancers substitute for the deadly internal cancers This experience shows the way toward diminishing the total cancer mortality

Experience gained through statistical analysis of large groups of the population is equivalent to a human experiment It is gained with human beings, yet without depriving them of essential factors of health

Finally, I may mention that many a woman is undecided whether or not to nurse her baby As families without any cancer case among the relatives are rather rare, there is the possibility that the proposal made by Gross frequently will be referred to as a contraindication against breast feeding

437 East 84th Street

References

1 Gross L.: New York State J. Med. 46 172 (1946)
2. Peller S. Surg., Gynec. and Obst 71: 1 and 181 (1940)
3. Peller S. Human Biol. 11: 130 (1939)
4 Peller S Am. J M Sc. 205 798 (1943)
5. Peller S.: J Hered 35: 175 (1944)
6 Peller, S. Am. J Hyg. 32 39 (1940) Cancer Research 1: 538 (1941)

"DOCTOR JONES" SAYS—

This wave of so-called juvenile delinquency (which, in the last analysis, is largely a symptom of adult delinquency)—folks worrying about it—it's started another wave of trying to do something about it. Of course waves—the kind I'm talking about—they soldom catch up with each other and they've soon spent their force.

One of the main things they're doing here and there—they're trying to provide recreational facilities for the teen-agers recreation of a sort that s reasonably safe and, the same time, "modern' enough to appeal to the youngsters. And for immediate effect I guess it's the most practical treatment. But it's like what the doctors call palliative treatment designed to relieve urgent symptoms but not expected to cure the disease

Being delinquent as Mr Webster puts it, is "offending by neglect or violation of duty or law" And a juvenile is a child—not old enough in years or experience to have mature judgment. Whether we like it or not, it's us adults falling in our duty that's primarily responsible when the youngsters answer the "call of the wild"

To cure the disease we've got to treat the underlying causes. Failure of home influences obviously that's been aggravated by wartime conditions But, regardless of that, parents—taking 'em by and large—even if they're intelligent and emotionally stable they lack adequate understanding of child psychology

These qualifications for child guidance—you could reasonably expect to find 'em in the schools the second line of defense But, if you do, it's my impression it's the exception rather than the rule. And the underlying reason, I believe, is that we don't pay our teachers enough. Ordinarily the young people that have the personal qualifications can't afford to qualify themselves technically and make teaching a career

Of course most of us—we can think of fine teachers that were good influences in our lives. But if they stuck to teaching, they did it at a sacrifice—the majority of 'em—even when a dollar'd buy a dollar's worth of stuff And what the average church pays its "sky pilot"—but that's another story

Anyway, to deal with the adult-juvenile delinquency problem calls for highly skilled child guidance.

It can't be done by well-intentioned mud
or bargain-rate measures. We might better
here also.—*Paul B Brooks, M D*,

H

THE TREATMENT OF LYMPHOGRANULOMA VENEREUM AND GRANULOMA INGUINALE

BORRIS A KORNBLITH, M D , F A C S , New York City

THE treatment of lymphogranuloma venereum is based upon the concept that we are dealing with a systemic virus disease Local therapy alone, surgical or palliative, has proved itself inadequate to combat this disease effectively Likewise, systemic agents alone have fallen far short of complete cure Systemic agents such as tartar emetic, the arsphenamines, typhoid vaccine, and radiotherapy have failed to affect this condition favorably The sulfonamides, however, have proved to be definitely effective Intravenous Frei antigen therapy has also proved effective Penicillin has no beneficial effect upon this disease

The various clinical manifestations of lymphogranuloma venereum require somewhat different management In general, a rational combination of a systemic agent supported by local palliative measures has proved most satisfactory thus far

The acute primary lesion requires no therapy It is evanescent, and disappears within three days to one week

The Local Adenopathies

The inguinal, femoral, and pelvic adenopathies generally respond to a single course of sulfathiazole or sulfadiazine A total amount of 28 Gm is given in divided doses of 2 Gm daily over a period of fourteen days If fluctuating abscesses have formed, these should be aspirated repeatedly as necessary under sterile precautions until the abscess cavity does not fill up again As a rule, no more than three aspirations are necessary Surgical procedures are contraindicated Incision and drainage only prolong the resolution of the adenopathies

In any case resistant to sulfonamide therapy Frei antigen may be used intravenously The antigen is given in 0 3 cc doses every other day for about fifteen injections

The Rectal Lesions

In general, a combination of the use of the sulfonamides by mouth and Frei antigen intravenously has produced the best effect in the cases in which the lesions are acute or subacute The patients lose their constitutional symptoms Their rectal pain is ameliorated The sanguinopurulent discharge is diminished after about two weeks of treatment The anatomic changes as observed by sigmoidoscopy, however, show little change until many months of therapy have passed After this period, evidence of slow regression will become apparent Epithelization of ulcerated surfaces, beginning fibrosis, and a subsidence of acute and chronic inflammation will now ensue The effect of the antigen therapy, if not completely curative, is definitely beneficial and helps to arrest the progress of the disease When the sulfonamides and the Frei antigen are administered to patients who already show fibrosis of their lesions, no evident effect is observed The fibrosis represents an end stage of the local process and, therefore, is not likely to be affected by any systemic therapy It must be remembered, however, that acute and subacute pathologic lesions have been demonstrated in the pelvic lymph nodes in cases of fibrous stricture as long as twelve years after the onset of the lesion It seems advisable, therefore, that even in these cases sulfathiazole in daily doses of 2 Gm be given for a period of at least two weeks, in an effort to cause these foci to subside

Rectal dilatation alone was found of definite benefit in those cases where active disease has completely subsided It is definitely contraindicated in tubular strictures, in acute proctitis, or pelvic inflammation It serves best in the "ring type" or diaphragmatic stricture The initial dilatation may require a general or spinal anesthetic Subsequent dilatations may be done in ambulatory patients, either digitally or with bougies

Colostomy is only rarely necessary as an emergency procedure In cases of partial intestinal obstruction colostomy may be optional This procedure should be seriously considered in cases with fulminating lesions which do not respond to palliative measures or attempts at systemic therapy with Frei antigen and the sulfonamides Cleansing of the distal loop after colostomy and rest have proved very useful and permitted a later closure in many cases

Rectal resection has thus far proved to be a procedure associated with a high mortality and is of doubtful value The tubular stenoses are associated with persistent pelvic inflammation Any procedure undertaken in this diseased tissue is analogous to incision of a phlegmon elsewhere with its associated complications of systemic dissemination of the virus sepsis and failure to heal

Incision and excision of fistulous tracts, and

repair of rectovaginal fistulas have proved unsatisfactory as long as any disease process remained active in the rectum itself

Palliative procedures, such as rest in bed, low residue, high vitamin diet, retention enemas of olive oil or cotton seed oil, rectal irrigation with tannic acid 2 per cent, have all proved of benefit.

Cases with Persistent Genital Lesions

This group comprised the chronic periurethral lesions, esthiomene, and various lymphedematous ulcerative lesions of the male and female genitalia The periurethral lesions may lead to urinary obstruction, and must be treated accordingly

The pendulous masses may be removed only after the ulcerative lesions are healed And here again, as in the rectal lesions, no surgery should be undertaken until all evidence of active disease has disappeared

Granuloma Inguinale

The successful therapy of granuloma inguinale is of great importance since there has been a definite increase in the number of cases of this disease, both in the southern part of the United States and especially in the coastal areas Acute lesions of this disease run a persistent chronic course and are infectious as long as they cannot be made to involute. Even if the lesions appear to involve the skin locally only, it is now obvious that the lymphatics are involved in all cases and that Donovan bodies can be demonstrated in the lymph nodes Therefore, the rationale of successful therapy is directed toward using a systemic agent for the radical cure of this disease

The current methods of therapy revolve about the use of antimony preparations intravenously or intramuscularly The preparation introduced in 1913 is tartar emetic (potassium antimony tartarate), in 1926, monosodium antimony thioglycollate, in 1933, fuadin (sodium antimony III bis-catechol disulfonate of sodium), and in 1936, anthiomaline (lithium antimony thioglycollate) The use of local excoriants such as 20 per cent resin of Podophyllum, actual cauterization, and curretting of granulation tissue have met with questionable success Radical excision is of value when the location of the lesion is suitable Surgery, however, should be resorted to only after systemic therapy was failed and the lesion is rendered as surgically clean as possible

Penicillin and the sulfonamides have no beneficial effect upon this disease

A combination of the methods described will yield good results especially in early cases A course of about fifteen injections of 5 cc of 1 per cent tartar emetic or the equivalent of the other antimony preparations, given in single injections on alternate days, will suffice to cause the involution of most of the acute and many chronic lesions There remains, however, about 20 per cent of cases resistant to antimony therapy These cases present a very serious public health problem because the lesions remain open and persistently infectious The cases that appear successfully treated will also break down again if therapy is not carried on for about six months after the local lesion has completely healed This involves a persistent follow-up Lapsed treatment is, unfortunately, the rule, rather than the exception It is therefore, quite as important to continue therapy after healing of local lesions as it is to heal obvious manifestations of this disease

When surgery is utilized, wide excision and plastic repair must be resorted to, and healing without drainage can be accomplished

1801 Marmion Avenue, Bronx

TAXES AND SECURITY

A South African native was told he had to be taxed because the government, like a father protected him from his enemies, cared for him when he was sick, fed him when he was hungry, gave him an education and for these reasons, needed money The old native said 'Yes I understand. It is like this I have a dog and the dog is hungry He comes to me and begs food I say to him, 'My dear faithful dog, I see you are very hungry I am sorry for you. I shall give you meat.' I then take a knife, cut off the dog's tail, give it to him and say 'Here, my faithful dog be nourished by this nice piece of meat.'"

—*Clinical Medicine March 1946*

FEMORAL HERNIAL APPENDICITIS IN AN AGED INDIVIDUAL

LEONARD K STALKER, M D , and G STUART ROTH, M D , Rochester, New York

(From the Department of Surgery, Highland Hospital)

ACUTE femoral hernial appendicitis in an individual more than 70 years of age constitutes a rare but interesting problem The diagnosis is infrequently made prior to operation, and, in the majority of instances, it has been recorded as a coincidental finding at the time of herniotomy When the degree of acute inflammation has necessitated emergency operation, the preoperative diagnosis has invariably been that of a strangulated hernia The most outstanding symptom is a tense, exquisitely tender, hernial swelling which so overshadows the other symptoms that complaints referable to the abdomen are not made Black and Waugh[1] reported from the literature an incidence of approximately 1 5 per cent of hernia of the appendix. However, the finding of the appendix alone in the hernial sac is more uncommon than this, and the finding of an acutely inflamed herniated appendix quite rare

One of us (Stalker)[2] has previously mentioned that approximately 0 3 per cent of all patients with acute appendicitis are more than 70 years of age In a review of a series of 82 cases of acute appendicitis occurring in individuals more than 60 years of age, he reported the clinical manifestations of the disease as atypical in more than one-half of the cases Perforation of the appendix had occurred in 51 of the 82 cases prior to surgical treatment He also states that the greatest mortality for acute appendicitis occurs in patients more than 60 years of age, and attributed this to the fact that the diagnosis was frequently overlooked or delayed because of the patient's age and because of the variability of the symptoms

Case Report

A woman, aged 75 years, was referred to one of us (Stalker) February 8, 1946, for surgical treatment of what was thought to be a right sided strangulated femoral hernia Ten days previous to this, while working in the kitchen, she had suddenly become nauseated and vomited She vomited undigested food particles four or five times during the next few hours There was no fever and no other abdominal symptoms For the next three days she felt nauseated, ate very little, but there was no vomiting On the fourth day, she developed a dull aching pain in the right inguinal region, and for the first time noted a slight bulging in the right femoral area The skin was reddened over the bulge and it was tender to palpation There was still no complaint of abdominal distress A physican was called for the first time and the diagnosis of a femoral hernia made The patient states that the hernia was reduced and that she was told to remain in bed for a few days She improved and no new symptoms developed Five days later (ten days after the onset of her illness), she again called her physician, because the mass in the right femoral region had recurred This time it was much larger, more painful, inflamed, and irreducible The diagnosis of a strangulated femoral hernia was made and she was referred to us for treatment

Examination at time of admission to the hospital revealed a dehydrated, ill-appearing, emaciated, elderly female who was in acute distress The blood pressure was 120 over 70 and the pulse rate, 128 The heart beat was irregular and the diagnosis of an auricular fibrillation without decompensation was made Her temperature was 101 F The leukocytes numbered 21,400 with 89 per cent neutrophils The abdomen was slightly distended and somewhat tender throughout the entire lower half There was a markedly inflamed, tender, fluctuating mass in the right femoral region, approximately 10 cm in diameter and surrounded by considerable induration The patient vomited small amounts of clear liquid material on two occasions, and for this reason the stomach was aspirated, but nothing unusual obtained She passed gas and had a bowel movement following an enema

There was no question about the presence of an abscess in the right femoral region, but the exact cause of this could not be determined It seemed reasonable to consider a femoral hernia into which a portion of omentum had herniated and become gangrenous On the other hand, because of our interest in appendicitis in older individuals, the possibility of an appendiceal abscess was entertained

Operation was performed as an emergency procedure The abscess in the right femoral region was incised and drained It contained approximately six ounces of colon smelling pus The femoral canal opened directly into the upper portion of this abscess cavity A probe was easily inserted into this opening and without difficulty it seemed to drop into the abdominal cavity Five grams of sulfathiazole were placed in the abscess cavity and the wound packed open

The abdomen was then opened through a low right pararectus incision There were considerable inflammatory changes in the right lower quadrant of the abdomen The distal third of the appendix was gangrenous and herniated into the femoral canal. It was adherent to the opening of the canal and perforated at the tip The appendix was freed up and an appendectomy performed Five grams of sulfathiazole and one Penrose drain were placed in the pelvis

The patient made an uneventful convalescence She was out of bed on her second postoperative day, and dismissed from the hospital on her sixteenth postoperative day

Comment

We have classified this case as one of femoral hernial appendicitis in which the appendix alone was herniated, and in which acute inflammation developed with subsequent perforation and abscess formation The local findings were so acute that attention was not directed toward the abdomen since gas and feces had continued to pass

It is interesting to note that the early manifestations of the appendicitis in this case were minimal, and that it was not until perforation had occurred

that surgery was considered This is, unfortunately, true in the majority of cases of appendicitis in this age group The clinical manifestations of the disease in these patients are usually minimal and atypical, and it is not until peritonitis has developed that aid is sought One of the reasons why this may occur is due to the age of the patient and the inborn feeling that surgery at this time of life is invariably fatal. This is no longer true for with the modern refinements, the operative risk in the aged is not high and if these patients can be seen before complications have developed, it is nearly comparable to that of the younger age groups.

Medical Arts Building

References

1. Black B. M., and Waugh J. M. Proc. Staff Meet., Mayo Clin. 17: 328 (May 27) 1942
2. Stalker L. K. Surg. Gynec. & Obst. 71: 54 (July) 1940.

THRUSH AS SEQUEL TO PENICILLIN TREATMENT

EUGENE E. MARCOVICCI, M.D., F.A.C.P. New York City

AMONG many cases of various infections that I have treated with penicillin in recent months, reaction to the drug occurred in 6 cases. The mildest case was an aphthous stomatitis with oral penicillin, the severest, a generalized giant urticaria and angioneurotic edema of the face, hands, and feet, following parenteral administration of the sixth dose of 20,000 units in a case of upper respiratory infection. The other 4 cases suffered the painful experiences associated with thrush.

All the cases are of certain interest because of the therapeutic suggestions which proved beneficial

Case Reports

Case 1.—A. F., age 22, suffering from infectious mononucleosis, from November 29, 1945 to December 10, 1945, developed, after three days of penicillin treatment (360,000 units), a parasitic stomatitis (thrush) involving cheeks, tongue, throat, and lips.

Case 2.—Mother of the above patient, age 45, had had virus pneumonia (*left lower lobe*) in January, 1946. After a similar amount of penicillin, she experienced the same reaction as her daughter, only a more severe stomatitis mycosa, involving the throat, tongue, cheeks, and gums.

Case 3.—Mrs. B., age 50, had virus pneumonia (left lower lobe), after 500,000 units of penicillin she developed an inflammation of all mucous membranes, and thrush, involving lips, tongue, cheeks, and pharynx, also rhinitis, conjunctivitis, vaginitis, and cystitis. (January, 1946.)

All 3 patients lived under good hygienic conditions and had excellent nursing care.

Case 4.—The patient, a man, age 46, was suffering with mild upper respiratory infection (April, 1946). He had controlled a previous attack (three months ago in California) with one dose of 300,000 units of calcium penicillin in peanut oil, he asked for repetition of the same treatment, which I declined to administer. Against advice, the patient used oral penicillin and developed aphthae and swelling of the tongue, which could be regarded as allergic stomatitis.

Case 5.—Mr. A., age 47, had been treated with penicillin for a generalized staphylococcus infection of the skin in October, 1945, and in December of the same year treatment was repeated for a respiratory infection. Giant urticaria and angioneurotic edema appeared after the third injection of 20,000 units. The condition was very severe and took four days to clear, notwithstanding the following therapeutic measures: limit baths, propradine hydrochloride ¼ grain three times daily, sodium salicylate 10 grains with ½ grain extr. belladon three times daily, local applications of Caligesic ointment or witch hazel, adrenalin in oil, ½ cc. every six hours.

Case 6.—M. A., age 22, had streptococcus throat, March, 1946. After 500,000 units of penicillin, became fever free. The throat was clean. On the fourth day, a new eruption covered the fauces and the pharynx which proved to be thrush.

Comment

I have not seen, as yet, in connection with penicillin treatment any mention of this harmless but unpleasant complication and I wonder if the possible explanation would be that penicillin reduces the resistance of the mucous membranes, and thus facilitates the parasitic, secondary invasion.

The state of nutrition of the afflicted patients was good because of well-controlled balanced diet. Whether the long lasting fever in the two pneumonia cases was the contributing factor, or incidental contamination in the penicillin itself, would have to be verified by further observation from other sources and bacteriologic findings as to parallel growth of Penicillium notatum and oidium albicans.

The treatment consisted in painting the areas with 1 per cent gentian violet and irrigations of the mouth and throat with alkaline gargle (2 per cent sodium carbonate).

120 East Fifty-fourth Street

CORRECTION NOTICE

In an editorial entitled "Increased Use of DDT," which appeared in the May 1 issue of the JOURNAL, an unfortunate error occurred. The last sentence in the next to the last paragraph should read as follows:

"On the basis of studies thus far made the U.S. Food and Drug Administration has established an *administrative tolerance of seven parts per million* or about 0.05 *grain* per pound." (The pound refers to produce.)

PREGNANCY IN HYPERTENSIVE DISEASE FOLLOWED BY THORACOLUMBAR SYMPATHECTOMY WITH RENAL BIOPSY AND COMPLETE RECOVERY

SALO M BOLTUCH, M D , F A C S , New York City

(From the Department of Obstetrics and Gynecology, Sydenham Hospital)

THE morphologic changes in the kidneys of patients who have died from essential hypertension and its complications are rather well established Knowledge of the intervening phases has been largely lacking Recently, however, studies by Castleman and Smithwick[1,2] in the Massachusetts General Hospital, in Boston, of biopsies of kidneys taken during sympathectomies have given a better understanding of the actual kidney damage in the various grades or stages of hypertension. As an example of the importance of these investigations, it has now been reported that in some cases the vascular changes are primarily outside of the kidneys, thus indicating that true, essential hypertension without renal changes does not exist Even when the kidney vessels themselves are involved, it has been shown that there may be at first no demonstrable renal parenchymal or functional alterations

Hypertensive women who become pregnant constitute a large group of obstetric patients, in many of whom all known tests offered until now have given little more than scant information of the outcome to be expected

The case report is of interest for its uniqueness As far as I have been able to determine, only one case has been reported by R. S Siddall[3] from the Harper Hospital, in Detroit, of a pregnancy complicating hypertensive disease with renal biopsy findings In that patient, the renal biopsy was done two months before she became pregnant preparatory to a sympathectomy In my case, the renal biopsy was taken four months after delivery

Case Report

The patient, M H , Sydenham Hospital, (No 81244) was a 32-year-old white woman, married nine years, who had never been pregnant. Menarche occurred at the age of fifteen, every twenty-eight days, lasting from four to six days, moderate in the amount and painless In February, 1941, the patient had a dilatation and curettage and excision of cervical polyps for menometorrhagia At that time, the patient's blood pressure was 120/85 Her urinalysis was negative for albumin and casts, specific gravity was 1 018 The past history was otherwise negative for infections or other causes of hypertension Family history was irrelevant. Her last menstrual period was May 10, 1942 (Expected date of labor February 10, 1943)

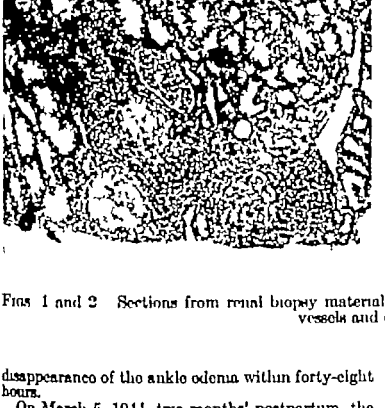
The first trimester of pregnancy was uneventful. At that time, the blood pressure was 130/95 All the routine laboratory tests were made by Dr Morris Dinnerstein, with results of the more important ones as follows urinalysis was negative for albumin and glucose, specific gravity, 1 018–24 A complete blood count showed normal findings Kahn test was negative for syphilis A blood sugar was 118 mg , nonprotein nitrogen, 19 8 mg , and uric acid, 3 4 mg per 100 cc Blood urea clearances indicated normal function. Complete cystoscopic examination gave no evidence of urinary tract abnormality

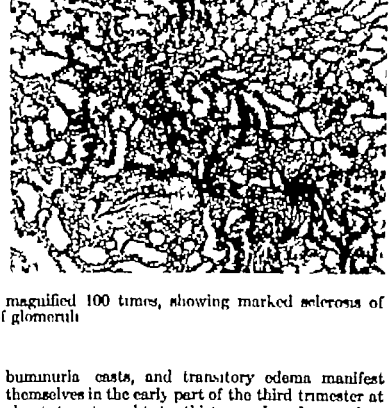
The pregnancy progressed uneventfully except for the persistence of the hypertension ranging between 140/85 to 150/95 mm There was a gain of weight from 121½ pounds to 135 pounds (13½ pounds) On December 1, 1943, in the twenty-eighth week of pregnancy albuminuria was noted for the first time This increased from slight to marked degree and by December 15, 1943, many hyaline and granular casts also appeared The blood pressure rose to 175/120 mm. Funduscopic examination showed no neuroretinitis Some of the retinal arteries were tortuous and smaller than usual but not definitely constricted The veins were full, but there was no arteriovenous nicking

The patient was hospitalized on December 16, 1943 In the hospital the tests showed as follows nonprotein nitrogen varied between 26 5 and 28 mg per 100 cc , urea nitrogen, 12 25, uric acid, 2 9 The plasma CO_2 volume per cent was 50 and blood cholesterol 284 mg per 100 cc Total serum proteins were 5 4 Gm (The albumin being 3 5 per cent and globulin being 1 9 per cent) Thus the albumin-globulin ratio was 1 8 to 1 Urea clearance was well within normal limits Icteric index, 8 3, cephalin flocculation between 2 and 3 plus The course in the hospital in spite of strict dieting, complete bed rest, and restricted fluid intake, was characterized by gradually increasing blood pressure, to 235/155 mm

On December 26, 1943, (the patient received daily between 50 to 200 cc of 50 per cent glucose) albuminuria continued (4 plus), and along with this hyaline and granular casts occurred in increasing numbers The patient complained of almost constant pain in the head, which was at times so intense as to greatly interfere with her sleeping On December 28, 1943, blood pressure became temporarily lowered to 205/130 mm On January 3, 1944, the patient suddenly experienced cramplike pains in the uterus and sudden vaginal bleeding Abdominal examination showed a tense uterus The pulse was 120, blood pressure, 230/150 mm Fetal heart sounds were still present, violent movements were noticed by patient Impression partial premature separation of placenta Immediate delivery by cesarean section was decided upon. A low-flap cesarean section was done under general anesthesia Free blood was encountered in the uterine cavity The placenta was three-fourths separated and one edge was attached to the anterior wall of the lower segment The placenta showed no infarcts of appreciable size or any other abnormality A living, newborn baby girl, 3 pounds, 12 ounces was extracted and cried lustily

Recovery of the mother from the surgical standpoint was uneventful except for a mild, bilateral parotitis on the third postoperative day After an immediate drop in blood pressure, the former levels of 180/100 to 200/120 mm soon returned and were maintained during her stay in the hospital. Albuminuria gradually diminished, only a trace was present on the twelfth postoperative day when the patient was discharged from the hospital. She had complete relief from headaches and complete





FIGS 1 and 2 Sections from renal biopsy material magnified 100 times, showing marked sclerosis of vessels and of glomeruli

disappearance of the ankle oedema within forty-eight hours.

On March 5 1944, two months' postpartum the left retina was found to have a definite exudate below the macula, as well as greater nicking of the veins and occlusion in few of the vessels. The patient complained of intermittent headaches Her blood pressure was 200/120 mm.. Albuminuria and occasional hyaline casts persisted In spite of a strict salt-free diet, limited fluid intake, and bed rest during the next three months the blood pressure maintained at the levels of 200/100 to 230/120 mm. with persistent albuminuria (4 plus), hyaline casts, severe headaches, and nausea. At this time, she was referred to Dr J William Hinton, and was hospitalized in the Doctors' Hospital. On May 29, 1944, Dr Hinton performed a right thoracolumbar sympathectomy and on June 6, 1944, the same procedure on the left side. During the operation a wedge of kidney tissue was excised for biopsy Pathologic examination revealed marked sclerosis of small arteries and arterioles with partial obliteration of lumina and sclerosis of glomeruli of various degree and extensive round cell infiltration of the interstitial tissue (Figs. 1 and 2) She made an uneventful recovery Upon discharge from the hospital her blood pressure was 125/90 mm and for the first time her urine was free from albumin and casts. Examination during the next eighteen months showed blood pressure levels of 110/80 to 115/85 mm. No albuminuria or casts were present in the urine The patient feels and looks well has no headaches, eyeground examination is essentially negative.

Summary

This case tends to confirm the previously debatable, yet commonly held clinical opinion that essential hypertension (without kidney changes except for arteriosclerosis) is likely to go on to renal functional impairment when complicated by pregnancy The first evidence of renal vascular disease may be the discovery, at a routine prenatal examination, of an increase in blood pressure and albuminuria. As a rule a history of previous kidney disease may be elicited. During pregnancy, the symptoms of repeated headaches with persistent hypertension, albuminuria casts, and transitory oedema manifest themselves in the early part of the third trimester at about twenty-eight to thirty weeks of gestation. It is important but often very difficult, to distinguish between chronic glomerulonephritis and pre-eclamptic toxemia as treatment and prognosis are based largely upon a differentiation between the two Until now, it was accepted that clinical, conclusive evidence of chronic glomerulonephritis is the eyeground findings of albuminuric retinitis. It is absent in eclamptic toxemia (the ocular findings in my patient were of the essential hypertensive type) and as proved by the renal biopsy associated with arteriosclerosis of arteries and arterioles with early renal parenchymal involvement One of the distressing features, for the obstetrician, of this type of disease is the likelihood of intrauterine death of the fetus, or a premature separation of the placenta without the slightest warning. This case also adds some weight to the belief that in addition to the immediate dangers, these patients are usually left with permanent renal impairment by pregnancy even if operative intervention is undertaken before the onset, or early in the development of renal insufficiency

Conclusion

1 The pregnancy in this patient was the causative factor in producing the renal vascular lesion which once established aggravated the existing hypertension and did not subside after the pregnancy terminated

2. The surgical sympathectomy gave the patient relief if only temporary

3. It may be assumed from observations by Drs R. H Smithwick and B Castleman[2] that the renal damage after sympathectomies does not progress rapidly thereafter For this effect alone, sympathectomies in young women postpartum are well worth the surgical risk and effort involved

4 Additional data and studies of renal biopsies (as devised by Dr T N Horah,[1] of Harper Hospital Detroit, Michigan with a special punch biopsy instrument) taken during

will, in time, conceivably establish histologic standards for prognosis and treatments in hypertensive women who become pregnant This problem merits investigation

Grateful acknowledgment is made for the valuable advice of Dr Julius Jarcho, and to Dr J William Hinton for performing the bilateral sympathectomies, and for granting me permission to make photomicrographs of the renal biopsy

271 Central Park West

References

1 Castleman, B , and Smithwick, R H J A M A , 121 1256 (1943)
2 Siddall, R S Am J Obst. & Gynec 49 782 (1945)
3 Talbott, J H , Castleman, B , Smithwick, R H , Melville, R S , and Pecora, L J J Clin Investigation 22 387 (1943)
4 Freund, H A , Cole, F C , Horan, T N , and Miller, S Harper Hosp Bull 1 129 (1942)

BETATRON FOR CANCER

Substantial improvement in the treatment of deep-seated internal cancers will be possible when scientists find a way to canalize the high energy electrons of the betatron outside of the vacuum chamber, Dr G Failla, of Columbia University, told members of the American Physical Society at their meeting in St Louis

In time it will be possible, he said, to achieve this canalization so that the electron beam will deliver its maximum energy to the cancer with very little beyond that depth The danger of damaging by overirradiation normal tissues in the neighborhood of the internal cancer will then be less

The betatron makes it possible to treat cancer with x-rays of 20 million to 100 million volts With all x-rays available heretofore, Dr Failla explained, the skin receives more ionizing energy than the underlying tissues traversed by the beam of radiation, but with the multimillion volt x-rays produced by the betatron, the situation is reversed The highest concentration of energy occurs at a considerable depth below the surface of the skin Beyond this level the dose drops slowly A beam of multimillion volt x-rays traversing the human body is therefore more apt to damage the skin area through which it leaves the body than the skin through which it enters it All organs in between will receive larger doses than the skin on either side Whether they are damaged or not will depend on the magnitude of the treatment and on their respective radiosensitivities

Damage to normal tissues, therefore, will continue to be the limiting factor in the treatment of deep-seated tumors

The importance of taking greater care to protect persons working with the betatron than is necessary for those working with ordinary x-ray machines was stressed by Dr Failla While the accepted permissible dose for continued exposure of the whole body to ordinary x-rays is one-tenth of a roentgen, the safety limit for betatron workers, Dr Failla believes, should be put at one-fifth of this, or 0 02 roentgen per day —*Science News Letter, Dec 15, 1945*

PRIMITIVE PHYSIC

The following are excerpts taken from a little volume on domestic medicine entitled *Primitive Physic, or An Easy and Natural Method of Curing Most Diseases* (text title, "A Collection of Receipts") It was written by the Rev John Wesley, founder of Methodism, and although considered by him the best of his many books, it is now almost forgotten. The first edition appeared in 1747, while the thirty-second and last edition was published in 1828 (The Army Medical Library has ten editions, beginning with the first)

A STITCH IN THE SIDE

Apply Treacle spread on a hot Toast

THE VERTIGO OR SWIMMING IN THE HEAD

Use the cold Bath for a month
Or, drop juice or Pimpernell into the Ear Morning and Evening
Or, in a May Morning, about Sunrise, snuff up daily the dew that is on Mallow Leaves,
Or, apply to the Top of the Head, shaven, a Plaister of Flour of Brimstone, and white of Eggs

RAGING MADNESS

Apply to the Head Cloths dipt in cold water
Or, set the Patient with his Head under a great Waterfall, as long as his Strength will bear
Or, pour Water on his Head out of a Tea-Kettle
Or, let him eat nothing but Apples for a month

At the end of the "Postscript" Wesley has this to say "In uncommon or complicated Diseases, or where Life is more immediately in Danger, I again advise every Man, without delay, to apply to a Physician that fears God "—*Army Medical Library News, vol 1, number 6*

CLINICOPATHOLOGIC CONFERENCE

Fourth Medical Division of Bellevue Hospital

Date. January 21, 1946
Conducted by Dr Henry C Fleming

Dr. Shirley Schmones-Wallach The patient, T D, a 39-year-old negro man, was admitted to Bellevue Hospital on October 30, 1945 He dated the onset of his present illness to a time three weeks prior to admission, when he noted progressive exertional dyspnea, orthopnea, ankle edema, vague abdominal pains, a cough productive of one teaspoonful of dark sputum daily, and a diminished urinary output. The edema gradually became generalized and included his face, he gained twenty pounds in this three-week period.

Past History —The patient's past medical history includes one other Bellevue Hospital admission at the age of 19 years for gonorrheal arthritis, he also had a chancre at about this time for which he was given treatment Between 1922 and 1928 the patient had three attacks of rheumatic arthritis Never, however, prior to present illness was the patient known to have any cardiac involvement He had malaria and typhoid fever many years ago

Physical Examination —Physical examination on admission revealed a patient who appeared moderately acutely ill, he was well oriented and cooperative The temperature was 98.2 F, pulse, 68, respirations, 16, and blood pressure, 190/94 (left), and 196/110 (right) The pupils reacted physiologically Fundoscopy revealed decreased arteriovenous ratio, increased silver-wire effect with spasticity Arcus senilis was present and there was a subconjunctival hemorrhage in the right eye Examination of the lungs revealed flatness of right base and crepitant rales at the left base The heart was enlarged, there was regular sinus rhythm Systolic murmurs were heard over the aortic, mitral, and tricuspid areas, the second aortic sound had a ringing quality Examination of the abdomen revealed the liver edge to be two to three fingerbreadths below the costal margin, it was not tender There was evidence of moderate ascites The spleen and kidneys were not palpated There was sacral and genital edema as well as one plus edema of the lower extremities There was slight atrophy of left leg muscles due to previous poliomyelitis. Neurologic examination was within normal limits

Laboratory Data.—Urine yellow, acid, specific gravity, 1 020, albumin, 3 plus, glucose and acetone, negative, no red blood cells but frequent hyaline and granular casts Stool no occult blood Blood count red blood count, 3,400,000, white blood count, 6,900 with 68 per cent polymorphonuclears, 3 band cells, 28 lymphocytes, 1 eosinophile. The hemoglobin was 80 per cent. Blood Wassermann and Kahn tests reactions were 4 plus Blood chemistry October 31, 1945—Blood nonprotein nitrogen, 180, albumin-globulin ratio, 1 5/2 5, creatinine, 1.87, sugar, 118, November 2, 1945—nonprotein nitrogen, 120, total protein, 3 7, creatinine, 1.87, sugar, 83 Venous pressure was 162 mm H_2O, arm to tongue, 15 secs, arm to lungs, 12 secs A roentgenogram of the chest revealed a small effusion at the bases of both lungs and the heart was enlarged in the transverse diameter An electrocardiogram revealed sinus arrhythmia, left electric axis deviation, rate, 74

Course On admission, the patient was digitalized with purodigin and he was given ammonium chloride He was placed on a salt-free diet with restricted fluid intake Oxygen was also administered The patient's temperature, pulse, and respirations remained within normal limits However, he gained weight daily so that by the fourth hospital day his weight had increased from 165 to 174 pounds. His general condition remained poor throughout his hospital course and on November 3, 1945, the evening of his fourth hospital day, the patient began to complain of severe abdominal pain, his respirations became acidotic in character, the heart sounds became weak, and the blood pressure fell to 100/74, the patient moaned and cried out repeatedly Fifteen minutes after the onset of this severe change in state, the patient suddenly expired

Discussion

Dr. Henry C Fleming This 39-year-old man's symptomatology, stated to have been of but three weeks' duration prior to his admission to Bellevue Hospital (October 30, 1945), consisted of increasing exertional dyspnea, orthopnea, ankle edema, vague abdominal pain, slightly productive cough, and oliguria The edema became generalized and within three weeks he had gained twenty pounds, the latter obviously from increasing generalized edema

There was some evidence of nutritional impairment, pronounced hypertension, and considerable cardiac insufficiency which contributed to the state of edema. The urine revealed a good

degree of concentration, curiously no red blood cells according to the protocol, but 3 plus albumin and frequent hyaline and granular casts, indicative of renal impairment The blood nonprotein nitrogen was 180 The albumin-globulin ratio was 1 5/2 5, and the red blood count was only 3,400,000

There was a history of three attacks of rheumatic arthritis between 1922 and 1928 but the protocol states that never, prior to the present illness, was the patient known to have cardiac involvement And as the physical signs of rheumatic heart disease were lacking, we are not justified, upon clinical grounds, in making that diagnosis

The patient also had a 4 plus Wassermann, hence, we must realize that a few perpendicular corrugations in the aorta may indicate the existence of syphilis, nevertheless, we have not the evidence of aneurysm, of a diastolic murmur, or even of the so-often heard tambour second sound We are not, therefore, justified in making a diagnosis of luetic heart disease There was considerable cardiac failure, but this was presumably upon a hypertensive basis

The absence of evidence of heart disease previously to three weeks before the onset of this illness in a 39-year-old man, with a rheumatic history and 4 plus blood Wassermann test but devoid of clinical evidence of the criteria by which we diagnose either rheumatic or luetic cardiac disease, should divert our attention to some other cause

The fundus findings distinctly indicate arterial disease, but whether this was primary or secondary cannot be delineated upon clinical evidence at this advanced stage of the uremic picture The diminished urinary output, the rapidly developing generalized edema, including fluid in the chest and abdomen with a reversal of the albumin-globulin ratio and characteristic urinary findings with the possible exception of the absence of erythrocytes, strongly suggests acute or subacute diffuse glomerulonephritis It is my impression that this man died in a state of uremia as a result of diffuse glomerulonephritis, that his generalized edema resulted from vascular permeability and blood protein depletion as a result of excessive albuminuria, thus favoring invasion of his serous spaces by transudate, and that this hypertension was created by his renal pathology

Dr Emanuel Appelbaum This case appears to be one of mixed pathology It would perhaps be best to discuss it from the standpoint of the organs involved To begin with, I believe the patient had hypertensive heart disease and luetic aortitis The heart failure was predominantly right-sided, except, possibly, during the terminal phase

With regard to the kidneys, I believe that there was nephrosclerosis and also some form of nephrosis, probably luetic The marked azotemia can be interpreted as either prerenal or renal in type Incidentally, there is some misconception regarding the term prerenal azotemia The term does not imply that the kidneys do not participate in the dysfunction, but rather that the genesis is outside of the kidney The basic mechanism, however, includes disturbance of glomerular filtration A prerenal azotemia depends, in the main, on marked diminution of renal blood flow, for which there is insufficient evidence in this case, although some oliguria was noted I am inclined to believe that there was some form of glomerular damage, probably an acute nephritis The ability of the kidneys to concentrate rules out chronic glomerular nephritis

It is difficult to interpret the terminal episode I am inclined to believe that the patient sustained an intra-abdominal vascular accident, either a mesenteric thrombosis or a retroperitoneal hemorrhage In proposing the possibility of mesenteric thrombosis, one must assume the presence either of a source for embolization, such as mural thrombi or vegetations, or the presence of a diffuse vascular disease

This leads us, of course, to the consideration of the presence of some form of diffuse arteritis, possibly periarteritis nodosa In the light of previous experience, there are not enough criteria in this case on which to base this diagnosis However, the evidence favoring the presence of a diffuse vascular disease, together with the presence of nephritis and severe terminal abdominal manifestations, makes it necessary to entertain, seriously, that possibility

Anatomic Diagnosis

Diffuse Subacute Glomerulonephritis, Early, Polyarteritis (Periarteritis) Nodosa of Kidney, Liver, and Pancreas

Hypertrophy and dilatation of heart, slight
Edema of lungs
Hydropericardium
Hydrothorax, bilateral
Edema of legs
Acute passive congestion of lungs, liver, spleen
Encephalopathy associated with arteriosclerosis

Dr H Spitz At autopsy the most important lesion was found in the kidneys They had the typical appearance of a "large white kidney" Each weighed 200 Gm The fibrous capsule could be stripped with ease, revealing a smooth, slightly opaque, pale, yellowish-tan surface There were no punctate hemorrhages and no infarcts present On section the cortex was widened, measuring up to 12 mm , and both cor-

tex and renal columns were unusually pale The pyramids were distinctly outlined, also paler than usual, and streaked with red The renal vessels showed no gross changes The heart was slightly enlarged The chambers were somewhat dilated and the left ventricle measured 20 mm in thickness There was slight diffuse thickening of the mitral valve, but no fusion or shortening of the cusps or chordae tendineae The myocardium showed no gross fibrosis and the coronary arteries were of average caliber and thin walled throughout There was 200 cc of clear serous fluid in the pericardial cavity but no fibrin Small amounts of similar fluid were present in either pleural cavity and the legs showed mild pitting edema The lungs were large, heavy edematous, and congested The right pleural cavity was partly obliterated by dense fibrous adhesions The liver and spleen were likewise congested The ascending aorta, just above the right anterior cusp, showed a white, slightly elevated patch with irregular wrinkling There was no diffuse or circumscribed aneurysmal dilatation and the aortic wall showed no gross thickening anywhere Only a few small subintimal lipoid plaques were found The brain and the remaining viscera showed no gross changes

Microscopic examination of the kidneys showed rather striking changes All the glomeruli were large, cellular, and anemic as seen in acute diffuse glomerulonephritis Hyalinization and epithelial crescent formation were absent The numerous leukocytes in the glomeruli were all mono- and polymorphonuclear eosinophils The tubules showed granular and fatty degeneration, desquamation of epithelial cells, and evidence of regeneration, such as flat cells lining dilated tubules and multinucleated epithelial cells Hyaline granular and cellular casts were present in many tubules Endothelial cells of the glomeruli and of some interlobular arteries showed, also, a moderate amount of fat There was in addition an interstitial infiltrate consisting mainly of small and large mononuclears and eosinophils The tubular and interstitial changes suggested that we are dealing with an early second stage of glomerulonephritis In addition to these lesions there was evidence of an associated vascular lesion involving principally the arcuate arteries and veins These blood vessels and a few of their small branches close to the main vessels showed fibrinoid necrosis of the media and intimal and adventitial proliferation of granulation tissue, often heavily infiltrated with eosinophils

Similar vascular changes were found in the perihilar adipose tissue Liver and pancreas showed scattered similar lesions affecting small arteries No other organs showed this change The brain showed small areas of softening, associated with arteriosclerosis The supravalvular aortic lesion was a circumscribed area of marked intimal thickening and hyalinization The subjacent inner half of the media showed considerable loss of elastica and prominent vasa vasorum and scarring The outer half of the media, however, was intact and the adventitia showed no changes This lesion, therefore, cannot be recognized as syphilitic The heart showed no histologic evidence of healed or active rheumatic fever The lungs were markedly edematous

Thus, the patient was suffering from diffuse glomerulonephritis and periarteritis nodosa, and died in uremia.

The association of glomerulonephritis and periarteritis nodosa has been repeatedly described[1-4] The presence of diffuse necrotizing vasculitis in cases of severe glomerulonephritis is well known Clinical and experimental data[1-7] support the concept of the allergic (hyperergic) nature of both conditions and one might suggest that the eosinophilic infiltration in the vascular lesions and in the glomeruli might be a further indication of related pathogenesis in this case The eosinophilic infiltration of the glomeruli is, otherwise, a rather unusual feature in acute glomerulonephritis. Extensive involvement of veins by the necrotizing process followed by organization has been reported but is also uncommon.[8] The tubular changes in this case are probably the morphologic expression of the nephrotic component of the clinical picture

References

1 Kussmaul, A. and Maier R.: Deutsches Arch. f klin. Med. 1: 484 (1866)
2. Gruber Georg B Virchows Arch f path. Anat. 258: 441 (1925)
3. Masugi M and Sato Y: *Ibid* 293: 615 (1934)
4 Helpern, M., and Trubek M. Arch. Path 15: 35 (1933).
5. Rich A. R.: Bull. Johns Hopkins Hosp. 71: 123 (1942)
6. Rich A R.: Bull. Johns. Hopkins Hosp. 71: 375 (1942).
7 Kay C. F Am. J M Sc. 204. 483 (1942).
8 Arkin A: Am J Path 6: 401 (1930)

SPECIAL ANNOUNCEMENT

The new *Directory* is in process of preparation All members are urged to return their cards at once The deadline for insertions is July 1, 1946, after which date no changes in listings are effective

Woman's Auxiliary

To the Medical Society of the State of New York

Introducing the New President

MRS ALFRED L MADDEN, of Albany, is the new president of the Woman's Auxiliary to the State Society

Mrs Madden received a Bachelor of Music degree at the College of St Elizabeth, Convent Station, New Jersey, and did graduate work at Skidmore College in Saratoga, New York She is the wife of Dr Alfred L Madden, chief of staff at the Brady Maternity Hospital, Albany, New York, and has three children, Tommy, age 14, Mary Leigh, 10, and Geraldine, two

In club work, Mrs Madden was Albany County Commander of the Field Army of American Cancer Society, from 1940 to 1946

She was vice-regent of the Albany Circle of the International Federation of Catholic Alumnae, from 1940 to 1944

In Auxiliary work, after being Albany County president, Mrs Madden was on the State Executive Board for four years as legislative chairman She is also a member of the American Woman's Association of New York City

Remarks by Dr William Hale Before Postconvention Meeting of the Executive Board

I UNDERSTAND that the Woman's Auxiliary in New York State has been celebrating the tenth anniversary of its founding No doubt you have already looked back and evaluated these ten years in the life of your organization It seems to me that you have gotten an excellent start during the first decade Although little of organizational value was done in the first few years, you later gave much of your activity over to education on the Wagner-Murray-Dingell Bill, voluntary medical care insurance, and the various pieces of state legislation

Perhaps progress has seemed slow The intervening war years meant slowing up of new membership and very often took old members into activities more directly connected with the war In spite of this fact you have progressed in your goal of usefulness to the medical profession

In turn the Medical Society has shown its approval of your activities by further entrusting you with tasks of considerable importance No doubt it will continue to do so It would be unfair to say that there are no limits to what the Auxiliary can do No one expects that you will give up all your household duties and primary interests to take over any strenuous duties As a matter of fact, your membership will be greatly benefited by having as many pleasant social functions as you can However, times will arise when the Medical Society will need your help When that time comes we know that we can depend on you to lend your talents and your time to help with important issues as they come along

I understand that you plan extensive reorganization during the coming year I need not tell you that in certain parts of the state you will find indifference and even opposition I am sure that you will handle these situations with the delicacy they require

It is unwise to try to force your way It is best to contact those you know are sympathetic and then work your way in from there Recognize the fact that in some counties there will be no fertile ground for the growth of an Auxiliary In other words, it is not needed However, we know that there are other unorganized counties which will be excellent material for new units of your organization

At all times you will receive cooperation from the officers and the staff of the Medical Society Your advisers will be especially interested in any problem that comes up

You have had a fine year with Mrs Griffin as your president Now with Mrs Madden to guide you in the coming year, I know you will go forward to begin an illustrious second decade in the history of the Auxiliary

---

TAKING VITAMINS IN WINE NOW SEEN AS POSSIBILITY

Science is making it easier all the time for you to take your vitamins—soon they may come in wine!

Fortification of wine with B vitamins has proved successful in experiments by Dr Agnes Fay Morgan, of the University of California

Dr Morgan does not recommend that other methods of taking vitamins be abandoned, but she does suggest that fortified wines may be useful as vitamin carriers for medicinal purposes

The main purpose of Dr Morgan's research, however, was to counteract the consumption of calories from alcohol, which burns up the body's store of B vitamins

Chronic wine drinkers, as a result of this burning up of B vitamins, contract an acute alcoholism which is often characterized by dermatitis, mental confusion and the digestive disorders of pellagra The fortification of wines with B vitamins may help prevent these symptoms

Science News Letter, Dec. 15, 1945

New York State Journal of Medicine

Index to Volume 46—Part I

January 1–June 15, 1946

Pages	Number	Date	Pages	Number	Date
1–112	1	January 1	673–832	7	April 1
113–224	2	January 15	833–944	8	April 15
225–336	3	February 1	945–1056	9	May 1
337–448	4	February 15	1057–1168	10	May 15
449–560	5	March 1	1169–1278	11	June 1
561–672	6	March 15	1279–1406	12	June 15

Authors

Abramson Harold, 908
Allen Ellery G 721
Armstam, Elmore Mitchell 1117

Bancroft, Frederic W 299
Barach, Alvan L, 1002
Bigwood D E., Jr., 275
Boltach, Salo M 1362
Bouton, S. Miles 311
Broad Robert H 107
Brody Matthew 630
Bronstein Lewis H., 735
Buxim, Louis A., 902
Burstein Julius 914

Cantor, J L., 1244
Charache Herman 507
Cohen, Lester, 1132
Combes, Frank C 401
Conway John A. 275
Curran, James P 513

Dantzig, Louis, 991
Decker Albert, 314
Doubilet H 801

Ecker Arthur D 1120
Edwards H R, 493
Eller, Warren H. 641
Engelsher Charles L. 183

Feiring, William, 631
Feldman Harold H 624
Ferguson, A. Stuart, 737
Fleetcroe, Edward O 1239
Fischl Arthur A., 184
Foster E. G 306
Frant, Samuel 908
Froech, Herman L. 635
Frumkin, Jacob 619
Fusaro, William J 1024

Gallinek, Alfred, 1127
Garbat, Abraham L. 804
Garrow Irene 184
Gillow Samuel 635
Goldbloom, A. Allen, 1125
Goldstein Kenneth 727
Goldrieher, Max A. 510
Gordon Hirsch Loeb 407
Gordon, Rodger F 611
Gould, William L. 1122
Gray Irving, 1132
Gross, Harry, 1107
Gross Ludwik 172

Harding, Seymour L. 1125
Harmon K. G 1009
Hatch John A. 306
Herman, Myron 1020
Hinton J William 1015 1223
Hirschman, Sol R., 510
Hobler Lawrence L. 177
Holman Delavan V 520
Horowitz William, 914

Jacobi Harry G 883
Jaser Abraham, 1107
Jones, W Yerby 1242

Kaminsky Frank 523
Kaufmann William, 290

King Walter F., 1242
Kirschner, Benjamin, 523
Klein, I , 746
Kleinfeld Louis, 915
Kornblith, Borris A., 1358
Kovacs, Richard 1220
Kurzrok, Raphael, 493

Lazarus, Joseph A 801
Levin Louis 1233
Levy Norman A. 395
London, Solomon 1132
Longo, Thomas J 624
Lord Jere W Jr., 1015 1223
Losty Margaret 908
MeCartney James L. 1318
Makovsky, Irwin H., 520
Marcovicci Eugene E. 1361
Marshall, Louis E., 901
Marshak, Richard H 817
Martin, Alexander T 1254
Mitchell, Wendell, 61
Morris, Milton H. 519 017
Mott, Walter W 1130

Peller Sigismund, 1255
Pieri Raymond J 387
Popper Joseph, 1019
Pordy Leon 61
Potter J Craig, 1346

Robbins Abner, 519
Rockey, Edward E., 414
Rosen Isadore 1353
Rosenthal Randolph 744
Ross Stuart T 1339
Roth, G Stuart 1360
Rothenberg, Simon, 1217
Rusk Robert J 619

Salomon Mardoqueo I. 183 622
Santemma Esterino E., 416
Schlachman Milton 1236
Schwartz Emanuel, 1233
Schwartz Robert, 739
Schwartz Robert C., 367
Shafiroff B G P 801
Sherwin Benjamin 414
Sigler Louis H. 624
Simon Arthur F 743
Singer Emanuel 1020
Skir Isaac 1017
Spencer Gerald A., 611
Stalker Leonard K 411 1360
Straub L. Ramsay 1009

Talbot, F F 1242
Tarsy, James M , 996
Tartakow I J 1329

Vaughan, Stuart L. 55
Vogel S. Z., 614

Walker Allen E. 277
Wallach, Morton B 61
Wever George R. 822
Wiener Alexander S., 912
Wilensky Abraham O 1247
Williams H St. John, 616

Zeimig, Alexander 167

Subject and Departmental Index

Articles

*Agranulocytosis, Recovery of a Patient with, by Administration of Blood from a Febrile Donor (Eller), 641
*Alkalosis with Necropsy Findings, Extreme Case of (Fischl and Garrow), 184
Allergy, Symptomatic Treatment of, Benzhydryl Ether, Hydrochloride (Benadryl), in (Schwartz and Levin), 1233
Anesthesia, Premedication for (Curran), 513
Anorectum *See* Ulcers
*Antrum Infection, Occult Maxillary (Popper), 1019
*Aorta, Coarctation of (Schwartz), 739
*Aortic Bifurcation, Occlusion of (Santemma), 416
*Appendicitis, Femoral Hernial, in Aged Individual (Stalker and Roth), 1360
*Appendectomy, Injury to Ureter, During (Finestone), 1239
Arthritis, Analysis of 200 Cases of, Admitted to an Army General Hospital (Goldstein), 727

Babinski Sign *See* Big-Toe Response
*Bacillus Welchii Gas Gangrene, Occurrence of at Site of Penicillin Intramuscular Clyses (Mitchell, Pordy, and Wallach), 61
Barbiturates, Control of, 219
Benadryl *See* Allergy
Benzyl Benzoate *See* Scabies
*Big-Toe Response (Babinski Sign) in Ticklish Subjects, Elicitation of the (Brody), 630
Biliary Disease in the Elderly and Chronically Ill Patient (Aronstam), 1117
Blood Bank, Functions of (Bouton), 311
Blood Dyscrasias, Treatment of (Vaughan), 55
Bronchial Asthma, Inhalation Treatment of (Barach), 1002

Cancer, Breast, Eradication of, Its Feasibility and Consequences (Peller), 1355
Carcinoma, Mammary, Possibility of Exterminating in Mice by a Simple Preventive Measure (Gross), 172
Child Health Services, New York State Study of (American Academy of Pediatrics) (Martin), 1254
*Cholecystitis, Acute, Penicillin in (Rosenthal), 744
Cholelithiasis, Recurrent Postoperative, and Parenchymatous Hepatitis (Recurrent or Chronic), Differential Diagnosis Between (Wilensky), 1227
*Colitis, Acute Fulminating Ulcerative (Kirschner), 525
*Colon, Neostigmine in Disorders of (Morris and Robbins), 519
Colon *See* Rectal Conditions
Congenital and Erythroblastosis Fetalis Hemolytic Disease, Two Disease Syndromes (Wiener), 912
Coronary Artery Sclerosis, Clinical Diagnosis of (Ferguson), 737
Craniopathy, Metabolic *See* Gout
Cul-de-Sac Puncture *See* Pneumoperitoneum
*Cyst, Ovarian, in Content of Inguinal Hernial Sac (Fusaro), 1024
Cyst *See* Pilonidal

Diagnosis (Fourth Medical Division, Bellevue Hospital), 642, 1365
*Diuretic, Mercurial, An Unusual Toxic Reaction to (Schlachman), 1236
Dysmenorrhea Stem Pessary for (Potter), 1346
Duodenal Obstruction *See* Pyelonephritis

Electric Shock Treatment Objectors to, Are Refractory to Its Therapy (Gordon), 407
Encephalopathy, Tropical Malaria and Solar Etiology (McCartney), 1348

*Fibrillation, Ventricular, Persisting Thirty Minutes after Clinical Death (Horowitz and Burstein), 914
Forceps, Obstetric (Bunim), 902

Genitourinary Tract Lesions *See* Urinary Frequency
Gonorrhea, Observations of Penicillin Therapy (Frumkin and Ruark), 619
*Gout and Metabolic Craniopathy, Coexistence of (Fearing), 631
*Granuloma, Destructive, of Bone in the Skull (Salomon and Engelsher), 183
Granuloma Inguinale *See* Lymphogranuloma
Group Practice (Foster and Hatch), 306

Headache *See* Tumor
Heart Failure, Acute Congestive, Management of (Gross and Jezer), 1107
Hemoglobinometer, New (Gould), 1122
*Hernia, Internal, Strangulated by Meckel's Diverticulum (Mott), 1130
*Hernia, Para-esophageal Hiatal (Herman and Singer), 1020
Hodgkin's Disease in Children (Charache), 507
Hydronephrosis *See* Pyelonephritis
Hypertension, Advanced Essential, Thoracolumbar Sympathectomy in Treatment of (Hinton and Lord), 1223
Hypertensive Disease, Pregnancy in, Followed by Thoracolumbar Sympathectomy with Renal Biopsy and Complete Recovery (Boltuch), 1362
Hypertension *See* Sodium Amytal Test

Isohemolytic Disease *See* Pregnancy

*Leishmaniasis, Visceral (Kaminsky and Wever), 522
Lichen Planus, Tropical, New Guinea Variety (Dantzig and Marshall), 991
Lymphogranuloma Venereum and Granuloma Inguinale, Treatment of (Kornblith), 1358
*Lupus Erythematosus Disseminata, Acute, Treated with Penicillin (Morris), 917

Malpractice Insurance and Defense, Group Plan of (Special Article), 535
Meckel's Diverticulum *See* Hernia
Migraine and Related Headaches, Treatment of (Goldsieber), 516
Miscarriage, Repeated, Studies on Problem of (Kurzrok), 493

Neostigmine *See* Colon
*Nephrosis, Acute Syphilitic, Treated with Penicillin (Holman and Makovsky), 520
Newborn Nurseries, Problems in Preventing Infections in (Frant, Abramson, and Losty), 908
Neuroses, War, Comments on (Levy), 395

Organs, Blood-Forming, Disorders of (Allen), 721

Palindromic *See* Rheumatism
Pancreatitis, Acute (Cantor), 1244
Parenchymatous Hepatitis *See* Cholelithiasis
Penicillin, Indications for, 220
*Penicillin, Oral and Topical Use of, Sequelae Following (Kleinfeld), 915
Penicillin *See* Bacillus Welchii Gas Gangrene
Cholecystitis
Gonorrhea
Lupus Erythematosus
Nephrosis
Thrush
Vincent's Angina
Peptic Ulcer in the Armed Forces and in the Returned Soldiers, Problems of, (Garbat), 894
Phlebothrombosis *See* Thrombophlebitis
Phlebothrombosis of the Extremities, Review of Various Methods Used in Treatment of (Bancroft), 299
*Pilonidal Cyst, Conservative Treatment of (Shafiroff and Doubilet), 891
*Pneumonia of Ornithotic Origin (Cohen, Gray, and London) 1132
*Pneumoperitoneum, Artificial, by Cul-de-Sac Puncture (Decker), 314
Physical Medicine, Progress in, During Past Twenty-five Years (Kovacs), 1229
Poliomyelitis Cases, Report on, from Hospital for Special Surgery of New York City (Hansson and Straub), 1009
Poliomyelitis Epidemic in 1944 in the Hornell State Health District, New York, Observations Made During (Conway and Bigwood), 275
*Pregnancy, Ectopic, Radiologic Diagnosis of (Marshak), 317
Pregnancy and Isohemolytic Disease, Rh Factor in (Pieri and Schwartz), 387
*Pregnancy Following Treatment with Male Sex Hormone in Sterility Due to Functional Bleeding (Simon), 743
Pregnancy *See* Hypertension
Proctologic Problems in a Military Hospital (Vogel), 614
Proctoscopy *See* Rectal Conditions
Psychiatric Clinic, Veterans', Method of Approach in (Rothberg), 1217
Public Health *See* X-Ray
*Pyelonephritis and Hydronephrosis, Chronic, Duodenal Obstruction Caused by (Sherwin and Rockey), 414

Rabies, Effective Control Program for (Broad and Zeissig), 167
*Rectal Conditions, Proctoscopy and Barium Colon Study in Diagnosis of (Skir), 1017
Rehabilitation of the Tuberculous (Williams), 616
Rendu-Osler-Weber Disease *See* Telangiectasis
Rheumatism in Children, Palindromic (Salomon), 622
Rh Factor *See* Pregnancy and Isohemolytic Disease

* Case Report.

Scabies in a Staging Area Benzyl Benzoate Treatment of (Handling and Goldbloom) 1125
*Short Wave Machine Safety Switch for (Klein) 746
Skull, Linear Fracture of Across Venous Sinuses (Ecker) 1120
Sodium Amytal Test Prognostic Value of in Hypertension Managed by Thoracolumbar Sympathectomy (Hinton and Lord) 1015
Sterility: *See* Pregnancy
Streptomycin *See* Urinary Infection
Subacute Bacterial Endocarditis, Treatment of with Penicillin (Sigler Longo and Feldman) 624
*Luxation of the Lens, Subconjunctival, Due to Indirect Trauma with Good Visual Recovery (Talbot Jones, and King) 1242
Saliva Colloidal (Combes) 401
Sympathectomy: *See* Hypertension
Hypertensive Disease
Sodium Amytal Test
Syndromes, Bicipital and Their Treatment (Tarn) 990
Syphilis, Recrudescence of in New York State (Rosen) 1353

Telangiectasis (Rendu-Osler-Weber Disease) Multiple Hemorrhagic (Ghilow and Frosch) 635
Therapeutics (Cornell University Medical College)
Meningitis, Treatment of 1216
Mercurial Diuretics, Use of 62
Penicillin, Oral, 527
Thrombophlebitis and Phlebothrombosis (Hobler) 177
*Thrush, as Sequel to Penicillin Treatment (Marcovicci) 1361
Tropical Diseases, Diagnosis and Management of in Returning Veterans (Kaufmann) 290
Tularemia in New York State (Tartakow) 1329
*Tumor, Calcified Supraseliar Postural Headache and Attacks of Loss of Tone in a Case of (Gallinek) 1127

Ulcers About Anorectum (Rose), 1339
Ulcers Varicose, Management of (Stalker) 411
Ureter: *See* Appendectomy
Urinary Frequency in Women, Increased Caused by Extrinsic Genitourinary Tract Lesions (Lazarus), 501
*Urinary Infection Persistent, Streptomycin in Treatment of Case (Jacobi) 883

Varicose Veins, Sclerosing and Surgical Treatment of (Hirschman) 510
Venereal Disease Control in Harlem Community Aspects of (Spencer and Gordon) 611
Venous Sinuses: *See* Skull
Vincent's Angina, Penicillin in Treatment of (Bronstein) 735

X Ray and Public Health (Edwards) 498

Editorials

American Journal of Obstetrics and Gynecology 489
Angina Pectoris, Cobra Venom in Treatment of 106
Annual Meeting, 603
Annual Meeting, Again, 877
Arteriosclerosis, Biology of 1212

County Society Centenary (Richmond County) 490
Background of S-1050, 383
Civilian Nursing Problems 269
Congenital Anomalies, Viral Etiology of 880
Current Editorial Comment
Anonymity 1214
Blasting Caps, Hazards of 990
Blindness Reportable 492
Congratulations on a Job Well Done (Antivivisection Campaign) 1105
Dr. Walter Reed Elected to Hall of Fame 1106
Eradicate Diphtheria, 720
Federal Support of Scientific Research 609
Free X Rays 273
German Measles and Congenital Malformation 386
Gonorrhea, Penicillin in, 990
Health Department Fellowships, 831
Infant Mortality, 833
Infantile Paralysis, 1214
Labor Onset of 720
Make It Simple (Medical Writing) 1328
Medical Manpower Army Mismanagement of 832
Medical Officers, Release of 273
Medical Research Dogs Essential to, 1106
Military Surgeons, Association of 274
Office Space 274
Phobias in Aviation Pilots, 603
Physostigmine Versus Neostigmine for Muscle Spasm in Rheumatoid Arthritis, 1213
Postpartum Hemorrhage Possible Factor in Causing, 989
Public Health Services for Veterans 719
Public Relations, 1105
Residencies and Fellowships, 274
Saya Industrial Medicine (Tuberculosis), 1106
Straws in the Winds of 1946 (Socialized Medicine) 1328
Trouble, 273
War and Disease 1327

DDT Increased Use of 985
Diabetic Population, Our 1104
DiCostanzo-Crews Bill I and II 381 487

Early Rising After Childbirth 607
Endocrine Substances "Inertness" of 491

Federal Medicine? 606
Frozen Foods, 165

Graciously Permitted to Select (Wagner-Murray Dingell Bill) 986

Home Accidents 270

Insurance and Hospital Accounting 1324

Journal of the History of Medicine and Allied Sciences 1104

Medical Genetics and Public Health 1211
Medicine in a Socialist Government 52
National Service Life Insurance 606

Pediatrician Studies the Child 1213
Politics Some Thoughts on 718
Postoperative Early Rising, 385
Postphlebetic Leg 987
Pregnancy, Rh Factor in, 54
President Elect of the A.M.A. 384
President Truman's Message 49
Promises 101
Public Health Program Governor's 877

Safety in Childbirth, 719
Service, Part-time Versus Full time, 53
Shock Syndrome Chemistry of 717
Social Aspects of Medicine, 1333
Survey 1326
Syphilis Prognosis of 988

The Answer Is Up to Us, 1102
The Changing Order 1325
The President Elect 1215
Through Time's Fingers, 271
Time Brings Changes 272

Veteran Medical Offices, A Word to 50
Vomiting of Pregnancy 1326

Will England and the United States Nationalise Medicine? 1101
Woman's Auxiliary 879

Reviews of Books

BIERRING WALTER L. (Ed.): Rypins Medical Licensure Examinations Topical Summaries, Questions and Answers 670
BROCK SAMUEL The Basis of Clinical Neurology The Anatomy and Physiology of the Nervous System in Their Application to Clinical Neurology, 1052
BROWN ANSON LEE Technical Methods for the Technician 1050

CARTER CHARLES E. Microbiology and Pathology 664
CARTER, J. BAILEY The Fundamentals of Electrocardiographic Interpretation 670
CATTELL, JAQUES (Ed.): Biological Symposia. A Series of Volumes Devoted to Current Symposia in the Field of Biology 1052
CLARK KENNEDY A. E. The Art of Medicine in Relation to the Progress of Thought 1048

FELSEN JOSEPH Bacillary Dysentery Colitis and Enteritis, 1052
FISHBEIN MORRIS (Ed.) Common Ailments of Man 1050
FISHBEIN MORRIS (Ed.): Doctors at War 666
FLAGG PALUEL J.: The Art of Anaesthesia, 1048
FRENCH HERBERT and DOUTHWAITE (Eds.) An Index of Differential Diagnosis of Main Symptoms, 1044
FURSTER, ROBERT V., CALDERWOOD CARMELITA: Orthopedic Nursing, 668

GIFFORD SANFORD R. A Textbook of Ophthalmology 666
GOLDTHWAIT JOEL E., BROWN, LLOYD T. SWAIM, LORING T., AND ALBEE, JOHN O.: Essentials of Body Mechanics in Health and Disease 1050
GRINKER, ROY R. AND SPIEGEL, JOHN P.: Men Under Stress 1046

HAMBLEN E. C. Endocrinology of Woman, 668
HARRY RALPH G.: Modern Cosmetology 1048

Hartwell, H Ameroy Uncle Sam Convalescing, 664
Haymaker, Webb, and Woodhall, Barnes Peripheral Nerve Injuries Principles of Diagnosis, 668
Herrell, Wallace E Penicillin and other Antibiotic Agents, 666
Hurst, Sir Arthur Medical Diseases of War, 1278

Janney, James C *Medical Gynecology*, 670
Jones, Tom, and Shepard, W C A Manual of Surgical Anatomy Prepared Under the Auspices of the Committee on Surgery of the Division of Medical Sciences of the National Research Council, 1046

Karnosh, Louis J, and Zucher, Edward M (collaborator) A Handbook of Psychiatry, 1046
Karpman, Ben Case Studies in the Psychopathology of Crime A Reference Source for Research in Criminal Material, 670
Krieg, Wendell J S Functional Neuroanatomy, 668

Levin, Oscar L, and Behrman, Howard T Your Hair and Its Care, 1050
Lowsley, Oswald Swinney Clinical Urology, 664

Mayor's Committee on Marihuana The Marihuana Problem in the City of New York Sociological Medical, Psychological and Pharmacological Studies, 670
Medical Clinics of North America Nationwide Number, March, 1945, 670
Merritt, Arthur H Periodontal Disease, Diagnosis and *Treatment, and Soft Tissue Lesions of the Oral Cavity, 1050*
Moseley, H F Shoulder Lesions, 666

New York State Health Preparedness Commission Health and Medical Care—Seneca County, Niagara County, Washington County, New York County, Ontario County, [1944], 668

Rankin, Fred W, and Graham, A Stephens Cancer of the Colon and Rectum Its Diagnosis and Treatment, 1278

Sadler, William S Modern Psychiatry, 1048
Schwartz, Louis H Your Eyes Have Told Me, 1050
Seletz, Jeanette Hope Deferred, 1278
Smith, May Handbook of Industrial Psychology, 1046
Smout, C F V, and McDowall, R J S Anatomy and Physiology For Students of Physiotherapy, Occupational Therapy, and Gymnastics, 1048
Steinberg, Bernhard Infections of the Peritoneum, 1278
Stern, Rudolf A Trauma in Internal Diseases Wit *Consideration of Experimental Pathology and Medicolegal* Aspects, 666
Strecker, Edward A, and Appel, Kenneth E Psychiatry in Modern Warfare, 1048

Tidy, Sir Hfnry Letheby A Synopsis of Medicine, 104

Waksman, Selman A Microbial Antagonisms and Antibiotic Substances, 666
Weil, Arthur Textbook of Neuropathology, 1278
Wheeler, W L, Jr Medical Care of Merchant Seamar A Handbook of Ship and Aircraft Sanitation and Emergency Medical Aid, 1046
Wiltberger P B A Test for Color Blindness, 668
Wohl, Michael G (Ed) Dietotherapy Clinical Application of Modern Nutrition, 1050

State Society

Annual Meeting— 1946, 747
Annual Reports— 1945–1946, 747, 919, 922
Scientific Program, 794
Scientific Exhibits, 801
Technical Exhibits, 806

County Society Officers, 110, 830, 1166, 1398

Honor Roll, 1042
House of Delegates, Minutes of, 73, 189

Medicolegal, 654
Medical Care Insurance (National Health Program), 1026

Workmen's Compensation, 540, 650, 928, 1135, 1256

Legislative Bureau

Medical Society of the State of New York

DURING the 1946 session of the State Legislature the following bills have been signed by Governor Dewey. Those vetoed are likewise noted.

Signed by the Governor

Chapter 82 (Senate Int. 325—Hammer) permits payment of claims of health officers by municipalities for services rendered in investigating cases of death without medical attendance. Public Health Law

This Act takes effect immediately.

Chapter 93 (Senate Int. 367—Condon) gives employer or insurance carrier liable for workmen's compensation right to cause of action in seven-year lapsed cases. Workmen's Compensation Law

This Act takes effect immediately.

Chapter 94 (Senate Int. 370—Condon) provides average annual earnings of employee entitled to workmen's compensation shall consist of 300 times average daily wage for six-day worker and 260 times average daily wage for five-day worker. Workmen's Compensation Law

This Act takes effect immediately.

Chapter 113 (Senate Int. 691—Downey) revises Workmen's Compensation Law to eliminate references to industrial commissioner to industrial board and divisions of Labor Department and to substitute therefor the chairman of Workmen's Compensation Board, the Workmen's Compensation Board or other appropriate designation so that each section of law will be complete without reference to any other section or statute.

This Act takes effect immediately.

Chapter 121 (Assembly Int. 1490—Mailler) continues to July 1, 1947, provision permitting practice of medicine in hospitals by physicians and interns with certain educational qualifications and provision relating to medical students performing clinical clerkship. Education Law

This Act takes effect immediately.

Chapter 138 (Assembly Int. 438—MacKenzie) provides certain organizations exempted from regulation as fraternal benefit society and which limit their membership to employees of particular city or town or of one or more business corporations or firms having business interests in common and limit their membership to corporation with more than 5 000 employees, may provide surgical and medical as well as hospital benefits for employee, spouse, and children not over 18 years. Insurance Law

This Act takes effect immediately.

Chapter 154 (Assembly Int. 538—Tifft) strikes out provision that prison authorities in Cayuga and certain other counties may deliver cadavers to medical schools. Public Health Law

This Act takes effect immediately.

Chapter 166 (Senate Int. 734—Hammer) provides State Public Health Council shall have no executive, administrative, or appointive duties but shall, at request of Health Commissioner, consider any matter relating to preservation and improvement of public health and advise commissioner thereon. Sanitary Code may prescribe qualifications of district and local health officers, public health nurses, and other public health appointees who are paid from public funds, also persons not paid from public funds who are employed after January 1, 1947 as water treatment operators. Public Health Law

This Act takes effect immediately.

Chapter 180 (Assembly Int. 303—Riley) provides State Health Commissioner shall act in advisory and supervisory capacity to safeguard motherhood, to save infant life and prevent diseases and defects of childhood and shall cooperate with and stimulate local agencies in such matters and with other state departments to prevent duplication of effort. Public Health Law

This Act takes effect immediately.

Chapter 197 (Senate Int. 1130—Hammer) makes it a misdemeanor for a person knowing himself or herself to be infected with venereal disease to have sexual intercourse with another. Public Health Law

This Act takes effect immediately.

Chapter 200 (Assembly Int. 903—Ostertag) provides for integration of welfare services to needy persons under present system for furnishing single office at which needy may apply for all types of public assistance and care for investigation of family needs by single agency, for uniform standards of assistance and care within individual county, for abolition of cumbersome and costly settlement system and for stabilization of financial contributions to welfare by localities; local share for home relief, old age assistance, aid to dependent children and blind assistance is stabilized at 20 per cent. Social Welfare Law

This Act takes effect immediately.

Chapter 208 (Senate Int. 360—Condon) provides medical and surgical reports in workmen's compensation cases need not be verified to be used as evidence by claimants. Makes it a misdemeanor to influence any determination regarding a benefit or payment. Workmen's Compensation Law

This Act takes effect immediately.

Chapter 298 (Assembly Int. 1074—Catenaccio) authorizes youth guidance commission to adopt rules furnishing care for children whose mothers are working for their support and for children whose fathers are in U.S. armed forces or in maritime service and for children for whom care is not available in their home because of death, absence or incapacity of parent, municipality may charge fees for such care.

This Act takes effect immediately.

Chapter 310 (Senate Int. 2023—DiCostanzo) increases maximum and minimum awards in workmen's compensation cases for disability and death. Workmen's Compensation Law

This Act takes effect June 1, 1946.

Chapter 311 (Senate Int. 371—Condon) extends workmen's compensation coverage to domestic workers employed by same employer for minimum of forty-eight hour week in cities and villages of 40 000 or more; excepts those employed on farms and relieves employer from penalty for failure to secure compensation therefor. Workmen's Compensation Law

This Act takes effect January 1, 1947.

Chapter 320 (Senate Int. 821—Coudert) permits dissecting of dead body of human being when spouse or next of kin of deceased being charged with duty of burial shall authorize dissection by written instrument which shall specify purpose and extent thereof. Penal Law

This Act takes effect immediately.

Chapter 338 (Assembly Int. 621—Clancy) per

mits New York City until July 1, 1949, to impose tax not to exceed, one tenth of one per cent on gross receipts from businesses, professions, and commercial activities, other than financial business, and sales to persons within city, and to impose tax of one fifth of one per cent on gross incomes of banks, brokers, and other financial business General City Law

This Act takes effect immediately

Chapter 348 (Assembly Int 1493—Milmoe) continues to July 1, 1947, provision that physicians who are public officers or employees may be engaged for medical care and service to recipients of public assistance Social Welfare Law

This Act takes effect immediately

Chapter 353 (Senate Int 986—Feinberg) creates temporary state commission of 16 members to be appointed by Governor, two senators, and three assemblymen, to study need for state university including professional and graduate schools and to report to Governor and Legislature on or before February 15, 1947, appropriates $100,000

This Act takes effect immediately

Chapter 369 (Assembly Int 1376—Butler) continues State Institute for Study of Malignant Diseases under name of Roswell Park Memorial Institute and provides investigations and treatment of patients without charge shall be under regulation of State Health Commissioner Public Health Law

This Act takes effect immediately

Chapter 386 (Assembly Int 906—Strong) permits Education Department until July 1, 1956, to admit to examination for practice of nursing graduate of school of nursing accredited in any other state, province, or country who has completed course of study equivalent to that required in this state at that time and has met all requirements as to age, character, citizenship and preliminary education, strikes out provision for registration by nurses in county clerk's office and changes provisions relative to fees for registration and penalties for violations Education Law

This Act takes effect immediately

Chapter 387 (Senate Int 1958—W J Mahoney) extends to July 1, 1947, time when practice of nursing by others than registered or practical nurses shall be prohibited Education Law

This Act takes effect immediately

Chapter 406 (Assembly Int 2083—Mailler) continues to March 31, 1947, temporary commission created to formulate long-range state health program and appropriates $35,000

This Act takes effect immediately

Chapter 423 (Senate Int. 1189—Hammer) prohibits handling of live pathogenic micro-organisms or viruses unless registration number is issued therefor, instead of permit, provides that where one or more persons works therewith, application shall be made by person in charge, repeals provision for registration of places but makes registration number invalid if change is made in person in charge of work or work is conducted at different address, containers shall show contents on label, exempts specimens sent by dentists or veterinarians for laboratory examination Public Health Law

This Act takes effect immediately

Chapter 519 (Senate Int 1000—Coudert) permits testimony of physician, surgeon, or nurse in any litigation wherein interests of personal representative of decreased patient are deemed by trial judge to be adverse to interests of estate of deceased patient, if waiver is given by any party in interest Civil Practice Act

This Act takes effect September 1, 1946

Chapter 527 (Assembly Int 1974—Pillion) continues to July 1, 1947, provision permitting veteran licensed to practice medicine and other professions to apply within three months after military service for renewal of license without examination

This Act takes effect immediately

Chapter 547 (Assembly Int 2458—Douglas) provides medical expense indemnity or hospital service corporation may invest in real property for principal office, not to exceed five instead of 3½ per cent of net premium income during 12 preceding months Insurance Law

This Act takes effect immediately

Chapter 548 (Senate Int 1354—W J Mahoney) permits the organization of nonprofit dental expense indemnity corporations for reimbursement for dental care and the furnishing of necessary appliances, drugs, medicines, and supplies, permits hospital service corporation and medical expense indemnity corporation and dental expense indemnity corporation, or any two such corporations, to issue combined contract Insurance Law, Membership Corporations Law, Cooperative Corporations Law

This Act takes effect immediately

Chapter 597 (Senate Int 1319—Griffith) requires pharmacist or druggist selling barbiturate or other hypnotic or somnifacient drug to mark on label name and address of patient as well as that of prescriber, allows prescriber to indicate number of times prescription can be refilled and if not indicated that it can not be refilled, it may be refilled for not more than six months from original date, excepts compounds approved by United States security administrator as suitable for sale other than on prescription, prohibits sale by manufacturer, wholesaler, or jobber to persons other than those duly registered with the State Board of Pharmacy, authorized institutions or licensed practitioners Education Law, Penal Law

This Act takes effect immediately

Chapter 606 (Senate Int 815—Condon) provides for payment to state treasury of sums collected from parties to arbitration proceedings on questions of medical care in workmen's compensation cases, $10 fee for each day's attendance at arbitration session of member of committee shall be paid from general fund Workmen's Compensation Law

This Act takes effect immediately

Chapter 607 (Senate Int 2227—Condon) provides workmen's compensation for silicosis and other dust diseases shall not exceed aggregate of $7,500 instead of $6,500 for permanent total disability or death Workmen's Compensation Law

This Act takes effect July 1, 1946

Chapter 642 (Assembly Int 572—Crews) provides in workmen's compensation case time limit for contraction of disease shall not bar compensation in case of compressed air illness or its sequelae, exposure to hazards of compressed air after July 1, 1946, shall be presumed to be injurious exposure. Workmen's Compensation Law

This Act takes effect July 1, 1946

Chapter 666 (Assembly Int 2739—Rules Com) authorizes State Tax Department to receive Federal moneys for construction of public and other nonprofit hospitals including health centers, postwar public works planning commission or other agency designated by Governor shall be sole agency for administration if Federal law requires that state agency be designated

This Act takes effect immediately

Chapter 674 (Assembly Int. 1973—Pillion) provides if person entitled to renewal of license for practice of medicine and certain other professions after military service and without examination, is in veterans' facility hospital or is prevented from applying for renewal on account of illness during three months' period, application may be made within next three months after discharge from facility or recovery from illness.

This Act takes effect immediately

Chapter 675 (Assembly Int 2377—Mitchell) provides for reincorporation of Group Health Cooperative, Inc. a consumers' cooperative stock corporation organized to furnish medical expense indemnity service.

This Act takes effect immediately

Chapter 693 (Assembly Int. 327—MacKenzie) permits one or more towns and one or more villages, including a village or villages within one or more of such towns located within some county or adjoining counties, to erect and maintain joint hospital. General Municipal Law

This Act takes effect immediately

Chapter 697 (Senate Int. 1563—Wicks) provides for licensing the practice of ophthalmic dispensing fixes license fees and prescribes qualifications, appropriates $10,000 Education Law

This Act takes effect July 1, 1946.

Chapter 698 (Senate Int. 1542—Griffith) changes provisions relating to practice of pharmacy and to misbranding antiseptics, examination fees, qualifications, registration and operation of pharmacies, drug stores and to manufacturers Education Law

This Act takes effect immediately

Chapter 699 (Assembly Int. 1249—Noonan) provides person holding license to practice osteopathy who has been duly granted additional rights to use instruments for minor surgery and to use anesthetics antiseptics narcotics, and biologic products, or any applicant who meets preliminary and professional requirements as of September 1 1936 and passes regular medical licensing examination, shall be granted right to practice medicine without limitation. Education Law

This Act takes effect immediately

Chapter 715 (Assembly Int. 2671—Dannebrock) provides when supervisors of county of more than 600 000 but less than 1,000 000 shall have determined to establish public general hospital, they shall appoint seven citizens of county as board of managers. General Municipal Law

This Act takes effect immediately

Chapter 765 (Assembly Int. 1634—Mailler) provides for certified, instead of qualified examiners in lunacy and psychologists, requires person in charge of state mental hygiene institution to forward record of patient to department within ten instead of fifteen days after admission by voluntary agreement. Mental Hygiene Law

This Act takes effect July 1 1946

Chapter 975 (Assembly Int 802—Ryan) changes provisions relating to manufacture and sale of narcotic drugs and preparations defines exempt narcotic preparations and provides for certificates of approval to be issued by Health Department Public Health Law

This Act takes effect immediately

Chapter 999 (Assembly Int. 2274—Mailler) provides for care and treatment by state, county, or city of persons suffering from tuberculosis, without cost unless the person volunteers to pay, localities may retain their institutions or transfer them to state, state will pay about 50 per cent of expenses on patient-day basis, State Health Commissioner shall make standards and adopt rules for administration Public Health Law County Law

This Act takes effect July 1, 1946 except that Section 2, which is the new Article 4, shall take effect January 1, 1947

Chapter 1000 (Assembly Int 2355—Stuart) provides for state aid to cities of 50,000 or more engaging in public health work and changes provisions for aid to counties, also provisions relating to local health districts Public Health Law

This Act takes effect immediately except Section 4, which shall take effect January 1 1947, and except that state aid reimbursement authorized by the amendments to the Public Health Law made by this Act shall be effective and accrue to the benefit of counties and cities on and after January 1, 1947

Vetoed by the Governor

Senate Int. 550—W J Mahoney—provides a lien of hospital for care and treatment of person injured because of negligence shall be exclusive of personal services rendered by physician or surgeon, and rates for hospital ward shall be equivalent to rates agreed on between hospitals of state and compensation insurance carriers in cases under Workmen's Compensation Law

Senate Int. 577—Condon—provides physician members of Industrial Council shall not be eligible for authorization to render medical care under Workmen's Compensation Law and they shall not examine, treat, consult, or care for a compensation claimant.

Senate Int. 612—Condon—provides Workmen's Compensation Board or referee may require examination of testimony, reports, and exhibits by physician and may require report on causal relation between injury or death, chairman of Board may designate instead of employ physicians who shall receive fee for each case or be paid on per diem basis, strikes out provision for committee of expert consultants.

Senate Int. 1565—Anderson—provides professional service for purpose of civil service classification shall include professional nursing instead of graduate nursing.

Senate Int. 1651—Griffith—transfers from Education Department to Health Department jurisdiction of care and treatment of physically handicapped children and changes provisions relating to their education and to state aid

Senate Int 1695—Condon—defines the practice of podiatry as practice by a person who holds himself out as being able to and either offers or undertakes to diagnose, treat, operate, or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the human feet if limited to minor surgery and use of anesthesia is limited to local anesthetics

Senate Int. 1797—Condon—provides physician members of Industrial Council shall not be eligible for authorization to render medical care in workmen s compensation case and shall not examine, treat consult, or care for claimant.

Assembly Int. 1444—Archinal—strikes out provision that members of county alcoholic beverage boards shall be appointed from eligible list furnished by county medical society and provides that if chairman of supervisors is unwilling to make or

shall delay for more than thirty days in making appointment, the liquor authority shall fill vacancy

Assembly Int 1812—Turshen—provides restrictions on splitting fees in practice of medicine, and in workmen's compensation cases shall not forbid or render illegal a partnership of physicians maintaining common office nor a division of profits between members if partnership certificate is filled, physician may not be partner in more than one such partnership

Assembly Int 2582—Creal—provides that World War II veteran, who is graduate of school or college in United States teaching physiotherapy with four-year course at time of entrance in military service, shall be granted license without examination to practice physiotherapy if application is made within six months subsequent to May 17, 1950, fee is to be $10

Harry Aranow, Bronx, *Chairman*
Walter M Mott, Westchester
Leo F Simpson, Onondaga
Robert R. Hannon, M D , *Executive Officer*

SN-7618 EFFECTIVE ANTIMALARIAL DRUG

The new antimalarial drug, SN-7618, which the Army Medical Department played an important part in developing, has been found to be superior in many ways to quinine or atabrine, according to a recent announcement by the Office of the Surgeon General.

Studied in collaboration with the Interservice Board for the Coordination of Malarial Studies, SN-7618 was tested in experiments at Harmon General Hospital, Longview, Texas, and Moore General Hospital at Swannanoa, North Carolina, in addition to some overseas theaters of operations

Designed to obtain information on the value of the drug in controlling the symptoms and fever occurring in acute attacks of malaria, these studies included the observation of more than 600 malaria-stricken soldiers, who were administered different amounts of the drug in from one to seven days When notations had been made of symptoms such as the passing of the fever and the disappearance of malarial parasites from the blood stream, the patients were kept in the reconditioning section to determine the possibilities and time interval for relapse.

Comparisons were made of the results with those obtained in similar studies of atabrine, quinine, and other new drugs It was found that one day's treatment with SN-7618 promptly controlled fever and other symptoms and that the parasites rapidly disappeared from the blood

Observation periods of four months showed that 75 per cent of the men tested suffered relapses Though this number is similar to that found in experiments with quinine and atabrine, the interval between attacks was found to be longer when SN-7618 was used Patients soon acquired a preference for the drug because of its rapid action, which permitted them to leave the wards within two or three days

Though SN-7618 is considered superior to other antimalarial drugs in that it does not discolor the skin, upset the stomach, or cause a buzzing in the ears, it is not a one-treatment cure for vivax malaria Weekly doses of the drug can be taken to avoid relapse after an acute attack, but upon discontinuation of the treatment further relapses may occur

SN-7618 was so named because it was the 7,618th drug tested in the four-year program sponsored by the Committee on Medical Research The program was financed by the Office of Scientific Research and Development —*Office of the Surgeon General, Feb 15, 1946*

OPEN MARKET

The doctor who was spending his holidays painting in the Maritimes, entered a small village store and asked if they kept camel's hair brushes

"No sir, we don't," the storekeeper replied "You see, sir" he added apologetically "we never have no call for them Nobody in these parts seems to keep camels "—*Canadian Doctor, September, 1945*

Postgraduate Medical Education

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the JOURNAL. *The members of the committee are Oliver W H Mitchell M D , Chairman (428 Greenwood Place Syracuse), George Baehr M D and Charles D Post M D*

Obstetric Lectures for Sullivan County

DR. R. GORDON DOUGLAS associate professor of obstetrics and gynecology Cornell University Medical College, discussed practical everyday obstetrics at a meeting for the Sullivan County Medical Society on May 15, at 8 00 P.M., at the Monticello Hospital Monticello

Dr Milton G Potter, of Buffalo discussed operative obstetrics in a talk illustrated with lantern slides, at a meeting on May 22. The meeting took place at the home of Dr Harry Golombe, of Liberty

This postgraduate instruction was provided by the Medical Society of the State of New York with the cooperation of the New York State Department of Health.

Lecture by Dr Goldring

THE clinical aspects of glomerulonephritis was the subject of Dr William Goldring, associate professor of Medicine, New York University, College of Medicine at a meeting of the Rockland County Medical Society on May 21 The meeting was held at 4 00 P.M. at the Recreation Pavilion, Summit Park Sanatorium Pomona.

This instruction was provided by the Council Committee on Public Health and Education of the Medical Society of the State of New York

Management of Arthritis

THE Management of Arthritis, Acute and Chronic" was the subject of Dr L. Maxwell Lockie at the meeting of the Wayne County Medical Society on June 11

Dr Lockie is professor and head of the department of therapeutics and associate in medicine at the University of Buffalo School of Medicine.

Chemotherapy Lecture

DR. JAMES E. McCORMACK, instructor in medicine and assistant to the Dean at New York University, College of Medicine lectured to the St. Lawrence County Medical Society on June 13 His subject was "Chemotherapy and the Antibiotics."

Professor of Gynecology Lectures to Livingston County

DR. CLYDE L. RANDALL, professor of Gynecology, University of Buffalo School of Medicine discussed the significance and management of abnormal vaginal bleeding at a meeting of the Livingston County Society on May 15

This postgraduate instruction has been arranged as a cooperative endeavor between the Medical Society of the State of New York and the New York State Department of Health It was held at Craig Colony Sawyer

---

CORRECTION NOTICE

In an editorial published in the May 15 issue of the JOURNAL entitled "The Answer Is Up to Us" an unintentional error was committed in crediting the source of the original article upon which our comments were based, to the *Journal of the Oregon State Medical Society* The resolutions referred to were published in the March issue of *Northwest Medicine* We sincerely regret the error

Medical News

Medical Memorial Group Campaigns for Merger of Fund Drives

A CAMPAIGN to merge all fund-raising drives for medical research in one organization to further the "war on the major maladies" which afflict the American people has been announced by Dr Harlow Shapley, chairman of the newly organized Medical Memorial Fund.

"The average citizen at present is bewildered by the multitude of appeals for this or that disease or medical problem" Dr Shapley stated at a recent meeting at the Union League Club

Saying that within twenty-five years medical research may be able to "lengthen the useful life of the average American by ten years," he expressed hope that the centralized fund will raise $10,000,000 through private contributions during its first year

The fund will concern itself primarily with the somewhat unsensational cardiovascular-renal diseases—diseases of the heart, arteries, and kidneys—which, Dr Shapley said, will kill 66,000,000 Americans alive today, but which hitherto have been apportioned only a negligible percentage of medical research funds

No attempt will be made to build up new research enterprises, but additional help will be distributed to already existing medical schools and research hospitals Money will be raised through a continuing campaign rather than through a concerted drive It is hoped within a few years to establish in this manner a fund of between $50,000,000 and $100,000,000 for medical research, independent of whatever research may be undertaken under government auspices

Psychoanalytic Society and Institute Elect Officers

THE New York Psychoanalytic Society and the New York Psychoanalytic Institute have announced the election of the following officers at the annual meeting held on May 21

Officers of the Society are president, Dr Philip R Lehrman, vice-president, Dr Henry A Bunker, secretary, Dr Emeline P Hayward, and treasurer, Dr Harry Weinstock The officers of the Institute are president, Dr Adolph Stern, vice-president, Dr Ruth Loveland, secretary, Dr Otto Isakower, and treasurer, Dr Harry Weinstock

American College of Radiology to Hold Annual Meetings

THE regular annual meeting of the members and fellows of the American College of Radiology will be held Saturday, June 29, at the Palace Hotel in San Francisco, California

The business to be transacted at the meeting will include the election of president and vice-president, election of two Chancellors to hold office for a term of four years, and three Chancellors for terms of one year, representing, respectively, the Radiological Society of North America, the American Roentgen Ray Society, and the American Radium Society, action upon the reports of officers and standing commissions and committees of the American College of Radiology, and consideration of amendments to the Constitution and Bylaws submitted by the Commission of Constitution and Bylaws and approved by the Board of Chancellors

New Fellows to the College will be welcomed at a Convocation, and a banquet will be held on the evening of June 29, with Dr Lowell S Goin, giving the presidential address

Personalities

Dr Olin West, of Chicago, after a service of over twenty-three years as Secretary-General Manager of the American Medical Association, retired from his official duties on April 1 Widely known to the members of the profession, he was active in upholding the traditions and ideals of the Association, and is succeeded in this office by Gen George H Lull, formerly of the U S Army, who rendered great and efficient service in the Office of the Surgeon General

• • •

Dr Ernest L Stebbins, formerly Health Commissioner of New York City, and Dr Allen Gregg, of the Rockefeller Institute, together with Dr G F McGuiness, of Washington, D C, were recently chosen members of the Red Cross Advisory Board on Health Services

•

Dr Elaine Ralli, associate professor of medicine, New York University, College of Medicine, is the new president of the Women's Medical Association of New York City She was elected on May 8 at the Association's annual meeting at the Cosmopolitan Club Dr Ralli is a graduate of Vassar College and the New York University, College of Medicine She has received three fellowships and has specialized in diseases of metabolism and nutrition

• • •

Lt Col Milton Kissin, of New York City, recently received the Soldier's Medal with a citation for "heroic actions and services" performed on August 19, 1945, while serving in the China-India-Burma Theater of Operations Colonel Kissin recently completed his terminal leave

• • •

Back from the South Pacific, where he treated victims of the atomic bomb explosions, is Dr Moritz Elias, of New York Mills, who is reopening practice in his home town *

* Asterisk indicates that item is from local newspaper

The appointment of Dr Arthur C Davis, of Glens Falls, as a member of the Board of Health, succeeding the late Dr Sherwood LoFevre, was announced in April.

Dr Davis is a veteran of World War II, having served in the Army Medical Corps.*

Dr Joseph L. Cirinclone, formerly captain in the Army Medical Corps, has resumed the practice of dermatology in Schenectady

Dr Cirinclone spent twenty-seven months in the Aleutian Islands and Alaska.

He returned to the United States in February, 1945 and was assigned as chief of the Dermatology Section at Foster General Hospital, Mississippi. In October of 1945 he was transferred to the Army General Hospital at Camp Butner, North Carolina, to head the newly organized skin center

A graduate of St Louis University School of Medicine, Dr Cirinclone interned at Ellis Hospital and later spent two years on postgraduate study at the New York Skin and Cancer Hospital.*

Dr C Gregory Barer, has returned to Bronxville after an absence of two and a half years in the military service. He is reopening his practice in that town.

Dr Barer held the grade of commander, in the Navy, and served for a year at Quonset Point, Rhode Island, and later at the Naval Air Station at Pensacola, Florida, where he took special training as a flight surgeon. After completion of his course there, he was stationed for eighteen months at Cherry Point, North Carolina, at the Marine Corps Air Station *

Dr William G Terwilliger, former resident of Highland, received his honorable discharge from the Navy, March 20 1945 During his three years and eight months of service Dr Terwilliger rose to the rank of captain

Dr Terwilliger has resumed the practice of medicine in New York City *

Dr C Harris Brown, former captain in the U.S Medical Corps of the 83rd Division has opened an office for general practice of medicine in Gloversville

Dr Brown was graduated from Albany Medical College in 1942

After serving a year as an intern at the Waterbury Hospital, Waterbury Connecticut he entered the medical corps with the rank of first lieutenant and was attached to the 83rd Division.

Besides receiving the five battle stars, he was also awarded the Bronze star for outstanding work during the campaigns

Dr Brown was promoted to the rank of captain, and started his terminal leave on November 30, 1945 He recently completed two months of additional study of medicine at the Albany Hospital, where he was attached to the medical house staff *

Maj Leonard Stone, of New Brighton has been placed on inactive status after thirty-four months with the Army Medical Corps. Entering active duty upon completion of his internship at Mount Sinai Hospital, Manhattan, Major Stone served fourteen months in the European Theatre *

Dr Joseph J Witt, who has returned from active service with the Navy, has opened an office in Utica and will specialize in chest diseases.

Dr Witt was commissioned a lieutenant commander in May, 1943, and was promoted to commander in November 1945

He participated in the invasions of the Philippines and Bornea and went into Japan with the first occupation troops. He also served as medical officer aboard an LST for a year *

Dr John J Keenan, Troy Hospital gynecologist, who had been serving as a captain in the Army Medical Corps, has been returned to inactive service. He will resume practice in Troy While in service Dr Keenan was gynecologist to WAC installations in the Seventh Service Command.*

Dr James C. Harberson, formerly chief of the surgical service of the United States Army General Hospital at Camp Edwards, Massachusetts, with the rank of colonel, has begun the private practice of general surgery in Watertown.*

Dr George C von Borstel, who left his medical practice on August 25, 1942, to enter the Army, has resumed his practice in Scotia. He was recently appointed Village of Scotia health officer

He served for about one year in New Guinea, and then was returned to this country

A graduate of Albany Medical College, class of 1926, he interned at Ellis Hospital. For three years he was a physician at the General Electric Company, and then practiced medicine in Scotia for thirteen years before entering service *

Two doctors plan to take up practice in the Smith town community in the near future. Comdr George J Miller formerly of Hicksville, will be associated with Dr Frank E B McGilvery and Dr W W Curtis. Dr Davis D Moore, of Islip, has leased Dr Turrell's office.

Dr Moore served in the Army for over four years, and as lieutenant colonel was chief of Medical Service at Mason General Hospital after serving overseas with the Second General Hospital in North Ireland and England. Before entering the Army, Dr Moore was on the staff of the Presbyterian Medical Center and the visiting staff of the Neurological Institute

Dr Miller recently completed a tour of duty at the U.S Naval Hospital in Jacksonville, Florida. Previously he was with Orthopedic Unit at St Albans.*

Announcement has been made by Dr Charles W Scheib, who has served Little Neck and the adjoining communities as a physician for many years, that Dr Frank N Higginson is now permanently associated with him in his office in Little Neck

A graduate of Queens University in Canada, where he received his M D degree in 1928, Dr Higginson was recently separated from the Army after more than four years of service *

. . .

Dr Archie L Neighbors, of Poughkeepsie, who has served for nearly four years in the armed forces, has resumed his practice as an eye, ear, nose, and throat specialist

Dr Neighbors enlisted in the Army in July, 1942, with the rank of captain He was promoted to major in December, 1943, and prior to going on terminal leave he was promoted to the rank of lieutenant colonel.

Dr Neighbors went overseas in February, 1943, and was stationed for some time at Casablanca and at an Army hospital center in Naples, Italy

He was graduated from the University of Pennsylvania Medical School in 1934

After serving an internship at Staten Island Hospital, he was on the house staff of the Manhattan Eye, Ear, Nose, and Throat Hospital in New York City and then served as resident physician on the eye, ear, nose, and throat service at St Luke's Hospital, New York City During that time he took postgraduate study at the New York Eye and Ear Infirmary and at the graduate school of medicine at the College of Physicians and Surgeons, Columbia University *

. . .

Returning to private practice after forty months in the Army as a major, Dr William C Emm is reopening his office in Syracuse

He served overseas in France and Germany with the 123rd Evacuation Hospital and the 195th General Hospital before returning to the States to Rhoades General Hospital.

Dr Emm was graduated from Syracuse University, College of Medicine, in 1935 and interned in Syracuse Memorial Hospital. He was a member of the staffs of Memorial, St Joseph's and St Mary's Hospitals *

.

Dr Morton A Jacobson, of Yonkers, recently discharged as a major in the Army Medical Corps, has begun private practice as an ear, nose, and throat specialist

Called to active service from the reserves in March, 1941, Dr Jacobson served in this country, in the European theater and in the Pacific area during World War II

A graduate of the New York Medical College in 1936, Dr Jacobson interned at Metropolitan Hospital in New York City for two years and was resident physician at the Bronx Eye and Ear Infirmary for two years before beginning active service as a lieutenant

He was engaged in ear, nose, and throat work at the Station Hospital at Fort Bragg, North Carolina, before going to England in March, 1944, where he was assigned to the 216th General Hospital *

Dr Joseph Jacobson has resumed the practice of surgery, by appointment, at his office in Kingston. He served for four years with the U S Navy, with the rank of commander Three years of that time he served as thoracic surgeon at the U S Navy Hospital in St Albans *

. . .

Dr E Yale Clarke has announced his entrance into the practice of medicine in Glens Falls He will be associated in practice with his father, Dr H E Clarke, for many years one of the leading practitioners in that city He will specialize in diagnosis and internal medicine

Dr Clarke was born in Glens Falls and received his early training at the local schools

His medical education was acquired at Albany Medical College where he received his M D degree in 1938 He interned at the U S Marine Hospital, Chicago, Illinois, and then took a two-year residency at the Jefferson County Sanatorium, Watertown, New York In 1941 he became a staff member of the Metropolitan Life Insurance Company Sanatorium at Mt McGregor, where he remained until the U S Army accepted him in the Medical Corps

Since being discharged from service, Dr Clarke has been in Washington, D C , at the George Washington School of Medicine, where he pursued a two-month refresher course in internal medicine *

. .

Doctors should never lose sight of the humane qualities of unselfishness and humility while practicing their profession, Dr Charles Bamman Meding, executive surgeon of the Harlem Eye and Ear Hospital, cautioned on April 5 on the eve of his eightieth birthday, stressing that "he has looked a little beyond the physical" in his sixty years of practice Dr Meding spoke at a dinner given in his honor by the hospital's board of trustees at the Hotel Commodore

. .

Paying their respects to the man who was their physician for thirty-six years, nearly 1,000 Northern Westchester residents said goodbye to Dr and Mrs Edward F Briggs recently, on the occasion of his retirement

All races, colors, and creeds were found among the well-wishers All ages were represented Besides Dr L W Haynes and other physicians, guests included clergymen, businessmen, workingmen, school children, babies in arms, young couples, veterans, housewives, and whole families

Born in Sidney Center, New York, on March 20, 1884, Dr Briggs began his practice in New York City In 1925 he opened his Mount Kisco office The former Lena Churchill Elmendorf, Mrs Briggs came to Mount Kisco in 1916 to found its first hospital in a house on Steward Place She was formerly superintendent of nurses at Nyack Hospital

A Legionnaire and a captain in World War I, Dr Briggs was presented with a resolution honoring him

Dr Briggs has headed the local Red Cross fund drive for five years, bringing it "over the top" each year Among the gifts the couple received was a silver tray signed by 37 area physicians, including the staff at Northern Westchester Hospital *

. . .

Dr Frank C Furlong, former resident of Poughkeepsie, was elected president of the Eastern New York Eye, Ear, Nose and Throat Association at a meeting held recently in Schenectady, Dr John D Gulick, Schenectady, was elected vice-president and Dr Martin Freund, Albany, secretary-treasurer *

Dr Gerald Harrigan, of Great Neck, was elected chief medical inspector for the Great Neck Public Schools at a recent meeting of the Great Neck Board of Education.

His new duties will start July 1, 1946, when Dr Alfred H. Parsons retires as medical supervisor Dr Harrigan was graduated from the University of Wisconsin Medical School in 1932, serving as resident physician of the Graduate Hospital of the University of Pennsylvania for two years and later as resident surgeon of the Doctor s Hospital of New York City

Dr Harrigan began practice in Great Neck in October, 1935 Since 1936 he has been a member of the surgical staff of Nassau Hospital and of Meadowbrook Hospital where his work has included tumor surgical services He joined the medical staff of the United States Navy in October 1942, and received his honorable discharge on March 28 1946, at which time he held the rank of lieutenant commander *

Dr Charles B Dugan, who was seventy two on April 19 will retire as Health Officer of Beacon on June 30

Dr Dugan has had an interesting and varied career He taught school for two years at Arthursburg and was superintendent of schools for four years at Huntington Massachusetts. However, the teaching profesion did not appeal to him as much as he thought it would so he entered Medical School at Ann Arbor, Michigan, from where he was graduated with the degree of Doctor of Medicine in 1910.

On April 14 Dr Will H Schwartz celebrated his seventy ninth birthday and his fiftieth year as a physician.

The Albany Medical College has awarded him the "Gold Decoration in recognition of fifty years of meritorious service to Humanity '

Dr Schwartz was born April 14 1867, at Pillar Point, Jefferson County He received his early education at Dexter High school and Lowville Academy

He attended college at Burlington, Vermont, and received the degree of doctor of medicine at Albany Medical College on his birthday, April 14 1896. In that year, he established a practice at Colton, where he is still active. *

Two Niagara Falls physicians, who have been in practice for the last half century, were honored by the Niagara Falls Academy of Medicine at a dinner in Lewiston on April 23 Honored were Dr Norman W Price, of Lewiston Road, and Dr E. A. Palmer of Hotel Niagara.

Dr Price, a native of Newburgh, Ontario, was graduated from the Toronto School of Medicine in 1896 and for many years was a clinical assistant in eye work in Toronto In 1900 he came to Niagara Falls to take over the practice of Dr Mc Cartney, and has practiced there since that time He has done postgraduate work in eye, ear, nose, and throat study in New York and Philadelphia.

Dr Palmer was graduated from the Albany School of Medicine in 1896, and practiced in Saratoga Springs until 1917 At that time he entered the United States Army Medical Corps as a captain. Retiring from the Army with the rank of major in 1933, he set up practice in Niagara Falls.

Both Dr Price and Dr Palmer are members of the Niagara Falls Academy of Medicine, the Niagara County Medical Society and the New York State Medical Society and are on the staffs of the Memorial and Mount St Mary s hospitals. Dr Price is a Fellow of the American College of Surgeons and Dr Palmer is a member of the Association of Military Surgeons. *

The appointment of four more Schenectady County physicians as medical examiners for the Veterans Administration has been announced.

They are Dr Raymond J Byron, Dr Louis Cohen Dr Edmund D Colby, and Dr Joseph H Naumoff, all of Schenectady *

Dr Edward M. Auringer, of Addison has completed his internship at the Jersey City Medical Center and is awaiting orders for an assignment as first lieutenant in the Medical Corps.

County News

Albany County

A regular meeting of the County Society was held on May 29 in the auditorium of the Albany College of Pharmacy The business session was held as usual but the scientific session was omitted in order that a full discussion of the proposed fee schedule of the Northeastern New York Medical Service, Inc., might be held Election of the following new members also took place Dr Michael A. Blase graduate of Albany Medical College, 1942, Dr Arthur D Hengerer Cornell Medical College, 1939, and Dr Thomas G Fitzgerald University of Vermont College of Medicine 1939

Dr Raymond C Leddy, president of Albany County Medical Society, Dr Homer L. Nelms, president-elect, Dr A. L. Mann, Dr Emerson Crosby Kelly, Dr Alfred L. Madden and Dr James W Bucci, members of the advisory board to the Auxiliary, were honored at the annual spring luncheon and election of officers of the Woman s Auxiliary to Albany County Medical Society held recently at the DeWitt Clinton Hotel *

Bronx County

The role of chemotherapy in the prevention and treatment of mastoiditis and its complications was the subject discussed at the May meeting of the County Medical Society Dr Clarence H Smith was the lecturer and the discussants were Dr James B McGrath Dr Hyman D Silver, Dr G B Gilmore, and Dr Joseph Popper

Broome County

Representatives of the medical profession in Southern-Central New York on April 9 attended the annual dinner meeting of the Broome County Medical Society in the Binghamton Club

Among those present were Dr J C Zillhardt society vice-president and program chairman, Dr Victor W Bergstrom, society president and Dr A. Wilbur Duryee, associate professor of medicine Columbia University College of Physicians and Surgeons, who discussed "Management of Phlebitis.'

Chemung County

As a tribute to one of Elmira's most beloved physicians and surgeons who died October 12, 1944, the Chemung County Medical Society presented the first annual Elliot T Bush Memorial Lecture at its spring teaching day meeting April 24 at the Mark Twain Hotel.

Memorial speaker was Dr Charles A Janeway, of Boston, who lectured on "Clinical Uses of Products of Human Plasma Fractionation" Dr William T Boland, president of the Medical Society, was chairman.

At the afternoon session, Dr William F Lipp, associate professor of medicine, University of Buffalo, School of Medicine spoke on "Hepatitis and Cirrhosis of the Liver—Recent Advances," and Dr Harold G Wolff, associate professor of medicine and associate professor of psychiatry at Cornell University Medical College, New York City, lectured on "Headache"

Chairman of the afternoon session was Dr F S Hassett, chairman of the society's program committee

Dr Elliot T Bush, who died at 64 after being engaged in professional practice twenty-eight years, was a member and former president of the Medical Society He was a former president of the staff at Arnot-Ogden Hospital and held full surgeoncies at both Arnot-Ogden and St Joseph's hospitals At the time of his death he was senior urologist at both institutions

A resolution recommending that the Annual Elliot T Bush Memorial Lecture be perpetuated passed by unanimous vote at the last meeting of the Chemung County Medical Society *

• • •

Preliminary steps in the first public health survey ever made of Chemung County was taken in April.

Dr Harry S Mustard, lecturer of the DeLamar Institute of Public Health Service, Columbia University, College of Physicians and Surgeons, made the initial start in the survey

He will return later, probably early in June, to complete the city-county study

His findings will be turned over to the Chemung County Medical Society The society in turn will contact city, county, and possibly state authorities to have the recommendations for public health improvements carried out

The public health survey will be financed by funds given by the Visiting Nurse and Tuberculosis Association *

Cortland County

Dr James Lowry Miller, assistant clinical professor of dermatology, College of Physicians and Surgeons, Columbia University, spoke on syphilis at a meeting of the Cortland County Medical Society in April in the staff room of Cortland Hospital.

Dutchess County

Members of the Dutchess County Medical Society have unanimously endorsed the $10,000 drive of the Dutchess County Cancer Committee

The Medical Society endorsed the drive for funds at a meeting recently, Mr R Watson Pomeroy, who is chairman of the county cancer fund committee, said *

Franklin County

A clinicopathologic conference was held on April 17 by the Saranac Lake Medical Society in the John Black Room of the Saranac Laboratory Cases were presented by Dr Edwin M Jameson

Erie County

Dr Stockton Kimball, of Buffalo, has been appointed dean of the School of Medicine of the University of Buffalo by Chancellor Samuel P Capen.

Dr Kimball succeeds Dr Edward W Koch, dean for sixteen years, who died February 9 He took over the direction of the Medical School in time to observe the one hundredth anniversary of its founding The school, established in May, 1846, joined with the entire university in celebrating the centennial

Dr Kimball served as assistant dean under Dr Koch for nineteen months, and was made acting dean after Dr Koch's death *

• • •

Medicine's newest advances in ten different fields were presented by outstanding authorities at the One Hundredth Anniversary meeting of the University of Buffalo Medical Alumni Association on April 5 and 6 in the Hotel Statler

The highlight of the two-day program was the Centennial Banquet on Friday evening Dr Morris Fishbein, editor of the *Journal of the American Medical Association*, was the main speaker Dr Edward E Cunniffe, president of the Medical Society of the State of New York, related the University of Buffalo's contribution to the medical profession in New York State since the school's founding Another highlight was the class reunions on April 6 Dr William J Orr, president of the association, was general chairman

Fulton County

Dr Clarence H Smith, of New York City, was the guest speaker at the April meeting of the Fulton County Medical Society His topic was "The Role of Chemotherapy in the Treatment of Otitis Media and Mastoiditis"

The speaker was introduced by Dr J F Sarno, of Johnstown, president of the Society Following Dr Smith's talk there was a general discussion

During the business session Dr A J D'Errico, who recently returned from the U S Army, was welcomed back to the Society *

Kings County

A panel discussion on group practice and voluntary health insurance was held at a joint meeting of the Medical Society of the County of Kings and the Academy of Medicine of Brooklyn, on May 21 Those who took part in the discussion were Dr Dean Clark, medical director, Health Insurance Plan of Greater New York, Dr John J Wittmer, medical director, Consolidated Edison Company, Dr Frederic E Elliott, medical director, United Medical Service, and Dr William B Rawls, chairman of the Coordinating Council, Five County Medical Societies of Greater New York.

• • •

An obstetric conference on diabetes and pregnancy was held on May 28 in MacNaughton Auditorium, under the sponsorship of the Committee on Maternal Welfare of the Medical Society of the County of Kings Drs George E Anderson, Duncan W Clark, and Milton B Handelsman participated in the open discussion by invitation

Jefferson County

Dr William Dock, professor of medicine, Long Island College of Medicine, spoke to the members of the Society at their May meeting on the subject of peptic ulcer and gastric cancer At the April meeting, Dr George H. Koepf, associate in physiology and instructor in medicine of the University of Buffalo, School of Medicine, discussed the treatment of thyrotoxicosis with thiouracil and other agents.

Monroe County

The County Society celebrated its one hundred and twenty-fifth birthday anniversary on May 9 Featured at the meeting was an address, "Progress in Medical Science in the Last Century and a Quarter," given by Dr John F Fulton

Dr Fulton is professor of physiology, Yale University School of Medicine, founder and editor of the *Journal of Neuro-physiology*, chairman of O.S R.D committee on decompression sickness, compiler of the Bibliography of Aviation Medicine, and author of a text on physiology of the nervous system and many papers dealing with the history of medicine.

His talk was illustrated by an exhibit in the Society's museum depicting the changes and improvements in drugs and surgical implements during the past century, as well as exhibits prepared by the manufacturers of technical and clinical instruments, showing their evolution

In addition there was on display in the Municipal Museum a reproduction of an old-time doctor's office.*

Plans for an educational campaign and cooperation with the Health Bureau and the Monroe County Medical Society to combat rheumatic fever were discussed at a meeting in April of the new committee on rheumatic fever of the Tuberculosis and Health Association of Rochester and Monroe County

As part of the educational program mapped by the committee leaflets exhibits and a sound film on this disease are available for groups desiring information. They may be secured through the Tuberculosis and Health Association.*

Montgomery County

Hypertension was the subject discussed at a meeting of the Montgomery County Medical Society on Thursday April 25 Dr Charles E Poindexter, associate clinical professor of medicine, College of Physicians and Surgeons, Columbia University, spoke on medical treatment of hypertension and Dr J William Hinton, associate clinical professor of surgery, also of College of Physicians and Surgeons, Columbia University, discussed the surgical treatment.*

Nassau County

The cooperation of the Nassau County Medical Society the Nassau County *Department of Health*, and the responsible heads of hospitals in the county was given to the Nassau County Cancer Committee in its drive for a cancer home. The proposed home will have a medical staff to supervise its operation and maintenance.

While the same number of cancer cases was reported in Nassau County in 1945 as in 1944, the deaths caused by this disease showed an upswing to more than 700, it was reported in April by Dr Earle G Brown, Nassau's health commissioner *

Oneida County

The establishment of a cancer clinic in the county was recommended at a meeting of the Oneida County Medical Society held in the county hospital on April 9 The recommendation followed the reading of a report by Dr John S Fitzgerald, Utica, on the work necessary for the establishment of such a clinic as well as the staff necessary to make the clinic effective.

Dr Fitzgerald, head of a committee appointed to investigate the clinic possibilities in this area, stated that St. Elizabeth Hospital had offered facilities to house the clinic.

The Society also heard a short report on the possibility of retaining Rhoads General Hospital as a veterans' institution. They learned that a survey is being made at this time for the purpose of determining what staff material is available here and also the civilian aid that could be guaranteed The society learned that the care of the veterans was the first interest, and that the retention of the hospital would depend upon the special qualifications of the staff that would be available

Five new members were admitted to the organization at the meeting, most of whom were through transfer from other medical societies in the state

The group stood for a moment of silence in memory of Dr Edwin M Griffith, of Chadwicks, who died last month He was a member of the local society for a number of years.

At the conclusion of the business session, Dr Howard MacFarland introduced Dr William Hale, Utica, president-elect of the State Medical Society

Dr Hale urged support of the American Cancer Society's campaign to raise twelve million dollars for education, research, and service to patients.

Onondaga County

Doctors in the Army and Navy spoke to members of the Onondaga County Medical Society on their medical experiences in the Pacific and European Theatres of Operation at the May meeting. Those who spoke were Lt. Col Herbert R Diaso, (MC) - AUS, Lt. Comdr Raymond J Lovett, (MC) - USNR, Maj William J Michaels, (MC),AUS and Comdr William E Pelow, (MC),USNR.

Prior to the business session of this meeting the annual meeting of the underwriting members of Central New York Medical Plan Inc., was held.

Dr Ferris DeWardt, of the Mayo Clinic gave a lecture on "Carcinoma of the Uterus" to members of the Syracuse Academy of Medicine on May 21

Orange County

With about one-half of the living past-presidents attending, the Orange County Medical Society held a dinner in honor of its former presiding officers on April 9

Dr J Unger, of the New York Post-Graduate Hospital New York City, addressed the members after dinner on "Blood Transfusion with Special *Reference to the Rh Factor*" There was no formal program other than the address and the physicians and surgeons of this 140-year-old association devoted the evening to renewal of social relationships.

Of the twenty-seven past-presidents surviving, the following doctors were present M A. Stivers H. F Pohlman, Samuel W Mills, and Ross L Schmitt, of Middletown, William J Carr, Edward C Thompson, Daniel L O Leary, and Earl C Waterbury, of Newburgh, Walter W Davis, of Chester, Thomas D McMenamin, of Highland

Falls, George F Kenney and H F Murray, of Port Jervis, H. F Morrison of Tuxedo, and Dr Earl R Van Amburg, of Pine Bush *

Queens County

The Queens County Medical Society held a joint meeting with the Queens County Bar Association on May 28 The Honorable James T Hallinan, Justice of the Supreme Court, gave a talk entitled "The Doctor as a Witness"

Rensselaer County

Dr Charles D Rancourt was the speaker at the dinner meeting of the County Society on May 14 at the Troy Club He spoke on "Roentgenology in World War II"

Dr William Shields has been named chairman of arrangements for the annual outing which is to be held in June Returned servicemen will be the featured guests of the society at this affair

Rockland County

Dr Leon H Griggs, associate professor of medicine, New York University, College of Medicine, discussed common diseases of the skin, illustrated with color photography, at the April meeting of the Rockland County Medical Society *

St Lawrence County

Dr George H Koepf, associate in physiology and instructor in medicine at the University of Buffalo, School of Medicine, spoke on medical treatment of toxic thyroid at a meeting held for the St Lawrence County Medical Society on April 11, at the Potsdam Club, Potsdam *

Saratoga County

The Saratoga County Medical Society, of which Dr Frederick G Eaton is president, at a meeting in April, went on record as approving the work of the American Cancer Society in its present drive

The local society's committee on cancer is Dr Joseph Lebowich, chairman, Dr Frederick J Ressegue, Dr Earl H King, Dr Carl R Comstock, Jr, and Dr Webster M Moriarta *

* * *

The County Medical Society has joined the Northern New York Medical Service, the organization providing insurance for surgical care in eleven counties besides Saratoga Dr John Heslin, of Albany, former Saratogian, is vice-president of the service, and Dr Joseph L Kiley is chairman of the local society's committee

The service is not yet in operation in Saratoga County, but the Society expects that it will start in the near future *

Seneca County

The regular semiannual meeting of the Seneca County Medical Society was held at the Armitage Tea Room in Seneca Falls on May 9 with twenty-one members present Dr Stanley B Folts, president, presided A business meeting was held in the morning, followed by lunch and the scientific program Dr Walter W Street, professor of medicine, Syracuse University, College of Medicine, gave an illustrated lecture on "Cardiac Arrhythmias."

Schuyler County

Dr William C Stewart, president of the County Medical Society, has been appointed a member of the executive committee of the Schuyler County Division of the Women's Field Army of the American Society for the Control of Cancer Dr Paul Willwerth, health officer of Montour Falls, and Dr John Burton, health officer of Micklenburg, were also appointed to the committee

Sullivan County

Dr Raymond J Pieri, professor of clinical obstetrics, and Dr Robert C Schwartz, instructor in clinical pediatrics, both of Syracuse University, College of Medicine, discussed pregnancy and the Rh factor at a meeting of the Sullivan County Medical Society on April 24

Ulster County

Dr Harold W Brown, professor of parasitology, DeLamar Institute of Public Health, College of Physicians and Surgeons, Columbia University, spoke on tropical diseases in the returning veteran at a meeting held April 4 at the Governor Clinton Hotel, Kingston *

Wayne County

The Wayne County Medical Society held its second meeting of the year on April 9 at the Hotel Wayne at Lyons with Dr Leon H Griggs, associate professor of dermatology and syphilology at Syracuse University, College of Medicine, as guest speaker

Dr Griggs' talk concerned the diagnosis and treatment of the common diseases of the skin, illustrated by numerous Kodachrome slides

A formal case report of a carbon monoxide death requiring action under the Workmen's Compensation Law was made by Dr G W Pasco, of Wolcott

Dr Robert Vogt, who practiced in Sodus for three years, was introduced to the society as the incoming district health officer Dr Vogt is taking the post vacated by Dr R S Westphal, whose new post will be with the Rochester Department of Health as assistant to Dr Albert D Kaiser *

Westchester County

Alcoholism—acute and chronic was the general subject discussed at the May meeting of the Westchester County Medical Society Dr Louis I Sharpe, assistant professor of psychiatry, Bellevue Hospital, spoke on "The Treatment of Acute Alcoholism by the General Practitioner" Mr Marty Mann, executive director, National Committee for Education on Alcoholism, and Dr John G Lynn, chief psychiatrist of the Psychiatric Institute, Grasslands Hospital, discussed "Chronic Alcoholism and Its Treatment" A discussion on this latter topic was given by Dr S Bernard Wortis, director, Psychiatric Division, Bellevue Hospital Judge Thomas N Fasso gave a talk entitled "Acute Alcoholism in Westchester as Seen by a City Judge"

The most valuable of all education is the ability to make yourself do the thing you have to do when it has to be done, whether you like it or not—Huxley—*Clinical Medicine, March, 1946*

Necrology

Louis Berman, M.D , of New York City, died on May 16 at the age of 53 He was a founder of the New York Endocrinology Society and the author of many books and technical articles on nutrition, metabolism, diet, and endocrine glands In 1924 Dr Berman was credited with the discovery of the internal secretion of the parathyroid gland. He also discovered the value of adrenal cortex in the treatment of Paget s disease and the curative value of ovarian residue for certain breast tumors.

Dr Berman received his medical degree from the College of Physicians and Surgeons, Columbia University, in 1915 From 1921 to 1928 he was an associate in biologic chemistry at Columbia University He was visiting endocrinologist at the Central Neurological Hospital, where he also had served as a visiting neurologist. He was a former member of the board of directors of the National Crime Prevention Institute and the American Chemical Society a member of the New York Academy of Sciences and of the American Ethnological Association the American Medical Association, the American Genetic Association, the American Therapeutic Society and was editor from 1935 to 1936 of the department of endocrinology of the *Journal of Medical Practice*

Robert H Breed, M.D , of Wappingers Falls, died on May 17 He was 66 years old Dr Breed was senior attending surgeon at Vassar Brothers Hospital. He was graduated from the Columbia University College of Physicians and Surgeons, in 1904, was a visiting surgeon at Highland Hospital, Beacon, and St Francis Hospital, Poughkeepsie, and a consulting surgeon at Matteawan State Hospital in Beacon and Hudson River State Hospital in Poughkeepsie.

Charles Edward Caverly, M.D , of New York City, died on May 22 at the age of 53 He was graduated from Columbia University, College of Physicians and Surgeons in 1917 At his death, Dr Caverly was assistant clinical professor of obstetrics and gynecology at Columbia University, associate attending obstetrician and gynecologist at Sloane Hospital and Vanderbilt Clinic, and also director of obstetrics at St. Francis Hospital. He was a member of the American College of Surgeons and of the medical societies of New York State and County the New York Obstetrical Society and a Diplomate of the American Board of Obstetrics and Gynecology

Grove P M Curry, M.D , of Mount Kisco died on May 13 He was 80 years old He received his medical degree from New York University, College of Medicine, in 1892 From 1907 to 1920 he was health officer and registrar of Mount Kisco Dr Curry was a member of the American Medical Association and the Medical Society of the State of New York

Bruno Daniel, M.D , of New York City, died on May 21 He was 47 years old Dr Daniel was the senior psychiatrist at the Manhattan State Hospital, on Ward s Island. He was a member of the American Medical Association, the Medical Society of the State of New York, and the American Psychiatric Association. Dr Daniel received his medical degree in 1923 from the University of Breslau.

Henry Kendall, M.D., of New York City, died on May 8 at the age of 63 He was a specialist in gastroenterology and for many years program chairman of the New York Chapter, Gastro-Enterological Association He had been associated with Sydenham, Mount Sinai, and Polyclinic hospitals, and the Hospital for Joint Diseases and had served on the faculty of the New York Polyclinic Post-Graduate School. He was graduated from Long Island College of Medicine in 1905 He was honorary examining physician for the Jewish Theological Seminary, a member of the American Medical Association, and the State and County medical societies

Sherwood Le Fevre, M.D., of Glens Falls, died on March 17 He received his medical degree from Albany Medical College in 1891 He was 78 years old Dr Le Fevre was attending ophthalmic surgeon at the Glens Falls Hospital

Frederick James O'Connor, M.D , of Syracuse, died on March 20 For a quarter of a century, Dr O Connor was one of Syracuse s outstanding specialists In 1900 he was graduated from the College of Medicine of the University of Toronto Until July, 1945, he was associated with Syracuse University as professor of otolaryngology He was 62 years old

George W Ross, M D., of Port Ewen, died on April 8 He was 70 years old Dr Ross was a member of the staff of the Kingston Hospital and a member of the Ulster County Medical Society and the State Medical Society He was graduated from Albany Medical College in 1899

Henry Seymour Rothbart, M.D , of Brooklyn, died on July 27, 1943 He was 32 years old Dr Rothbart was a member of the American Medical Association and of the state and county societies. He was a graduate of the Long Island College of Medicine, class of 1935 and had been clinical assistant in obstetrics and gynecology at the Greenpoint Hospital, and assistant gynecologist in the outpatient department of Beth Moses Hospital

Milo Le Roy Seccomb, M D , of Auburn died on May 16 at the age of 66 Dr Seccomb was president of the Cayuga Health Association for six terms. He was a member of the American Urological Society and the Western Ontario Urological Society, and was urologist at the City and Mercy hospitals He was graduated from the Syracuse University, College of Medicine, in 1904

Lyman Spalding, M D , of New York City, died on May 15 at the age of 53 He received his medical degree in 1916 from the New York Homeopathic Medical College. Since 1933, Dr Spalding had been an eye specialist in the medical department of the Consolidated Edison Company, New York

Kenneth B Wallace, M.D., of New Rochelle, died on May 13 He was 56 years old For more than twenty years he had been attending obstetrician at the New Rochelle Hospital and the Grasslands Hospital of Eastview He was graduated from the New York Homeopathic Medical School in 1916 Dr Wallace was a member of the Westchester County, New Rochelle, and State medical societies.

Blakely R. Webster, M D., of Dannemora died on May 10 He was 62 years old He received his medical degree in 1907 from Cornell University Medical College He became a junior assistant at Mattewan State Hospital in 1912 In 1919 he was transferred to Dannemora and became superintendent at the State Hospital there in 1935

James Watson White, M D , 69, of Montclair, New Jersey, died on May 15 He received his medical degree in 1905 from Albany Medical College Dr White had been on the New York Post-Graduate Hospital staff since 1919 and was associate professor of clinical ophthalmology at the Post-Graduate Medical School from 1934 to 1938 and professor of clinical ophthalmology, executive officer of the Medical School's Department of ophthalmology and director of the hospital's service of ophthalmology from 1939 until his death. He was on the consulting staffs of Roosevelt Hospital, New York, Mountainside Hospital, Montclair, Essex County Contagious Disease Hospital, Belleville, New Jersey, Brooklyn Eye and Ear Hospital, and the Newark, New Jersey, Eye and Ear Infirmary He had been associated with the Herman Knapp Memorial Eye Hospital in New York

---

ARE THE FRONTIERS ALL GONE?

Since the Cherokee Strip was settled, and the last range was fenced in, we have read of "our vanished frontiers" We are sometimes led to believe that opportunities are something we used to have, and that discoveries were something that ended when the Pacific Ocean was reached At the present time we are concerned about the returning veteran, more especially the return of military doctors to civilian practice For some of the things we have read lately, and some of the talks we have heard, we might believe that opportunity is something in the past for them also

We find ourselves unable to get too much worked up over this sort of philosophy We are sure that those who have what it takes will get along all right Most of the men we know who resumed the private practice of medicine after World War I have done right well, the rest probably wouldn't have been much better off if they had not been in the war From two to four years is not too long for patients to return to doctors they liked before, most of them will return, and the rest were a shifting clientele anyway, who came to me today and to you tomorrow These considerations are from the purely bread-and-butter side

From a broader viewpoint, opportunities abound Organized medicine, which includes institutions for medical teaching, does owe the returning veteran the opportunity and place to complete his medical education, or to augment it, if he desires With such a backlog of those who desire it, this will be a Herculean job, but indications are that it is being met

There are thousands of young men who went into the service from their internships and who have never practiced

Opportunities stretch before them to the horizon. There were thousands of localities which were insufficiently supplied with doctors even before the war These localities were *not* in huge piles of masonry in the middle of big cities

Their attention is invited to the vast number of things that we do not know The discoverer of any one of them will have his name in capital letters in medical histories from the discovery on

Frontiers are always ahead They are like the end of the rainbow that we can see reaching the ground among the trees But when we get there, it is still ahead, beckoning us on —*Rocky Mountain Medical Journal, Jan , 1946*

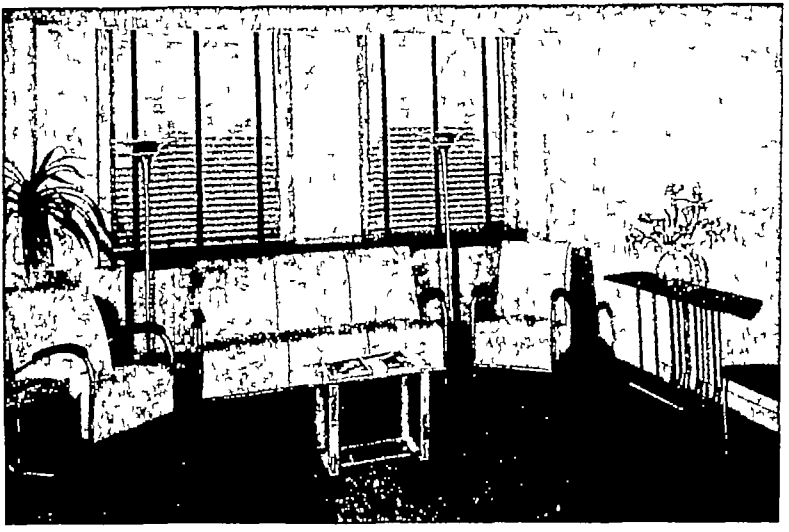
IT'S THE TRUTH

No one seemed to take much notice of Dr Brown as he sat around with his colleagues in a postconvention gathering He tried to get in a word now and then, but somebody with a stronger voice always took command of the conversation

At last the talk turned on the subject of dogs, and Dr Brown felt sure that his chance would come, for he owned a dog of which he was proud

"There are some dogs," remarked Dr Robinson, "that have more intelligence than their masters"

"That's quite right," piped up Dr Brown, "I've got one like that"—*Canadian Doctor, Sept , 1945*



What does YOUR OFFICE *say about you?*

Does it favorably impress your patients with your professional ability your position in the community your success your achievements your progress?

That's exactly what DOEHLER METAL FURNITURE can do for you, if you install it in your reception room, your office and your examining rooms, because it's smart, modern, sturdy, sanitary and stays clean and attractive

It builds greater "patient faith" in you and we suggest that "bills for services rendered" might be paid sooner That's an ideal

Good medical reasoning Good business sense don't you think?

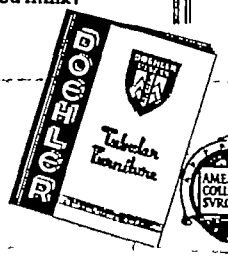
Visit Our Showrooms

•

Send for New 1946 Doehler Catalog No 84

•

Write to your Medical Supply Dealer



Doehler

Hospital Division

FACTORY, PLAINFIELD, CONN.

DOEHLER METAL FURNITURE CO., INC.

SHOWROOMS: 192 Lexington Ave., New York 16, N. Y

Hospital News

Reform in Mental Hygiene Needed

THE whole setup of the mental hospital needs drastic reconsideration and planning, the National Committee for Mental Hygiene declared in its annual report recently made public

To meet the postwar challenge for greater effort to prevent mental disorders the committee also recommended more child guidance facilities, more training of psychiatrists, more community clinics, development of family care of mental patients, and a vigorous educational campaign against the public ignorance of mental disorders

Declaring that while a number of general hospitals are establishing their own psychiatric units, there are only about 100 for the country as a whole, the report continued

"Over the years we have come to feel that the worst feature of our treatment of mental cases is that mental hospitals are almost always isolated, they are set off by themselves, far from other hospitals, from research centers, and from medical schools This isolation, though in many cases inevitable, is symbolic of the public attitude

"Much can be done to combat the handicap of isolation when once we realize the problem Reforms which the National Committee has been especially recommending are the adequate supervision of parole patients, the development of family care, the establishment of clinics and consultation services in communities, and the establishment of adequate social services At the same time we think the whole set up of the mental hospital needs drastic reconsideration and planning"

Child guidance clinics, the report stated, are a means of incorporating psychiatry into community activities The first child guidance clinic was established in Chicago thirty-seven years ago, yet vast areas of the country still have no community clinics, it said

Baruch Fund Provides Bellevue Rehabilitation Plan for Disabled

THE personal interest that "the old family doctor" shows toward his patient has been added to the routine of the modern hospital in a plan known as P A P —physical ability profile—now being developed at Bellevue Hospital's Department of Physical Medicine

P A P is a system for rehabilitation of disabled patients after surgical and medical treatment have been completed, it has been explained by the Baruch Committee on Physical Medicine, which financed the work in a $250,000 grant to the New York University, College of Medicine in February The college is affiliated with Bellevue Hospital

The principle of P A P is that a hospital's responsibility does not end when the operation has been completed or when the last treatment is given, doctors explained

For example, the surgeon's job is done when he finishes an amputation, but the patient who faces life with one leg can hardly be considered cured P A P helps to train him to meet the problems of everyday life, and, if it cannot equip him to return to his old job, to advise him in what fields he may be fitted

Disabled patients may go to the Department of Physical Medicine from any of Bellevue Hospital's other wards, after other treatments have been completed They are first put through a series of thirty-seven tests, and the results are recorded on their physical ability profile

When all the progress possible has been made, a final P A P on the patient is drawn up This includes a summary of jobs and activities for which the disabled person is fitted

Regional Survey of Health Facilities to Be Made

WITH the warning that hospitals throughout New York State are exceeding the occupancy-rate safety level of 85 per cent, Assemblyman Lee B Mailler, of Orange County, as State chairman of the Joint Hospital Board, State Postwar Public Works Planning Commission, on April 22 opened the Syracuse regional hospital planning meeting in the College of Medicine, Syracuse University

More than 250 representatives from the 113 hospitals of the 15-county region attended Carl P Wright, secretary of the New York State Hospital Association and superintendent of the Syracuse General Hospital, presided at the all-day gathering

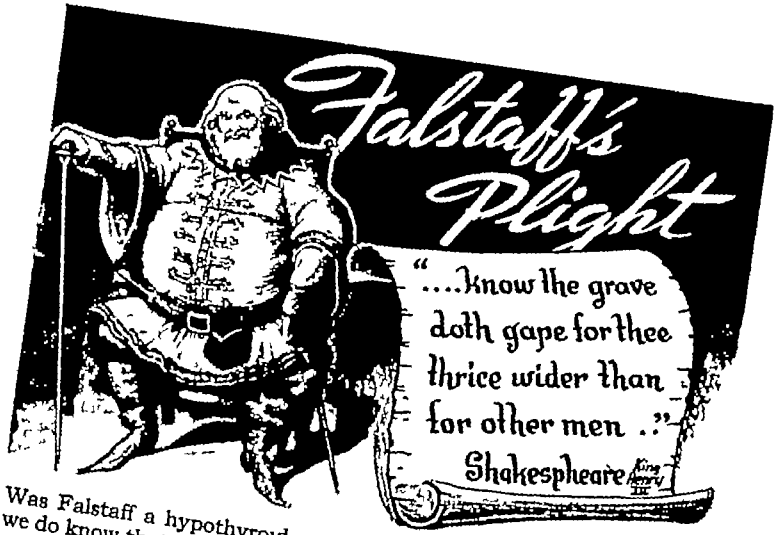
"Essentially, today's meeting has been called to inaugurate a hospital survey of the Syracuse region, one of six regions in the state," asserted Dr John J Bourke, Joint Hospital Board survey director

Dr Bourke, one of the principal speakers at the morning session, outlined the provisions of the Hill-Burton Bill which will provide Federal grants-in-aid for hospital construction and rehabilitation throughout the nation The survey director declared the regional planning in New York State is "going ahead on the presumption that the Hill-Burton Bill, already passed by the Senate, will be passed, before too long, by the House"

Conferences Given at Mount Sinai

THE Mount Sinai Hospital, New York City, is offering the following departmental conferences during the latter part of June radiology, June 17, pediatric, June 20, medical and surgical thoracic disease, June 20, medical x-ray, June 20, radiology, June 24, gynecology, June 25, pediatric, June 27, medical and surgical thoracic disease, June 27, and medical x-ray, June 27

[Continued on page 1390]



Was Falstaff a hypothyroid case? We cannot say for certain, but we do know that excessive weight is as much of a threat to life today as it was in Falstaff's time

To guard against the dangers of hypothyroid obesity, the modern physician employs THYROBROM, a *bromin ated* thyroid preparation with clinically proved advantages over plain thyroid.

THYROBROM provides every physiological effect of thyroid U S P, but minimizes the thyrotoxic manifestations of plain thyroid.

In a controlled clinical series[1] of 60 obese cases receiving daily doses of thyroid U S P, 31 patients reported palpitation and nervousness When THYROBROM was employed in an identical manner in the same group only 11 patients reported such symptoms Moreover, THYROBROM was over 35 % more effective than thyroid U S P in the average weight reduction achieved

Each THYROBROM tablet contains *brominated* thyroid 2 gr, made from the finest grade of clean fat free, desiccated whole thyroid THYROBROM'S iodine content, 0 2 %, equals the U S P standard for thyroid

THYROBROM may be prescribed in hypothyroid obesity or in any indication for thyroid U S P It may be tried in cases in which thyroid U S P is not well tolerated

ADMINISTRATION *Adults*—½ to 1 tablet (1 to 2 gr) daily, preferably given in the morning Dosage may be gradually increased to meet individual requirements, but should seldom exceed 4 gr per day Discontinue if untoward symptoms arise Therapy should be controlled by periodic examinations Any thyroid preparation is contraindicated in cardiac disease, adrenal cortex insufficiency, hypertension, diabetes and hypothyroidism secondary to pituitary dysfunctions

HOW SUPPLIED Bottles of 30 tablets, grooved for easy division

Write for literature

[1] M. Rec. 158 420 1943

VAN PATTEN PHARMACEUTICAL CO. 500 NORTH DEARBORN, CHICAGO, ILL.

Thyrobrom

[Continued from page 1388]

Hospitals Seek Nurses

THE city's hospitals are still in "desperate" need of additional nurses, Dr Edward M Bernecker, Commissioner of Hospitals, said recently

Dr Bernecker spoke during a special program broadcast by WNYC to mark the birthday of Florence Nightingale and National Hospital Day

He said Miss Nightingale revolutionized methods of treatment of the sick and should be an inspiration to young girls who might choose a nursing career

Newsy Notes

The $2,500,000 Lebanon Hospital, Mt Eden Parkway and the Concourse, returned to its owners by the Army after more than two years of military use, was rededicated to peacetime needs on April 28

It was to be ready to function as the Bronx's newest hospital for general needs late in May or early in June, Dr Edward Kirsch, executive director, said

Since the 11-story structure was returned by the Army in January, the staff has been working overtime to prepare it for its first civilian patients

Postwar shortages have slowed the complete equipping of the institution, but it has been fully redecorated and the opening is not expected to be delayed

The hospital, first dedicated on June 6, 1943, but turned over to the Army the following month, will have 210 beds for adult patients and accommodations for 30 infants In an emergency, 240 adults could be cared for, Dr Hirsch said *

• •

Recognition of the importance of Albany Hospital in the regional plan to make the city a greater center for the teaching and practice of specialized medicine is emphasized in two subscriptions amounting to $2,000 from out-of-town companies to the hospital's $3,000,000 building fund, Alfred Renshaw, chairman of the committee on corporation subscriptions, announced on May 20

The contributions, each for $2,000, are from the Beech-Nut Packing Company of Canajoharie and the Hughes Autograf Brush Company of Watervliet Watervielt sends nearly 250 patients yearly to Albany Hospital, Mr Renshaw pointed out *

• •

Army engineers have started work on plans and specifications for a 43-million-dollar hospital program, involving nine new hospitals and additions to five others, the War department announced recently

A field survey to determine necessary engineering has been authorized for a new hospital at Albany, having 800 beds for general medical and 200 beds for neuropsychiatric patients Its estimated cost is $10,423,706 *

•

The Nassau-Suffolk General Hospital is under the new management and ownership of Robert H Bailey of Amityville, a director of the First National Bank of Farmingdale and North Amityville developer It is understood that the plan is to reconvert the building into a general hospital *

• • •

A gift of property valued at $200,000 has been made by the Board of Managers of the Bellevue Hospital School of Nursing to the New York University-Bellevue Medical Center The property was deeded to the Board of Managers last year by the late Mrs William Church Osborn, for thirty-two years president of the School of Nursing, who died last March 30

The land fronts 173 feet on East Thirty-second Street, 200 feet on Franklin D Roosevelt Drive, and 252 feet on East Thirty-first Street It will be used as part of New York University's $15,000,000 section of the N Y U -Bellevue Medical Center

• • •

As part of the educational program of the Department of Mental Hygiene the Rochester State Hospital, Syracuse Psychopathic Hospital, and Willard State Hospital joined forces to put on an institute for Public Health Nurses of central New York at the Willard State Hospital on June 11 to 12

Prominent men in the field of psychiatry took part in the discussion This is the second year for such a program at Willard State Hospital and it is anticipated that other regional institutes will be held in the course of the summer and fall, at other hospitals

• • •

The board of directors and the medical and surgical staff of the Chenango Memorial Hospital met at the hospital Thursday evening, April 4

The board and staff expressed appreciation of the wide interest shown by the community in hospital expansion

To further assist in planning, the board decided to employ an outstanding hospital consultant to make a thorough, complete, and comprehensive study of all phases of the hospital's operation and expansion plans

The board unanimously approved the report and recommendations of the staff, together with appointments for the current year and expressed its appreciation for the high standards of medical and surgical work being done at the hospital *

• •

The Capital City Container Company has donated $3,000 to the Albany Hospital Building Fund Also among latest contributors was the Detroit Supply Company, which subscribed $1,500 to the hospital's expansion program

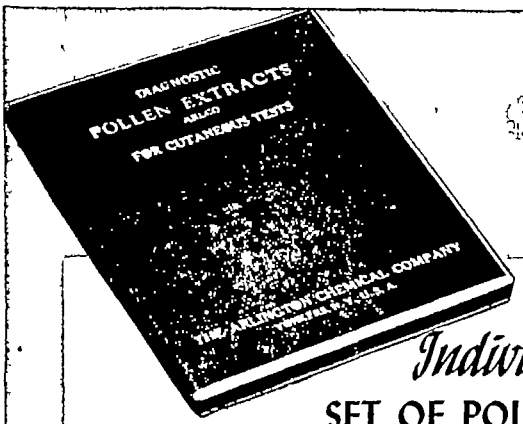
The hospital seeks a total of $3,000,000 in a drive launched last winter *

• •

Approximately $45,900 of the $75,000 quota in the current cancer fund drive in Nassau County will be used to finance a cancer hospital in the county,

* Asterisk indicates that item is from a local newspaper

[Continued on page 1392]



ONLY $1.00

Individualized SET OF POLLEN TESTS FOR HAY FEVER

A Complete Diagnostic Set, containing 12 or more tests. Capillary tubes in individualized sets, selected on the basis of locality, date of onset and the duration of the patient's attack

Make the skin tests by the easy "scratch method", and record results on the simplified chart enclosed for your convenience

If you wish, send us a report of your tests and we will prepare a treatment set to cover the patient's sensitivities ($7 50 complete) Also our allergy staff will gladly offer suggestions for the management of your cases.

THE ARLINGTON CHEMICAL CO

YONKERS 1 *Arlington* NEW YORK

MAIL THIS COUPON TODAY

Date of onset of attack

Date of termination of attack

NYS

Biological Department—The Arlington Chemical Company
Yonkers 1 New York

Gentlemen:

Enclosed find $1.00 for a special complete Pollen Diagnostic Set for this locality and for indicated dates of Hay Fever attack.

DR._____

ADDRESS_____

CITY_____ ZONE____ STATE_____

[Continued from page 1390]

Dr Walter F Stillger, a member of the Hicksville Kiwanis Club, told members at a luncheon meeting on April 4 Dr Robert F Ferdinand, president, presided *

•

The rapid development of "a new generation of practical nurses" as a means of overcoming the "desperate shortage of bedside nurses in the nation's hospitals" was advocated Sunday, March 31, by Dr E M Bluestone, director of Montefiore Hospital, in the Bronx

Dr Bluestone's proposal accompanied the announcement that Montefiore's School of Practical Nursing for Men and Women began its sixth class on May 1

Open to persons between the ages of 18 to 45 with elementary school educations or their equivalent, the school conducts a one-year course that qualifies graduates to take the State Board examinations for a license as a practical nurse *

• •

A department of diabetes and cardiovascular disease has been opened at Ellis Hospital as the final step in the institution of a program of education and rehabilitating treatment for afflicted persons

The department has four private rooms, six semi-private (two-bed) rooms, and one four-bed ward, all with sound-proof ceilings In addition it has a shock room for treatment of diabetic coma cases and emergency cardiac patients

Featuring the department's program will be a plan to educate patients in caring for themselves when they return home Several rooms have been set aside for this purpose

A laboratory on the floor for doctors and nurses also will be used in educating the patients

Both the diabetic and cardiac departments have existed at Ellis Hospital a number of years, but this is the first time both have been centralized and given a section of the hospital for exclusive use *

• • •

The Columbia County Association in the City of New York launched its campaign to raise $25,000 within its organization for the proposed Columbia Memorial Hospital with a subscription of $5,000 at a special dinner-meeting in April at the Princeton Club *

•

Further indication of overcrowded conditions in hospitals was shown on April 11 at the monthly meeting of the Health and Hospital Board when the quarterly report for Jamestown General Hospital listed a daily average of 128 patients in the 100-bed hospital for the first three months of the year In March the average reached a new high of 131

• •

A free cancer detection clinic—first of its kind in the city—was recently established at Queens General Hospital, Jamaica, to provide diagnostic services for supposedly well persons, the Queens Cancer Committee announced at its headquarters in Jamaica

The clinic will be opened to all individuals who qualify for clinical care in city hospitals and is designated to be the forerunner of similar clinics in all Queens hospitals

The work will be financed by the cancer committee, which is currently appealing for $138,000 in Queens to support its activities *

• • •

Robert Hoe, president of the board of trustees of Vassar Brothers Hospital, is serving as general chairman of the capital funds campaign for the $750,000-expansion project of the Poughkeepsie institution *

•

The goal in the Rockaway Beach Hospital's campaign for money to replace the present building has been raised from $350,000 to $1,500,000 after a change of building plans

The quota in the campaign was fixed at $350,000 when it started in 1944 but the drive was interrupted last winter for a revision of plans, increasing the hospital's capacity

The new structure will have 165 beds and include the most modern equipment *

•

Mr P Erskine Wood, president of the North Country Community Hospital, announced early in April plans for a new $1,500,000 addition to the Glen Cove Hospital *

• • •

The convalescent hospital at Camp Upton is among 14 Army hospitals which will be closed by June 30, according to a War Department announcement in Washington Decreases in patients and available medical personnel were given as the reasons for the closing order

The announcement was made by Maj Gen Norman T Kirk, Army surgeon general, who reported that the total number of Army patients had shrunk from 312,000 last August to 129,000 on March 1 this year He said a survey showed adequate facilities would remain to house comfortably all remaining patients *

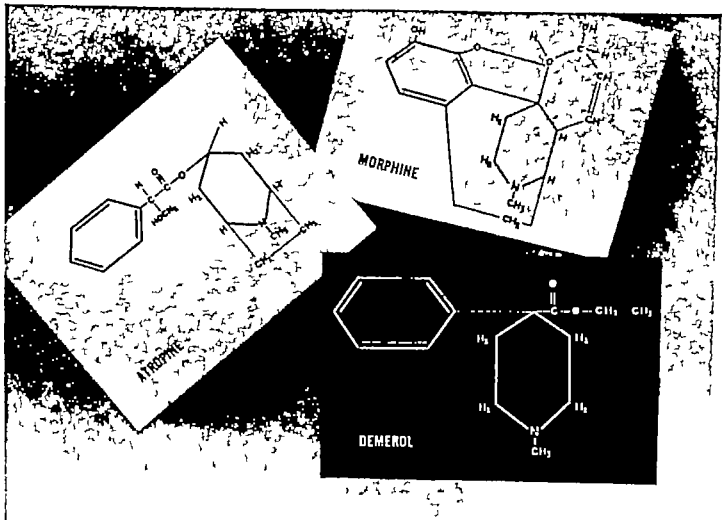
Improvements

O A Gottschalk, deputy Veteran's administrator for New York, has announced distribution of more than $30,000 worth of sports equipment for the state's eight Veterans Administration hospitals, including Batavia, Bath, and Canandaigua

Summer sports programs for the veterans will be started as soon as the weather permits, Gottschalk said Many physically handicapped men will be able to play such games as croquet, lawn bowling, and horseshoe pitching, while the more active men will compete in baseball, softball, golf, tennis, volley ball, and badminton

• •

A new 1946 model ambulance, the first of three to be presented anonymously to the Roosevelt Hospital by a West Side business concern, to cover emergencies in [illegible] ct bounded by Thirty-ninth and Eigh[illegible] from Fifth Avenue to the Hud-



Chemical Relationship and Pharmacodynamic Similarity

A NEW SYNTHETIC

ANALGESIC	Demerol's analgesic power ranks between morphine and codeine
SPASMOLYTIC	Demerol's spasmolytic action is similar to that of atropine
SEDATIVE	Demerol's sedative effect is mild, but usually sufficient to allay restlessness and induce sleep

PRACTICALLY NO RISK OF RESPIRATORY DEPRESSION
WRITE FOR DETAILED LITERATURE

DEMEROL
Trademark Reg. U. S. Pat. Off. & Canada
HYDROCHLORIDE
Brand of MEPERIDINE HYDROCHLORIDE

Average adult dose: 100 mg orally or intramuscularly

HOW SUPPLIED — For oral use: Tablets of 50 mg., bottles of 25 and 100. For intramuscular injection: Ampuls of 2 cc. (100 mg.) boxes of 6 and 25 and vials of 30 cc (50 mg. per 1 cc.)

Subject to regulations of the Federal Bureau of Narcotics

WINTHROP CHEMICAL COMPANY, INC
Pharmaceuticals of merit for the physician — New York 13 N Y — Windsor Ont.

[Continued from page 1390]

Dr Walter F Stillger, a member of the Hicksville Kiwanis Club, told members at a luncheon meeting on April 4 Dr Robert F Ferdinand, president, presided *

• • •

The rapid development of "a new generation of practical nurses" as a means of overcoming the "desperate shortage of bedside nurses in the nation's hospitals" was advocated Sunday, March 31, by Dr E M Bluestone, director of Montefiore Hospital, in the Bronx

Dr Bluestone's proposal accompanied the announcement that Montefiore's School of Practical Nursing for Men and Women began its sixth class on May 1

Open to persons between the ages of 18 to 45 with elementary school educations or their equivalent, the school conducts a one-year course that qualifies graduates to take the State Board examinations for a license as a practical nurse *

• • •

A department of diabetes and cardiovascular disease has been opened at Ellis Hospital as the final step in the institution of a program of education and rehabilitating treatment for afflicted persons

The department has four private rooms, six semi-private (two-bed) rooms, and one four-bed ward, all with sound-proof ceilings In addition it has a shock room for treatment of diabetic coma cases and emergency cardiac patients

Featuring the department's program will be a plan to educate patients in caring for themselves when they return home Several rooms have been set aside for this purpose

A laboratory on the floor for doctors and nurses also will be used in educating the patients

Both the diabetic and cardiac departments have existed at Ellis Hospital a number of years, but this is the first time both have been centralized and given a section of the hospital for exclusive use *

•

The Columbia County Association in the City of New York launched its campaign to raise $25,000 within its organization for the proposed Columbia Memorial Hospital with a subscription of $5,000 at a special dinner-meeting in April at the Princeton Club *

• •

Further indication of overcrowded conditions in hospitals was shown on April 11 at the monthly meeting of the Health and Hospital Board when the quarterly report for Jamestown General Hospital listed a daily average of 128 patients in the 100-bed hospital for the first three months of the year In March the average reached a new high of 131

• • •

A free cancer detection clinic—first of its kind in the city—was recently established at Queens General Hospital, Jamaica, to provide diagnostic services for supposedly well persons, the Queens Cancer Committee announced at its headquarters in Jamaica

The clinic will be opened to all individuals who qualify for clinical care in city hospitals and is designated to be the forerunner of similar clinics in all Queens hospitals

The work will be financed by the cancer committee, which is currently appealing for $138,000 in Queens to support its activities *

•

Robert Hoe, president of the board of trustees of Vassar Brothers Hospital, is serving as general chairman of the capital funds campaign for the $750,000-expansion project of the Poughkeepsie institution *

• •

The goal in the Rockaway Beach Hospital's campaign for money to replace the present building has been raised from $350,000 to $1,500,000 after a change of building plans

The quota in the campaign was fixed at $350,000 when it started in 1944 but the drive was interrupted last winter for a revision of plans, increasing the hospital's capacity

The new structure will have 165 beds and include the most modern equipment *

• • •

Mr P Erskine Wood, president of the North Country Community Hospital, announced early in April plans for a new $1,500,000 addition to the Glen Cove Hospital *

• • •

The convalescent hospital at Camp Upton is among 14 Army hospitals which will be closed by June 30, according to a War Department announcement in Washington Decreases in patients and available medical personnel were given as the reasons for the closing order

The announcement was made by Maj Gen Norman T Kirk, Army surgeon general, who reported that the total number of Army patients had shrunk from 312,000 last August to 129,000 on March 1 this year He said a survey showed adequate facilities would remain to house comfortably all remaining patients *

Improvements

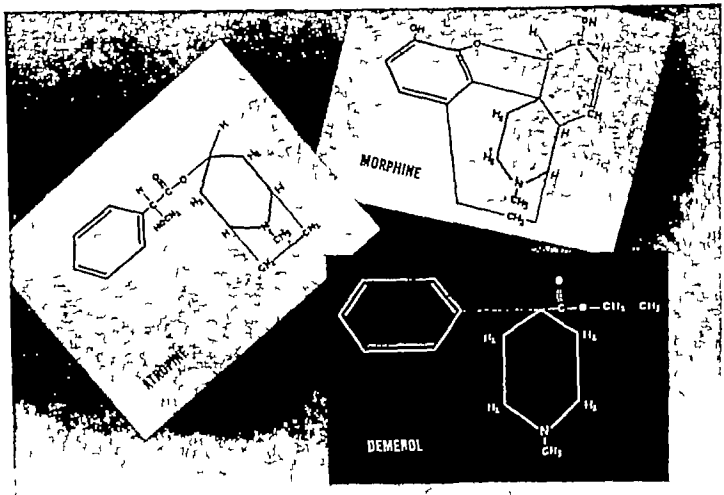
O A Gottschalk, deputy Veteran's administrator for New York, has announced distribution of more than $30,000 worth of sports equipment for the state's eight Veterans Administration hospitals, including Batavia, Bath, and Canandaigua

Summer sports programs for the veterans will be started as soon as the weather permits, Gottschalk said Many physically handicapped men will be able to play such games as croquet, lawn bowling, and horseshoe pitching, while the more active men will compete in baseball, softball, golf, tennis, volley ball, and badminton

• •

A new 1946 model ambulance, the first of three to be presented anonymously to the Roosevelt Hospital by a West Side business concern, to cover emergencies in the district bounded by Thirty-ninth and Eighty-sixth Streets from Fifth Avenue to the Hud-

[Continued on page 1394]



Chemical Relationship and Pharmacodynamic Similarity

A NEW SYNTHETIC

ANALGESIC	Demerol's analgesic power ranks between morphine and codeine
SPASMOLYTIC	Demerol's spasmolytic action is similar to that of atropine
SEDATIVE	Demerol's sedative effect is mild, but usually sufficient to allay restlessness and induce sleep

PRACTICALLY NO RISK OF RESPIRATORY DEPRESSION

WRITE FOR DETAILED LITERATURE

DEMEROL
Trademark Reg. U. S. Pat. Off. & Canada
HYDROCHLORIDE
Brand of MEPERIDINE HYDROCHLORIDE

Average adult dose: 100 mg orally or intramuscularly

HOW SUPPLIED — For oral use: Tablets of 50 mg., bottles of 25 and 100. For intramuscular injection: Ampuls of 2 cc. (100 mg.) boxes of 6 and 25 and vials of 30 cc. (50 mg. per 1 cc.)

Subject to regulations of the Federal Bureau of Narcotics

WINTHROP CHEMICAL COMPANY, INC
Pharmaceuticals of merit for the physician — New York 13 N. Y. — Windsor Ont.

[Continued from page 1392]

son River, was commissioned on May 13 at the hospital, by Dr Edward M Bernecker, Commissioner of Hospitals *

. . .

Work of sound-conditioning of a large portion of the Alice Hyde Hospital was begun in April with a crew of two men from an Albany concern making installation of the acoustical material

The $4,000 project of applying the noise-deadening material was recently approved by the Hospital Board of Directors who felt the elimination of noise is essential to the comfort and rapid improvement of all patients *

At the Helm

The resignation of former Surrogate Harry H. Flemming as president of the board of directors of the Kingston Hospital was accepted with regret at a recent meeting of the board Mr Flemming has served the hospital as treasurer, and later as president of the board of directors, for a quarter of a century *

. . .

Dr Donald R Gorham has been appointed a member of the staff of the Veterans Hospital in Canandaigua He will serve as a part-time clinical psychologist while continuing his duties as head of the department of psychology at Keuka College *

Appointment of Dr Louis G Knapp as a resident physician at Binghamton City Hospital has been announced by Acting Supt Marion E Sawtelle

Miss Dorothy E Aul has been appointed to the position of physiotherapy technician at the hospital *

. . .

Dr Maurice A Donovan, of Schenectady, has been appointed attending cardiologist of Ellis Hospital *

. . .

Mrs Helen L Warren, superintendent of Samaritan Hospital, has been named to head a survey of Troy's Hospital needs and postwar building program *

. . .

Dr Alexander A Kosinski, of Schenectady, has been named fulltime pathologist at the Leonard Hospital to succeed Dr Stephen H Curtis, who has resigned after twenty-five years' service with the hospital *

. . .

At the annual meeting of the physicians comprising the staff of the Eastern Long Island Hospital, the following officers were elected and comittees appointed for the ensuing year chief of staff, Dr George P Bergman, Mattituck, secretary, Dr Donald Currie, Shelter Island, representatives from the staff to the executive board, Dr Donald Currie and Dr J Mott Heath, medicine, Dr H Stevens, Southold, Dr Stanley Jones, Mattituck, Dr William Kaplan, Greenport, surgery, Dr A C Loper, Greenport, Dr Donald Currie, Shelter Island, Dr Jack Cantor, Riverhead, obstetrics, Dr J Mott Heath, Greenport, Dr Hallock Luce, Riverhead, laboratory and x-ray, Dr Stanley Jones and Dr Donald Currie

. . .

Dr Harold A Pooler, supervising psychiatrist at Binghamton State Hospital, has been promoted to the assistant directorship of Utica State Hospital.

Dr Pooler, a veteran of World War II, was a member of the Binghamton institution's staff from 1928 to 1941 before he entered service *

. . .

Several assignment changes of staff officers at Rhoads General Hospital were announced recently by Col A J Canning, commanding officer of Rhoads

Maj John N Dill has been appointed chief of the GI Section on the medical service Capt Benjamin F Glasser now is chief of the septic surgery section, while Capt George M Kirkwood is head of the officers' surgical section A new post quartermaster, Capt. Edward J Slutts, also has been named *

. . .

The 21st annual meeting of the Hebrew Hospital Association of Sullivan County was held April 28 at the Monticello Hospital, at which President Max H Rhulen presided.

The financial statement for the past fiscal year showed the hospital to be in excellent condition Reports were also submitted on behalf of the Ladies Linen Society, the Medical Board, and the Women's Auxiliaries of South Fallsburgh and Woodridge

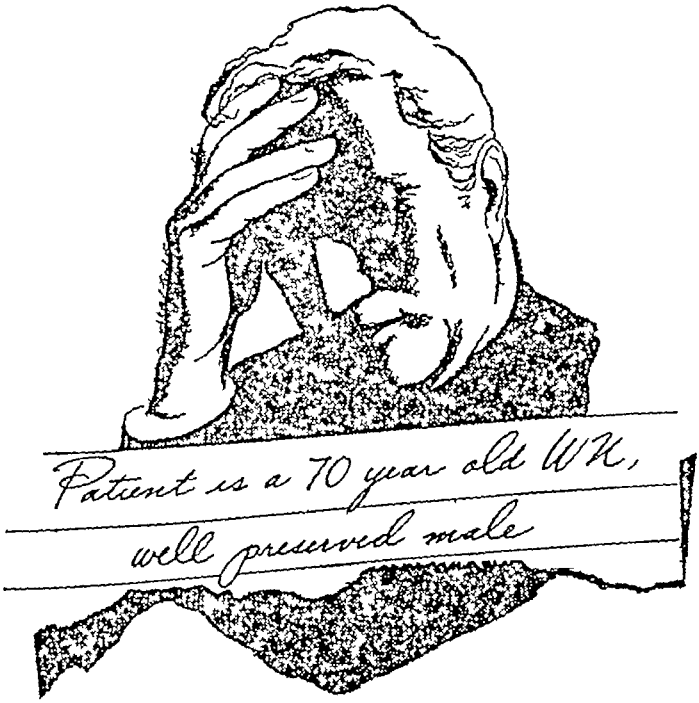
It was announced at the meeting that Max Spector, executive director of the hospital, had been appointed, through the office of Governor Dewey, Commissioner for this district of the Postwar Public Works Planning Commission This district commission will be in charge of financial assistance to be given by the State for additional hospital facilities which may be required to be constructed in the Counties of Sullivan, Orange, Ulster, and Rockland. Mr Spector is at present the president of the Hospital Council covering three of these counties, having succeeded Dr Moore of the Horton Memorial Hospital at Middletown *

. . .

Dr T Roosevelt Gathings has been appointed clinical assistant at Bronx Hospital and Dr A J Sayers has been appointed in the same capacity to Lincoln Hospital

---

Teach people to think and you have freedom
teach them what to think and you have tyranny —
Clinical Medicine, March 1, 1946



Truly well nourished? Then he'd be outstanding. The hurdles of mastication, digestion and absorption which the aged have to meet frequently threaten nutritive intake. Only by careful inquiry can the vitamin status of elderly patients be determined.

"Severe atypical deficiency disease," states Spies[1], "like other forms of nutritive failure, can be successfully corrected by the application of four essentials." One of these is administration of the four critical water-soluble vitamins *in high dosage*.

Squibb Basic Formula is the identical formula used by Spies[1,2] and Jolliffe and Smith[3] —based on years of clinical experience.

Each Squibb Basic Formula Vitamin tablet contains thiamine HCl 10 mg., niacinamide 50 mg., riboflavin 5 mg., ascorbic acid 100 mg.

For our newest professional leaflet with complete information, write on your prescription blank "Nutritive Failure," and mail to Squibb Professional Service Department, 745 Fifth Avenue, New York 22, N. Y.

Basic Formula SQUIBB

1. Spies, Tom D., Cogswell, Robert C., and Vilter, Carl: J.A.M.A. (Nov. 18) 1944. Spies, Tom D.: Med. Clin. N. Am. 27:273, 1943. 2. Spies, Tom D.: J.A.M.A. 122:911 (July 31) 1943. 3. Jolliffe, Norman and Smith, James J.: Med. Clin. N. Am. 27:567 (March) 1943.

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

SUGGESTIONS FOR CONTRIBUTORS TO THE *NEW YORK STATE JOURNAL OF MEDICINE*

The NEW YORK STATE JOURNAL OF MEDICINE asks its contributors to follow the suggestions listed below in the preparation of their articles In this way they will greatly facilitate the expeditious publication of the JOURNAL These suggestions have been devised in order to save correspondence, avoid return of papers for changes, minimize the work of preparation for the printer, and save the high costs of corrections made on galley proof

Size of Articles.—It is earnestly desired that scientific articles shall not exceed 6 JOURNAL pages at the outside Longer articles tend to lower reader interest An average of five or six seems to be the most desirable from this point of view Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, e g , twelve manuscript pages will make five JOURNAL pages

Manuscripts —Papers must be typewritten on one side only of white sheets consecutively numbered, and be *double spaced* with one-inch margins They should be prepared with great care so as to be typographically correct All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin This is imperative for rapid and accurate composition by the printers

Titles.—The title should be *brief* and typed in capital letters The subtitle can be longer and should be typed in caps and lower case letters Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives Directly under his name should be the hospital or institution with which he is affiliated

Subheadings.—Subheadings should be inserted by the author at appropriate intervals

References.—It is the unfailing practice of the NEW YORK STATE JOURNAL OF MEDICINE to use specific "references" rather than "bibliography" There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference A list, consecutively numbered, of these references should follow at the end of the manuscript (Note that spelling in list is same as in text) The arrangement should be as follows and should include all items

a *Books*—author's surname followed by initials, title of book, edition, location and name of publisher, year of publication, volume, and page number Thus, Osler, W Modern Medicine, 3rd ed , Philadelphia, Lea & Febiger, 1927, vol. 5, p 57

b *Periodicals*—author's surname followed by initials, name of periodical, volume, page, month (day if necessary), year of publication Thus, Leahy, Leon J New York State J Med 40 347 (March 1) 1940

NOTE The JOURNAL does not include titles of articles

Case Reports —Instead of abstracts of hospital histories, authors should write these reports in a narrative style with properly completed sentences All unimportant details should be deleted with such general negative statements as fit the case

Tables —While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page For that reason it is urged that they be reduced as much as possible to descriptive language

Illustrations —These should be kept to the minimum necessary to make clear the points to be registered by the author In some instances they are imperative to proper understanding, in others they are merely picturesque The latter can be excluded to good effect, both as to space and the not inconsiderable cost

When illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number Drawings or graphs should not be larger than 12 × 16 inches, and must be made with jet black India ink on white paper *Do not use typewriter for lettering* The smallest lettering on 8 × 10 inch copy should be no less than 1/4 inch high. Cross-section paper (white with black lines) may be used, but should not have more than 4 lines per inch If finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer divisions In the case of finely ruled paper, only blue-lined paper can be accepted Lettering and all markings must be large enough to be readable after reduction Mail rolled or flat, never fold Photographs should be very distinct and show clear black and white contrasts They must be on glossy white paper Avoid round and oval photographs

Whenever possible "crop" photographs, i e, mark portion that can be excluded when reproduced Crop marks should be on *margin* of photographs *Do not run pencil lines through photographs*

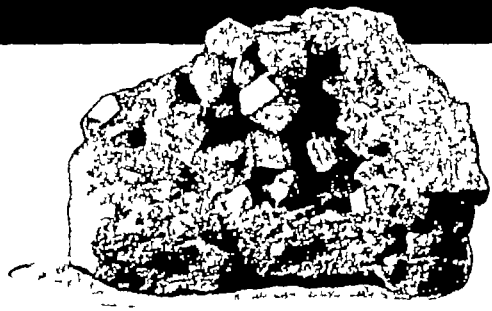
It is important to mark the top of the illustration on the back, also its number as referred to in the text, thus, Fig 1, 2, and the name and address of the author

Legends should be typewritten on one sheet of paper and attached to the illustrations

HYDROSULPHOSOL

Provides all 9 desired requisites as a superior therapy in thermal, acid and caustic burns.

Provides for mechanical exclusion of air at site of burn • Insures prompt relief of pain • Aids in abating burn shock • Bacteriostatic influence • Non-toxic effect • STIMULATES TISSUE REPAIR • Rapidly reduces inflammation and edema • Results in absence or marked reduction of scar tissue • Tends to shorten convalescent period.





HYDROSULPHOSOL is a true solution of sulfur bearing compounds resulting solely from the reduction of flowers of sulfur by a catalytic process. In aqueous solution it is capable of rapidly releasing its high concentration of sulfhydryl ion (-SH radical) in such form as can be effectively utilized by the body in the synthesis of sulfur-containing amino acids – functionally active in cell stimulation and directly related to tissue respiration and repair

Unlike the sulfa group and many other sulfur compounds Hydrosulphosol is non toxic when administered orally or topically applied in heavy concentrations and will not result in damage to liver and kidney function

Reprints of scientific papers by authoritative investigators available on request

AVAILABLE FORMS

AQUEOUS SOLUTION:
Bottles of 8 4 and 1 fluid ounce

OINTMENT:
Jars of 1 lb and 1 oz.

ORDER TODAY through your surgical or hospital supplier

Distributed by

REES-DAVIS DRUGS, INC.

MERIDEN CONNECTICUT

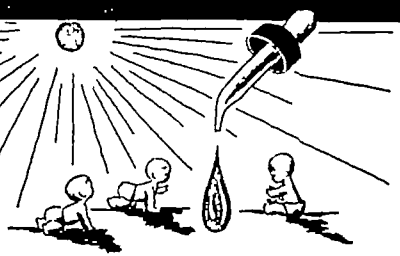
Officers—County Medical Societies—1946

TOTAL MEMBERSHIP AS OF JUNE 15, 1946—19,939

County	*President*		*Secretary*		*Treasurer*	
Albany	R G Leddy	Albany	A Vander Veer	Albany	F E Vosburgh	Albany
Allegany	I Felsen	Wellsville	E B Perry	Belfast	D Grey	Belfast
Bronx	F La Gattata	Bronx	G B Gilmore.	Bronx	J A Landy	Bronx
Broome	V W Bergstrom	Binghamton	M A Carvalho	Binghamton	L J Flanagan	Binghamton
Cattaraugus	L R Stoll	Salamanca	W R Ames	Olean	W R Ames	Olean
Cayuga	C W Bullard	Auburn	S J Karpenski	Auburn	L H Rothschild	Auburn
Chautauqua	R E Storms	Westfield	E Bieber	Dunkirk	C E Hallenbeck	Dunkirk
Chemung	W T Boland	Elmira	E D Smith	Elmira	M F Butler	Elmira
Chenango	W D Mayhew	Oxford	J H Stewart	Norwich	J H Stewart	Norwich
Clinton	E W Sartwell	Plattsburg	K M Clough	Plattsburg	K M Clough	Plattsburg
Columbia	L M Niesen	Hudson	L J Early	Hudson	L J Early	Hudson
Cortland	F A Jordan	Cortland	W A. Wall	Cortland	F F Sornberger	Cortland
Delaware	G B Ewing	East Branch	F R Bates	Walton	F R. Bates	Walton
Dutchess	G J Jennings	Beacon	A. A Rosenberg	Poughkeepsie	A A Rosenberg	Poughkeepsie
Erie	P A Steele	Buffalo	L W Beamis	Buffalo	R. L Scott	Buffalo
Essex	J Breen	Schroon Lake	J E Glavin	Port Henry	J E Glavin	Port Henry
Franklin	L Passino	Malone	D H Van Dyke	Malone	D H Van Dyke	Malone
Fulton	J F Sarno	Johnstown	L Tremante	Gloversville	J A Shannon	Johnstown
Genesee	P P Welsh	Leroy	P J Di Natale	Batavia	P J Di Natale	Batavia
Greene	F E Persons	Lexington	W M Rapp	Catskill	M H Atkinson	Catskill
Herkimer	Y L Power	Ilion	F C Sabin	Little Falls	A L Fagan	Herkimer
Jefferson	S E Douglas	Adams	C A. Prudhon	Watertown	L E Henderson	Watertown
Kings	T B Givan	Brooklyn	B M Bernstein	Brooklyn	I E Siris	Brooklyn
Lewis	B M Phelps	Lowville	J F Rudmin	Port Leyden	J F Rudmin	Port Leyden
Livingston	C Gullo	Mt Morris	F J Hamilton.	Hemlock	F J Hamilton	Hemlock
Madison	F Ottaviano	Oneida	L S Preston	Oneida	G S Pixley	Canastota
Monroe	J S Houck	Rochester	C S Lakeman	Rochester	J L Norris	Rochester
Montgomery	M F Geruso	Amsterdam	S Partyka	Amsterdam	M T Woodhead	Amsterdam
Nassau	W C Atwell	Great Neck	W C Freese	Baldwin	W C Freese	Baldwin
New York	W C White	New York	B W Hamilton	New York	F Beekman	New York
Niagara	C M Brent	Niagara Falls	C M Dake	Niagara Falls	D B Fitzgerald	Lockport
Oneida	H D MacFarland	Utica	O J McKendree	Utica	R. C Hall	Utica
Onondaga	F S Wetherell	Syracuse	I L Ershler	Syracuse	A C Hofmann	Syracuse
Ontario	B C Hurlbutt	Rushville	D A Eiseline	Shortsville	D A Eiseline	Shortsville
Orange	R W Thompson	Cornwall-on-Hudson	E C Waterbury	Newburgh	E C Waterbury	Newburgh
Orleans	E T Eggert	Knowlesville	A. H Snyder	Holley	A H Snyder	Holley
Oswego	R C Robb	Phoenix	L H Morrisette	Oswego	L H Morrisette	Oswego
Otsego	A M Skinner	Oneonta	M F Murray	Cooperstown	J M Constantine	Oneonta
Putnam	F C Genovese	Patterson	Garrett W Vink	Carmel	R M. Hall	Cold Spring
Queens	V Juster	Jamaica	E A Wolff	Forest Hills	A. A Fischl	Long Island City
Rensselaer	R E Mussey	Troy	R. E De Friest	Troy	H C Engster	Troy
Richmond	M S Lloyd	New York	K Kerr	St George	H Dangerfield	St. George
Rockland	F J Schwartz	Spring Valley	R. L Yeager	Pomona	M R Hopper	Nyack
St. Lawrence	T M Watkins	Potsdam	C F Prairie	Massena	L T McNulty	Potsdam
Saratoga	F G Eaton	Saratoga Springs	M J Magovern	Saratoga Springs	J M Lebowich	Saratoga Springs
Schenectady	W E Gazeley	Schenectady	N H Rust	Scotia	R. E Faulkner	Schenectady
Schoharie	R G S Dougall	Cobleskill	D R. Lyon	Middleburg	D L Best	Middleburg
Schuyler	W C Stewart	Watkins Glen	C W Schmidt	Montour Falls	C W Schmidt	Montour Falls
Seneca	S B Folts	Interlaken	F W Lester	Seneca Falls	F. W. Lester	Seneca Falls
Steuben	J I Yanick	Hornell	R. J Shafer	Corning	R. J Shafer	Corning
Suffolk	R W Jones	Center Moriches	E P Kolb	Holtsville	G A Sillman	Sayville
Sullivan	R. S Breakey	Monticello	D S Payne	Liberty	D S Payne	Liberty
Tioga	H. S Fish	Waverly	P E Zoltowski	Waverly	P E Zoltowski	Waverly
Tompkins	R. H Broad	Ithaca	W Wilson	Ithaca	W Wilson	Ithaca
Ulster	H Silk	Kingston	F H Voss	Kingston	C B Van Gaasbeek	Kingston
Warren	J A Glenn	North Creek	L C Huested	Glens Falls	L C Huested	Glens Falls
Washington.	Leslie A. White	Whitehall	D M Vickers	Cambridge	C A Prescott	Hudson Falls
Wayne	D F Johnson	Newark	I M Derby	Newark	I M Derby	Newark
Westchester	I Zadek	Mt Vernon	E J Dealy	White Plains	H. W Kipp	Ossining
Wyoming	M M Graves	Warsaw	G W Nairn	Warsaw	G W Nairn	Warsaw
Yates	W P Rhudy	Penn Yan	R F Lewis	Penn Yan	R F Lewis	Penn Yan

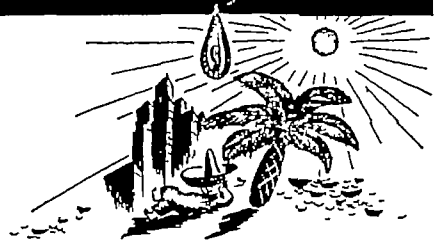
why vitamin D through the summer?

Because "*many infants, when once* the oil is stopped, refuse the dose when attempts are made to begin again in the autumn "[1]

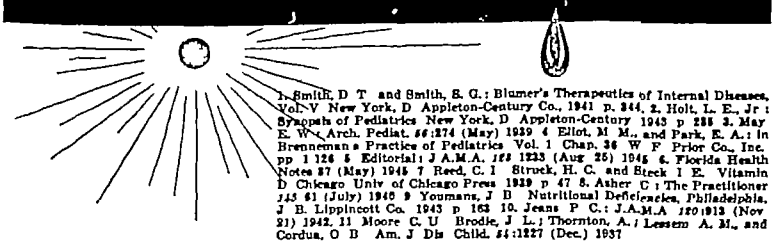


why vitamin D through the summer?

Because the sun is "not to be depended upon"[2]—certainly not in cities[3-4] and not even in such sunny areas as Florida[5 6] and California.[7 8]



why vitamin D through the summer?



1. Smith, D T and Smith, E. G.: Blumer's Therapeutics of Internal Diseases, Vol. V New York, D Appleton-Century Co., 1941 p. 344. 2. Holt, L. E., Jr: Synopsis of Pediatrics New York, D Appleton-Century 1943 p 288 3. May E. W.: Arch. Pediat. *56*:274 (May) 1939 4 Elliot, M M., and Park, E. A.: In Brenneman's Practice of Pediatrics Vol. 1 Chap. 36 W F Prior Co., Inc. pp 1 126 5 Editorial: J A.M.A. *118* 1233 (Aug 25) 1945 6. Florida Health Notes 37 (May) 1945 7 Reed, C. I Struck, H. C. and Steck I E. Vitamin D Chicago Univ of Chicago Press 1939 p 47 8. Asher C.: The Practitioner *145* 61 (July) 1940 9 Youmans, J B Nutritional Deficiencies, Philadelphia, J B. Lippincott Co. 1943 p 162 10. Jeans P C.: J.A.M.A *120*:913 (Nov 21) 1942. 11 Moore C. U Brodie, J L.; Thornton, A.: Lessem A. M., and Cordua, O B Am. J Dis Child. *54*:1227 (Dec.) 1937

Upjohn KALAMAZOO 68 MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

SUPER D CONCENTRATE

Super D* provides natural, potent vitamin D in concentrate capsule and liquid forms.

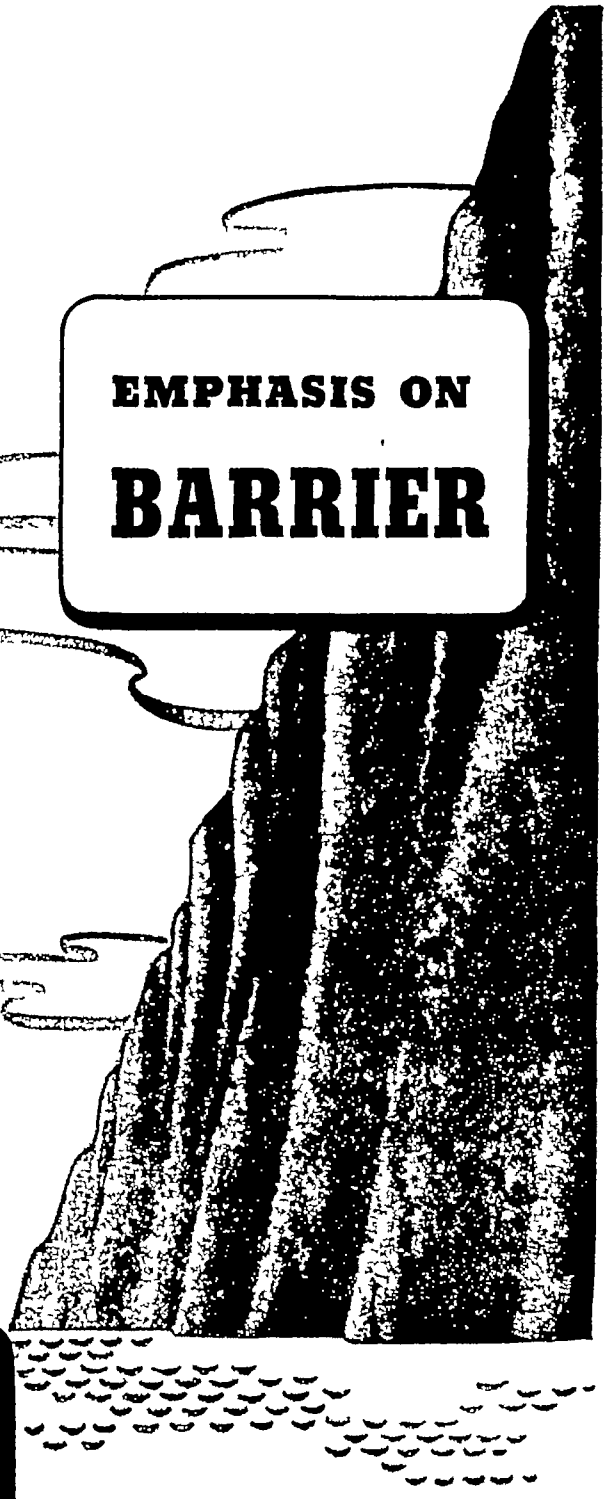
*Trademark Reg. U.S. Pat. Off.

AUTHORITATIVE clinical investigators place strong emphasis on the importance of the barrier in conception control.

In a recent comprehensive report,[1] physicians indicated an overwhelming preference for the diaphragm and jelly method (93% of 36,955 new cases).

In keeping with these expressed opinions we continue to suggest that for the optimum in protection the physician prescribe the combined use of occlusive diaphragm and spermatocidal jelly.

You assure your patient a product of highest quality when you specify *Ramses*



EMPHASIS ON BARRIER

Competent observers report:

Jellies and creams used without mechanical devices yield relatively high protection, but studies have not proven them fully dependable to block the external os or to invalidate all sperm.[2]

"When no type of occlusive pessary can be fitted or when the woman refuses to use one the only other reliable method is the use of the condom. With proper technic and instruction this method is highly reliable but has many disadvantages which the diaphragm method overcomes.[3]

1 Clinic Reports Planned Parenthood Services in the United States Human Fertility 10 25 (Mar.) 1945
2 Dickinson R.L. Techniques of Conception Control Baltimore Williams and Wilkins Co 1942.
3 Warner M.P J.A.M.A 115 279 (July 27) 1940

gynecological division

JULIUS SCHMID, INC.

423 West 55 Street • New York 19, N Y

QUALITY FIRST SINCE 1883

RIVERLAWN SANITARIUM



FOUNDED 1893

A conveniently situated Sanitarium offering complete facilities for the treatment and care of MENTAL AND NERVOUS CASES and ALCOHOL AND DRUG ADDICTIONS We extend full cooperation to the Physicians.
CHARLES B. RUSSELL, M. D., *Med Dir*
45 Totowa Ave. PATERSON N J Armory 4-2342

FALKIRK
IN THE
RAMAPOS

A sanitarium devoted exclusively to the individual treatment of MENTAL CASES. Falkirk has been recommended by the members of the medical profession for half a century

Literature on Request

ESTABLISHED 1889

THEODORE W NEUMANN M.D., Phys.-in-Chg.
CENTRAL VALLEY Orange County N Y

COOPER CREME

No Finer Name in
Active Ingredients: Sodium Oleate 0.67%
WHITTAKER LABORATORIES INC

ACCEPTED AMERICAL MEDICAL ASSN

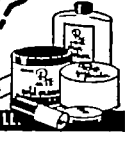
Contraceptives
Trioxymethylene 0.04%
PEEKSKILL N Y

ALKALOL IS A *Balanced* SOLUTION

That's why it gains daily in favor with physicians.
May we send literature and a clinical sample?
THE ALKALOL CO
TAUNTON MASS.



COSMETIC *HAY FEVER?*
Prescribe UNSCENTED AR-EX Cosmetics
Recent clinical tests showed many cases of cosmetic sensitivity but not a single one to UNSCENTED AR-EX Cosmetics. For allergic patients, prescribe UNSCENTED AR EX Cosmetics—free from 11 known irritants and allergens. SEND FOR FREE FORMULARY



AR-EX COSMETICS, INC., 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

FREE FORMULARY
DR.
ADDRESS
CITY
STATE

NOTICE

The Society for Investigative Dermatology will resume its annual meetings and is meeting this year at the Hotel Whitcomb, San Francisco on June 30 The two scientific sessions, from 10 00 A.M. to 1 00 P M. and from 2 00 to 6 00 P M are open meetings and not limited to members only



SUMMER PLEASURES BRING PENALTIES

Glorious summer sunshine affords more time for sports—picnics—beach parties—hikes through the woods—but these summer pleasures frequently exact penalties

Sunburn, poison ivy, sprains and strains, heat exhaustion, gastrointestinal distress, allergies, and a multitude of other difficulties demand the physician's time and attention For easy reference, The Drug Products Co offers a helpful therapeutic-indication leaflet, "Troubles Under the Summer Sun" Send for your copy today!

The Drug Products Co Inc., 19 W 44 St., New York 18 N Y
Without obligation kindly send leaflet, "Troubles Under the Summer Sun.
Dr .....
Street .....
City ..... Zone ..... State ..... J.M

CLASSIFIED

Classified Rates

Rates per line per insertion

One time	$1 10
3 Consecutive times	1 00
6 Consecutive times	80
12 Consecutive times	75
24 Consecutive times	70

MINIMUM 3 LINES

Count 7 average words to each line

Copy must reach us by the 20th of the month for issue of First and by the 5th for issue of Fifteenth

Classified Ads are payable in advance To avoid delay in publishing remit with order

PATENT ATTORNEY

Z H. POLACHEK, Patent Attorney Engineer
Specialist in patents and trademarks Confidential advice
1234 Broadway, N Y C (at 31st) LOngacre 5-3088

OPENING

Splendid opening for Dermatologist and Syphilologist, Up-State Lease and equipment. Withdrawing, health Box 5208, N Y St. Jr Med

OFFICE OR LOCATION WANTED

Dermatologist, veteran, certified, desires midtown Manhattan location, share office and expenses Box 5290, N Y St. Jr Med

FOR SALE

Completely equipped, physiotherapy and health institute Attractive, spacious, adapted for large practice Established 26 years, modern facilities, located midtown Manhattan, in fine office building Box 5700, N Y St Jr Med

FOR SALE

Doctor in center of large town, near N Y C, wishes to sell his practice established 25 years, with offices fully equipped with X-Ray, Physiotherapy, instruments, and drugs House brings in Annual income $1,000 year from tenants Write Box 5701, N Y St Jr Med

LOCATION WANTED

37 yr old married veteran, capable G P, experienced in dermatology, V D, desires association with older practitioner or take over practice anywhere in N Y State Box 5346, N Y St. Jr Med

FOR SALE

1 ultra-violet lamp, floor model, original Hanan, exce condition 1 medicine cabinet glass top, 4 glass she 2 drawers, door on bottom half good condition 1 X tank 15 x 17, good condition 1 floor model office scale, n adjusting Address, Mrs H W Liepmann, Monroe, N Phone Monroe 4752

SUPERIOR PERSONNEL Assistants and e tives in all fields of medicine—young physicians, depart heads, nurses, staff personnel, secretaries, anaesthe dieticians and technicians

Patricia Edgerly

NEW YORK MEDICAL EXCHANG
489 FIFTH AVE, N Y C (AGENCY) MURRAY HILL 2

NASSAU MEDICAL EXCHANGE
5 Beekman St. (Agency) Co 7-5

We place medical assistants lab and x-ray technici nurses doctors, secretaries, receptionists, etc
When you need medical personnel, won't you try service?

For your personnel problems . . .
Emily Ross
PERSONNEL SERVICE INC.
M V STEWART Longacre 3-5858
Manager Medical Dept 11 W 42nd St, N Y 18

CAPABLE ASSISTANTS
When you need a trained office or laboratory assistant call our free placement service Paine Hall graduates have character, intelligence, personality and thorough technical training. Let us help you find exactly the right assistant.
Est. 1917 Paine Hall
101 W 31st St., New York
BRyant 9-2831
Licensed by State of N Y

Medical Economics
An original plan to increase your income from professional services It is ethical It has proven its worth in thousands of *doctors' offices*
Crane Discount Corporation
230 W. 41st St. New York 18, N Y

BRIOSCHI

A PLEASANT ALKALINE DRINK



Actively alkaline. Contains no narcotics, no injurious drugs. Consists of alkali salts, fruit acids, and sugar, and makes a pleasant effervescent drink.

Send for a sample

G. CERIBELLI & CO.

121 VARICK STREET NEW YORK

anti-Rh



To Prevent Transfusion Reactions to accurately clarify ETIOLOGY OF ERYTHROBLASTOSIS FETALIS

Prepared in 1cc Ampules $5.00

Our anti-Rh serum—artificially produced by the injection of rhesus blood into guinea pigs—offers a high percentage of correct positive results since many of the anti-Rh sera of human origin do not agglutinate all the variants. We invite you to write for our illustrated brochure "The Story of Blood Groups" a comprehensive treatise on the various blood grouping sera.

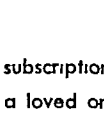


Write for a sample copy of The Gradwohl Laboratory Digest full of helpful hints on improved laboratory technique

GRADWOHL LABORATORIES

R. B. H. Gradwohl, M. D., Director

3514 Lucas Av. St. Louis, Mo.



hat Our Work May Live On—

and bring comfort, strength and cheer to our worthy aged colleagues.

You are invited to make an investment in the PHYSICIANS' HOME by a contribution, subscription, estate note, bequest or a memorial gift for a loved one Make checks payable to

THE PHYSICIANS' HOME, 52 East 66th St., New York, 21

Charles Gordon Heyd, *President*

Max Einhorn M.D., *1st Vice-Pres* — Alfred Hellman M.D *Asst Treas*

Harvey Matthews, M.D., *2nd Vice Pres.* — Beverly C. Smith, *Secretary*

B Wallace Hamilton, *Treasurer* — B. A. Goodman, *Asst Secretary*

